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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 16-0058	PERIOD FROM 7/ 1/2009 TO 6/30/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 11/30/2010 TIME 10:14

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 IMPRISIONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
UNIV OF IOWA HOSP & CLINIC 16-0058
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	5,857,570	258,408	0
2	SUBPROVIDER	0	223,654	1	0
100	TOTAL	0	6,081,224	258,409	0

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 & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 200 HAWKINS DRIVE 1353 JCP P.O. BOX:
1.01 CITY: IOWA CITY STATE: IA ZIP CODE: 52242- COUNTY: JOHNSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6
02.00 HOSPITAL	UNIV OF IOWA HOSP & CLINIC	16-0058		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	UIHC PSYCHIATRIC HOSPITAL	16-S058		7/ 1/1988	N	P	O
16.00 RENAL DIALYSIS	UNIVERSITY OF IOWA DIALYSIS	16-2306		7/ 1/1982			
16.01 RENAL DIALYSIS 2	UIHC DIALYSIS OUTREACH - MUSCATINE	16-3504		6/ 1/1996			
16.02 RENAL DIALYSIS 3	UIHC DIALYSIS OUTREACH - GRINNELL	16-3507		5/ 1/1997			
16.03 RENAL DIALYSIS 4	UIHC DIALYSIS OUTREACH - NORTH LIBER	16-3509		2/ 1/1998			
16.04 RENAL DIALYSIS 5	UIHC DIALYSIS OUTREACH - WASHINGTON	16-3510		6/ 1/1999			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

		1	2
18	TYPE OF CONTROL	10	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER	4	

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 AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION 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	26980
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 INSTRUC) 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). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)	N	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.				
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	Y			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			7/ 1/1966	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			7/ 1/1998	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			8/21/1995	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			3/ 4/2009	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			7/ 1/1999	/ /
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	Y
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: 0	2: 0.0000 / 3: 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)

		%	Y/N
28.03	STAFFING	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)		
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).		
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		
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)?		N
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)?		

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	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?	N
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	N
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: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N	
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
		1	2	3	4	5
47.00	HOSPITAL	N	N	N	N	N
48.00	SUBPROVIDER	N	N	N	N	N

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)	N
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV	N
53	IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
53.01	MDH PERIOD: BEGINNING: / / ENDING: / /	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:	
	PREMIUMS: 0	
	PAID LOSSES: 4,689,559	
	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

		DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
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.		N	0.00		0
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.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. 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) Y N

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

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). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS / TRIPS: TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	458	167,029			36,562		43,687
2	HMO					3,951		
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	458	167,029			36,562		43,687
6 01	MEDICAL INTENSIVE CARE UNIT	20	7,300			2,019		1,669
7	CORONARY CARE UNIT	12	4,380			1,337		1,185
8	BURN INTENSIVE CARE UNIT	16	5,840			37		1,746
9	SURGICAL INTENSIVE CARE UNIT	36	13,140			4,352		3,859
10	NEONATAL INTENSIVE CARE UNIT	72	26,280					6,836
11	NURSERY							1,020
12	TOTAL	614	223,969			44,307		60,002
13	RPCH VISITS							
14	SUBPROVIDER I	73	26,645			6,261		5,235
18	HOME HEALTH AGENCY							
23 10	CMHC							
23 20	OUTPATIENT PHYSICAL THERAPY							
23 30	OUTPATIENT OCCUPATIONAL THER							
23 40	OUTPATIENT SPEECH PATHOLOGY							
24	RHC							
24 10	FQHC							
25	TOTAL	687						
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							330

	COMPONENT	I/P DAYS / TRIPS: TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TRIPS: TOTAL ALL PATS	TRIPS: TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES: TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			116,420				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			116,420				
6 01	MEDICAL INTENSIVE CARE UNIT			5,354				
7	CORONARY CARE UNIT			2,645				
8	BURN INTENSIVE CARE UNIT			4,551				
9	SURGICAL INTENSIVE CARE UNIT			10,548				
10	NEONATAL INTENSIVE CARE UNIT			19,386				
11	NURSERY			3,025				
12	TOTAL			161,929			516.91	
13	RPCH VISITS							
14	SUBPROVIDER I			23,916			14.24	
18	HOME HEALTH AGENCY							
23 10	CMHC							
23 20	OUTPATIENT PHYSICAL THERAPY							
23 30	OUTPATIENT OCCUPATIONAL THER							
23 40	OUTPATIENT SPEECH PATHOLOGY							
24	RHC							
24 10	FQHC							
25	TOTAL						531.15	
26	OBSERVATION BED DAYS			2,996	97	2,899		
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS			753				

	COMPONENT	I & R FTES: NET	FULL TIME EQUIV: EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES: TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					6,982	8,844	26,682
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6 01	MEDICAL INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
10	NEONATAL INTENSIVE CARE UNIT							
11	NURSERY							

		I & R FTES	--- FULL TIME EQUIV ---		--------- DISCHARGES ---------		
	COMPONENT	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
12	TOTAL	516.91	6,538.89			6,982	8,844	26,682
13	RPCH VISITS							
14	SUBPROVIDER I	14.24	128.41			429	432	2,187
18	HOME HEALTH AGENCY							
23 10	CMHC							
23 20	OUTPATIENT PHYSICAL THERAPY							
23 30	OUTPATIENT OCCUPATIONAL THER							
23 40	OUTPATIENT SPEECH PATHOLOGY							
24	RHC							
24 10	FQHC							
25	TOTAL	531.15	6,667.30					
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 I WORKSHEET S-3 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	334,265,699	41,348,138	375,613,837	13,867,984.00	27.08	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	3,806,423		3,806,423	30,835.00	123.44	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	10,833,038		10,833,038	75,457.00	143.57	
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	23,088,204	7,128,136	30,216,340	1,202,326.00	25.13	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	21,618,029	3,414,107	25,032,136	814,202.00	30.74	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	211,107		211,107	5,153.00	40.97	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	122,591,012		122,591,012			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	8,613,719		8,613,719			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	1,202,028		1,202,028			CMS 339
18.01 PART A TEACHING PHYSICIANS	3,421,445		3,421,445			CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	2,742,411		2,742,411			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	45,315,391	9,478,085	54,793,476	1,849,884.00	29.62	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	6,599,003	-92,717	6,506,286	275,027.00	23.66	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	915,910	6,385	922,295	53,088.00	17.37	
26 HOUSEKEEPING	10,331,153	84,360	10,415,513	642,986.00	16.20	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	8,348,483	1,814	8,350,297	488,985.00	17.08	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	4,725,967	-333,171	4,392,796	149,713.00	29.34	
31 CENTRAL SERVICE AND SUPPLY	4,596,437	37,979	4,634,416	264,607.00	17.51	
32 PHARMACY	14,723,251	-33,066	14,690,185	441,963.00	33.24	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	4,729,451	3,304,420	8,033,871	364,092.00	22.07	
34 SOCIAL SERVICE	6,908,561	-126,754	6,781,807	260,492.00	26.03	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	300,344,457	34,220,002	334,564,459	12,590,201.00	26.57	
2 EXCLUDED AREA SALARIES	21,618,029	3,414,107	25,032,136	814,202.00	30.74	
3 SUBTOTAL SALARIES	278,726,428	30,805,895	309,532,323	11,775,999.00	26.29	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	211,107		211,107	5,153.00	40.97	
5 SUBTOTAL WAGE-RELATED COSTS	123,793,040		123,793,040		39.99	
6 TOTAL	402,730,575	30,805,895	433,536,470	11,781,152.00	36.80	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	107,193,607	12,327,335	119,520,942	4,790,837.00	24.95	

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 16-0058
SATELLITE NO:
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET S-5

	DESCRIPTION	OUTPATIENT REGULAR 1	OUTPATIENT HIGH FLUX 2	TRAINING HEMO-DIALYSIS 3	TRAINING CAPD CCPD 4	HOME HEMO-DIALYSIS 5	HOME CAPD CCPD 6
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	127		1		15	10
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00		3.00	7.00	3.00	7.00
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50		6.50	8.00		
4	CAPD EXCHANGES PER DAY				4.00		4.00
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	211					
6	NUMBER OF STATIONS	50		4	1		
7	TREATMENT CAPACITY PER DAY PER STATION	3					
8	UTILIZATION (SEE INSTRUCTIONS)	66.54					
9	AVERAGE TIMES DIALYZERS RE-USED						
10	PERCENTAGE OF PATIENTS RE-USING DIALYSIZERS						
	TRANSPLANT INFORMATION						
11	NUMBER OF PATIENTS ON TRANSPLANT LIST	200					
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	61					
	EPOIETIN						
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	87,588					
13 . 1	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	10,660					
14 . 1	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
	PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15	MCP [X] INITIAL METHOD [ ]						
	ARANESP						
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	607,244					
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT	58,918					
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 WORKSHEET S-10

	DESCRIPTION	
	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	169,847,163
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	169,847,163
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	24,339,176
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.372602
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	9,068,826
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	502,147,724

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET S-10

	DESCRIPTION	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	187,101,246
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	38,015,952
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	14,164,820
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	196,170,072

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3 0300	NEW CAP REL COSTS-BLDG & FIXT					
3.01 0301	NEW CAPITAL REL - GENERAL HOSP		35,915,232	35,915,232	881,197	36,796,429
3.02 0302	NEW CAPITAL REL - WESTLAWN		65,048	65,048		65,048
3.03 0303	NEW CAP REL COSTS-BLDG & FIXT					
3.04 0304	NEW CAPITAL REL - CDD		305,532	305,532		305,532
3.05 0305	NEW CAP REL COSTS-BLDG & FIXT					
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		38,525,867	38,525,867	424,386	38,950,253
6 0600	ADMINISTRATIVE & GENERAL	45,315,391	123,047,825	168,363,216	660,198	169,023,414
7 0700	MAINTENANCE & REPAIRS					
7.01 0701	PLANT OPER/MAINT - GENERAL HOSP	6,431,175	34,183,869	40,615,044	-1,462,865	39,152,179
7.02 0702	PLANT OPER/MAINT - WESTLAWN				133,512	133,512
7.04 0704	PLANT OPER/MAINT - CDD	167,828	619,028	786,856	43	786,899
8 0800	OPERATION OF PLANT					
9 0900	LAUNDRY & LINEN SERVICE	915,910	201,093	1,117,003	6,383	1,123,386
10 1000	HOUSEKEEPING					
10.01 1001	HOUSEKEEPING - GENERAL HOSPITAL	10,160,393	6,638,710	16,799,103	4,495	16,803,598
10.04 1004	HOUSEKEEPING - CDD	170,760	91,897	262,657	2,529	265,186
11 1100	DIETARY	8,348,483	8,682,060	17,030,543	-8,668,972	8,361,571
12 1200	CAFETERIA				8,652,440	8,652,440
12.01 1201	CAFETERIA - EMPLOYEES					
13 1300	MAINTENANCE OF PERSONNEL					
13.01 1301	STUDENT & PERSONNEL HOUSING					
14 1400	NURSING ADMINISTRATION	4,725,967	2,827,846	7,553,813	-344,899	7,208,914
15 1500	CENTRAL SERVICES & SUPPLY	4,596,437	3,328,033	7,924,470	30,613	7,955,083
16 1600	PHARMACY	14,723,251	74,297,207	89,020,458	2,527,387	91,547,845
17 1700	MEDICAL RECORDS & LIBRARY					
17.01 1701	MEDICAL RECORDS PREPARATION	1,987,168	2,022,234	4,009,402	1,303,586	5,312,988
17.02 1702	MEDICAL RECORDS PROCESSING	2,742,283	1,548,945	4,291,228	-17,984	4,273,244
18 1800	SOCIAL SERVICE	6,908,561	3,873,293	10,781,854	-162,796	10,619,058
20 2000	NONPHYSICIAN ANESTHETISTS					
21 2100	NURSING SCHOOL					
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	23,088,204	2,856,786	25,944,990	2,991	25,947,981
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	583,325	1,175,396	1,758,721	1,211,869	2,970,590
24 2400	PARAMED ED PRGM-(SPECIFY)					
24.01 2401	PARAMEDICAL EDUC - DIETARY	65,474	23,793	89,267	-971	88,296
24.02 2402	PARAMEDICAL EDUC - PHARMACY	270,188	43,126	313,314	140,122	453,436
24.03 2403	PARAMEDICAL EDCU - MED LAB	88,329	145,300	233,629	1,344	234,973
24.04 2404	PARAMEDICAL EDUC - RAD TECH	693,387	263,489	956,876	2,324	959,200
24.05 2405	PARAMED ED PRGM-PASTORAL	109,765	10,082	119,847		119,847
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	45,189,610	22,553,308	67,742,918	-7,003,088	60,739,830
26.01 2601	MEDICAL INTENSIVE CARE UNIT	3,870,676	2,219,975	6,090,651	-215,395	5,875,256
27 2700	CORONARY CARE UNIT	1,905,271	1,037,460	2,942,731	-81,748	2,860,983
28 2800	BURN INTENSIVE CARE UNIT	2,569,239	1,746,614	4,315,853	-226,534	4,089,319
29 2900	SURGICAL INTENSIVE CARE UNIT	7,537,601	4,566,614	12,104,215	-536,665	11,567,550
30 2060	NEONATAL INTENSIVE CARE UNIT	10,959,289	5,004,583	15,963,872	185,703	16,149,575
31 3100	SUBPROVIDER I	9,457,180	3,911,294	13,368,474	243,531	13,612,005
33 3300	NURSERY	185,038	73,671	258,709	1,380,912	1,639,621
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	15,160,280	58,489,627	73,649,907	-27,877,662	45,772,245
39 3900	DELIVERY ROOM & LABOR ROOM	2,529,242	1,459,586	3,988,828	-50,763	3,938,065
40 4000	ANESTHESIOLOGY	1,188,911	3,290,053	4,478,964	-664,496	3,814,468
41 4100	RADIOLOGY-DIAGNOSTIC	10,744,446	11,162,940	21,907,386	-3,548,312	18,359,074
42 4200	RADIOLOGY-THERAPEUTIC	3,300,749	2,722,468	6,023,217	787,910	6,811,127
42.01 3630	ULTRASOUND	1,355,962	689,391	2,045,353	-32,478	2,012,875
42.02 3954	RADIOLOGY - PET SCAN	1,301,364	1,476,876	2,778,240	2,607	2,780,847
44 4400	LABORATORY	12,405,597	21,339,153	33,744,750	-4,330,323	29,414,427
44.01 3420	ANATOMICAL LABORATORY	1,717,264	1,026,381	2,743,645	26,329	2,769,974
44.02 3140	CARDIOLOGY	4,791,892	14,340,497	19,132,389	-12,336,043	6,796,346
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS					
47 4700	BLOOD STORING, PROCESSING & TRANS.	1,474,141	2,660,983	4,135,124	2,138,812	6,273,936
47.01 3540	ORTHOTIC SERVICES	46,569	1,163,179	1,209,748	162,021	1,371,769
49 4900	RESPIRATORY THERAPY	5,255,567	4,401,509	9,657,076	-3,803,755	5,853,321
50 5000	PHYSICAL THERAPY	3,401,322	1,509,155	4,910,477	-739,854	4,170,623
51 5100	OCCUPATIONAL THERAPY	1,158,465	478,992	1,637,457	76,792	1,714,249
53 5300	ELECTROCARDIOLOGY	341,757	258,071	599,828	8,259	608,087
54 5400	ELECTROENCEPHALOGRAPHY	999,402	523,275	1,522,677	-11,358	1,511,319
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				14,412,141	14,412,141
55.30 5530	IMPL. DEV. CHARGED TO PATIENT				42,711,937	42,711,937
56 5600	DRUGS CHARGED TO PATIENTS					
57 5700	RENAL DIALYSIS	2,427,429	2,490,980	4,918,409	681,660	5,600,069
58 5800	ASC (NON-DISTINCT PART)	4,223,786	7,156,043	11,379,829	-2,216,347	9,163,482
59 3950	IVF/CULTURE LAB	1,078,664	729,629	1,808,293	-43,613	1,764,680
59.02 3952	URODYNAMICS	184,833	337,175	522,008	-124	521,884
59.03 3953	SPINE TREATMENT CENTER	975,494	528,085	1,503,579	-254,013	1,249,566
59.04 3520	OPHTHALMOLOGY SPECIALTY LABS	846,375	420,979	1,267,354	3,088	1,270,442
59.05 3340	DIGESTIVE DISEASE CNTR	1,544,425	2,545,872	4,090,297	-286,600	3,803,697
59.06 3580	RECREATION THERAPY	468,882	204,976	673,858	-673,858	
59.07 3955	CDC - REHAB	234,461	99,285	333,746	-117,478	216,268
59.08 3956	DIABETES EDUCATION	182,738	79,667	262,405	8,296	270,701
59.97 3997	CARDIAC REHABILITATION	604,555	244,009	848,564	-6	848,558
59.98 3998	HYPERBARIC OXYGEN THERAPY	242,511	103,708	346,219	-1,735	344,484
59.99 3999	LITHOTRIPSY	131,964	636,374	768,338	-159,340	608,998
	OUTPAT SERVICE COST CNTRS					
60.01 6001	ANESTHESIA PAIN CLINIC	41,800	180,448	222,248	-24,598	197,650
60.02 6002	DERMATOLOGY CLINIC	366,997	987,379	1,354,376	-36,997	1,317,379

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 16-0058 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010 I PREPARED 11/30/2010 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	OUTPAT SERVICE COST CNTRS					
60.03 6003	ORAL SURGERY CLINIC	544,864	324,777	869,641	-114,561	755,080
60.04 6004	INTERNAL MEDICINE CLINIC	2,580,087	1,702,327	4,282,414	-298,194	3,984,220
60.05 6005	NEUROLOGY CLINIC	552,890	350,504	903,394	-197,752	705,642
60.06 6006	OB-GYN CLINIC	2,016,372	1,531,753	3,548,125	-660,090	2,888,035
60.07 6007	OPHTHALMOLOGY CLINIC	729,891	728,671	1,458,562	-137,980	1,320,582
60.08 6008	ORTHOPAEDICS CLINIC	1,583,686	1,236,879	2,820,565	-327,304	2,493,261
60.09 6009	OTOLARYNGOLOGY CLINIC	1,405,217	1,604,078	3,009,295	-257,467	2,751,828
60.10 6010	PEDIATRIC CLINIC	3,648,807	1,958,088	5,606,895	-141,124	5,465,771
60.11 6011	SURGERY CLINIC	686,948	415,112	1,102,060	-29,387	1,072,673
60.12 6012	UROLOGY CLINIC	511,812	522,558	1,034,370	-321,160	713,210
60.13 6013	PSYCHIATRIC CLINIC	1,046,324	658,806	1,705,130	56,931	1,762,061
60.14 6014	CANCER CLINIC	2,932,608	1,616,750	4,549,358	-83,558	4,465,800
60.15 6015	FAMILY CARE CLINIC	6,464,331	4,467,412	10,931,743	-5,027,110	5,904,633
61 6100	EMERGENCY	4,134,129	2,424,517	6,558,646	658,247	7,216,893
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50 6310	RHC					
63.60 6320	FQHC					
	OTHER REIMBURS COST CNTRS					
64 6400	HOME PROGRAM DIALYSIS	163,113	321,177	484,290	-21,733	462,557
65 6500	AMBULANCE SERVICES	1,304,261	3,834,100	5,138,361	-1,129,512	4,008,849
69.10 6910	CMHC					
69.20 6920	OUTPATIENT PHYSICAL THERAPY					
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40 6940	OUTPATIENT SPEECH PATHOLOGY					
71 7100	HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82 8200	LUNG ACQUISITION	84,727	630,308	715,035	-1,647	713,388
83 8300	KIDNEY ACQUISITION	613,698	2,929,314	3,543,012	-123,953	3,419,059
84 8400	LIVER ACQUISITION	160,868	1,341,403	1,502,271	-94,268	1,408,003
85 8500	HEART ACQUISITION	613,731	955,502	1,569,233	-214,848	1,354,385
85.01 8510	PANCREAS ACQUISITION		604,894	604,894	23,487	628,381
85.02 8520	INTESTINAL ACQUISITION					
85.03 8530	ISLET CELL ACQUISITION					
86 8600	OTHER ORGAN ACQUISITION - LUNG PRECE					
88 8800	INTEREST EXPENSE		4,206,658	4,206,658		4,206,658
95	SUBTOTALS	326,272,391	559,907,543	886,179,934	-5,559,236	880,620,698
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01 9601	VENDING/PATIENT ART	1,921,053	8,904,313	10,825,366	-30,238	10,795,128
96.02 9602	PATIENT TRANSPORTATION SERVICE	537,898	472,579	1,010,477	-544	1,009,933
96.03 9603	PHARMACY HOMEGOING DRUGS		30,575	30,575		30,575
96.04 9604	OUTPATIENT & ESCORT HOUSING					
96.05 9605	CLINICAL RESEARCH UNIT					
96.06 9606	PATIENT EDUCATION SERVICE	530,323	218,813	749,136	998	750,134
96.08 9608	HOSPITAL PHYSICIANS-ER,FCC	4,931,379	1,572,115	6,503,494	2,847,258	9,350,752
96.09 9609	CONTACT LENS CLINIC					
96.10 9610	BEAUTY SHOP					
96.11 9611	CLINICAL FACULTY DEPARTMENT					
96.12 9612	MEDICAID ADMINISTRATIVE PROJECT					
96.13 9613	OTHER NONALLOWABLE	72,655	-74,361	-1,706	2,741,762	2,740,056
97 9700	RESEARCH					
101	TOTAL	334,265,699	571,031,577	905,297,276	-0-	905,297,276

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301	NEW CAPITAL REL - GENERAL HOSP	-857,365	35,939,064
3.02	0302	NEW CAPITAL REL - WESTLAWN		65,048
3.03	0303	NEW CAP REL COSTS-BLDG & FIXT		
3.04	0304	NEW CAPITAL REL - CDD		305,532
3.05	0305	NEW CAP REL COSTS-BLDG & FIXT		
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-11,385	38,938,868
6	0600	ADMINISTRATIVE & GENERAL	-40,619,116	128,404,298
7	0700	MAINTENANCE & REPAIRS		
7.01	0701	PLANT OPER/MAINT - GENERAL HOSP	-4,072,229	35,079,950
7.02	0702	PLANT OPER/MAINT - WESTLAWN	77,400	210,912
7.04	0704	PLANT OPER/MAINT - CDD	120,900	907,799
8	0800	OPERATION OF PLANT		
9	0900	LAUNDRY & LINEN SERVICE		1,123,386
10	1000	HOUSEKEEPING		
10.01	1001	HOUSEKEEPING - GENERAL HOSPITAL	-69,680	16,733,918
10.04	1004	HOUSEKEEPING - CDD		265,186
11	1100	DIETARY	-1,923	8,359,648
12	1200	CAFETERIA	-7,216,167	1,436,273
12.01	1201	CAFETERIA - EMPLOYEES		
13	1300	MAINTENANCE OF PERSONNEL		
13.01	1301	STUDENT & PERSONNEL HOUSING		
14	1400	NURSING ADMINISTRATION	-145,011	7,063,903
15	1500	CENTRAL SERVICES & SUPPLY		7,955,083
16	1600	PHARMACY	-47,782	91,500,063
17	1700	MEDICAL RECORDS & LIBRARY		
17.01	1701	MEDICAL RECORDS PREPARATION	1,640,083	6,953,071
17.02	1702	MEDICAL RECORDS PROCESSING	-590,546	3,682,698
18	1800	SOCIAL SERVICE	-261,561	10,357,497
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	7,407,987	33,355,968
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,475,322	9,445,912
24	2400	PARAMED ED PRGM-(SPECIFY)		
24.01	2401	PARAMEDICAL EDUC - DIETARY	-123,669	-35,373
24.02	2402	PARAMEDICAL EDUC - PHARMACY	770	454,206
24.03	2403	PARAMEDICAL EDCU - MED LAB	28,116	263,089
24.04	2404	PARAMEDICAL EDUC - RAD TECH	-421,351	537,849
24.05	2405	PARAMED ED PRGM-PASTORAL	-5,912	113,935
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	1,240	60,741,070
26.01	2601	MEDICAL INTENSIVE CARE UNIT		5,875,256
27	2700	CORONARY CARE UNIT		2,860,983
28	2800	BURN INTENSIVE CARE UNIT		4,089,319
29	2900	SURGICAL INTENSIVE CARE UNIT		11,567,550
30	2060	NEONATAL INTENSIVE CARE UNIT		16,149,575
31	3100	SUBPROVIDER I	-4,546,818	9,065,187
33	3300	NURSERY		1,639,621
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-19,916	45,752,329
39	3900	DELIVERY ROOM & LABOR ROOM		3,938,065
40	4000	ANESTHESIOLOGY	312,861	4,127,329
41	4100	RADIOLOGY-DIAGNOSTIC	312,131	18,671,205
42	4200	RADIOLOGY-THERAPEUTIC		6,811,127
42.01	3630	ULTRASOUND		2,012,875
42.02	3954	RADIOLOGY - PET SCAN		2,780,847
44	4400	LABORATORY	-2,095,669	27,318,758
44.01	3420	ANATOMICAL LABORATORY	1,339,412	4,109,386
44.02	3140	CARDIOLOGY		6,796,346
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		6,273,936
47.01	3540	ORTHOTIC SERVICES		1,371,769
49	4900	RESPIRATORY THERAPY	-2,530	5,850,791
50	5000	PHYSICAL THERAPY	-10,787	4,159,836
51	5100	OCCUPATIONAL THERAPY		1,714,249
53	5300	ELECTROCARDIOLOGY		608,087
54	5400	ELECTROENCEPHALOGRAPHY		1,511,319
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		14,412,141
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		42,711,937
56	5600	DRUGS CHARGED TO PATIENTS		
57	5700	RENAL DIALYSIS		5,600,069
58	5800	ASC (NON-DISTINCT PART)		9,163,482
59	3950	IVF/CULTURE LAB		1,764,680
59.02	3952	URODYNAMICS		521,884
59.03	3953	SPINE TREATMENT CENTER		1,249,566
59.04	3520	OPHTHALMOLOGY SPECIALTY LABS		1,270,442
59.05	3340	DIGESTIVE DISEASE CNTR		3,803,697
59.06	3580	RECREATION THERAPY		
59.07	3955	CDC - REHAB		216,268
59.08	3956	DIABETES EDUCATION		270,701
59.97	3997	CARDIAC REHABILITATION		848,558
59.98	3998	HYPERBARIC OXYGEN THERAPY		344,484
59.99	3999	LITHOTRIPSY		608,998
		OUTPAT SERVICE COST CNTRS		
60.01	6001	ANESTHESIA PAIN CLINIC	168,953	366,603
60.02	6002	DERMATOLOGY CLINIC	393,354	1,710,733

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2010
I 16-0058 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		OUTPAT SERVICE COST CNTRS		
60.03	6003	ORAL SURGERY CLINIC	136,095	891,175
60.04	6004	INTERNAL MEDICINE CLINIC	2,358,781	6,343,001
60.05	6005	NEUROLOGY CLINIC	403,059	1,108,701
60.06	6006	OB-GYN CLINIC	1,134,733	4,022,768
60.07	6007	OPHTHALMOLOGY CLINIC	2,498,671	3,819,253
60.08	6008	ORTHOPAEDICS CLINIC	795,241	3,288,502
60.09	6009	OTOLARYNGOLOGY CLINIC	837,587	3,589,415
60.10	6010	PEDIATRIC CLINIC	2,252,966	7,718,737
60.11	6011	SURGERY CLINIC	1,405,751	2,478,424
60.12	6012	UROLOGY CLINIC	367,488	1,080,698
60.13	6013	PSYCHIATRIC CLINIC	46,704	1,808,765
60.14	6014	CANCER CLINIC		4,465,800
60.15	6015	FAMILY CARE CLINIC	15,933	5,920,566
61	6100	EMERGENCY		7,216,893
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310	RHC		
63.60	6320	FQHC		
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		462,557
65	6500	AMBULANCE SERVICES	-51,038	3,957,811
69.10	6910	CMHC		
69.20	6920	OUTPATIENT PHYSICAL THERAPY		
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940	OUTPATIENT SPEECH PATHOLOGY		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION	6,360	719,748
83	8300	KIDNEY ACQUISITION	63,950	3,483,009
84	8400	LIVER ACQUISITION	20,002	1,428,005
85	8500	HEART ACQUISITION	2,942	1,357,327
85.01	8510	PANCREAS ACQUISITION		628,381
85.02	8520	INTESTINAL ACQUISITION		
85.03	8530	ISLET CELL ACQUISITION		
86	8600	OTHER ORGAN ACQUISITION - LUNG PRECE		
88	8800	INTEREST EXPENSE	-4,206,658	-0-
95		SUBTOTALS	-34,752,321	845,868,377
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,199,900	1,199,900
96.01	9601	VENDING/PATIENT ART		10,795,128
96.02	9602	PATIENT TRANSPORTATION SERVICE		1,009,933
96.03	9603	PHARMACY HOMEGOING DRUGS		30,575
96.04	9604	OUTPATIENT & ESCORT HOUSING		
96.05	9605	CLINICAL RESEARCH UNIT	-81,213	-81,213
96.06	9606	PATIENT EDUCATION SERVICE		750,134
96.08	9608	HOSPITAL PHYSICIANS-ER,FCC		9,350,752
96.09	9609	CONTACT LENS CLINIC	200,093	200,093
96.10	9610	BEAUTY SHOP		
96.11	9611	CLINICAL FACULTY DEPARTMENT		
96.12	9612	MEDICAID ADMINISTRATIVE PROJECT		
96.13	9613	OTHER NONALLOWABLE	150,549	2,890,605
97	9700	RESEARCH		
101		TOTAL	-33,282,992	872,014,284

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAPITAL REL - GENERAL HOSP	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAPITAL REL - WESTLAWN	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-BLDG & FIXT	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAPITAL REL - CDD	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-BLDG & FIXT	0305	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	PLANT OPER/MAINT - GENERAL HOSP	0701	MAINTENANCE & REPAIRS
7.02	PLANT OPER/MAINT - WESTLAWN	0702	MAINTENANCE & REPAIRS
7.04	PLANT OPER/MAINT - CDD	0704	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING - GENERAL HOSPITAL	1001	HOUSEKEEPING
10.04	HOUSEKEEPING - CDD	1004	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
12.01	CAFETERIA - EMPLOYEES	1201	CAFETERIA
13	MAINTENANCE OF PERSONNEL	1300	
13.01	STUDENT & PERSONNEL HOUSING	1301	MAINTENANCE OF PERSONNEL
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
17.01	MEDICAL RECORDS PREPARATION	1701	MEDICAL RECORDS & LIBRARY
17.02	MEDICAL RECORDS PROCESSING	1702	MEDICAL RECORDS & LIBRARY
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-(SPECIFY)	2400	
24.01	PARAMEDICAL EDUC - DIETARY	2401	PARAMED ED PRGM
24.02	PARAMEDICAL EDUC - PHARMACY	2402	PARAMED ED PRGM
24.03	PARAMEDICAL EDCU - MED LAB	2403	PARAMED ED PRGM
24.04	PARAMEDICAL EDUC - RAD TECH	2404	PARAMED ED PRGM
24.05	PARAMED ED PRGM-PASTORAL	2405	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26.01	MEDICAL INTENSIVE CARE UNIT	2601	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	ULTRASOUND	3630	ULTRA SOUND
42.02	RADIOLOGY - PET SCAN	3954	OTHER ANCILLARY SERVICE COST CENTERS
44	LABORATORY	4400	
44.01	ANATOMICAL LABORATORY	3420	LABORATORY-PATHOLOGICAL
44.02	CARDIOLOGY	3140	CARDIOLOGY
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
47.01	ORTHOTIC SERVICES	3540	PROSTHETIC DEVICES
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	IVF/CULTURE LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.02	URODYNAMICS	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.03	SPINE TREATMENT CENTER	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.04	OPHTHALMOLOGY SPECIALTY LABS	3520	OPTHALMOLOGY
59.05	DIGESTIVE DISEASE CNTR	3340	GASTRO INTESTINAL SERVICES
59.06	RECREATION THERAPY	3580	RECREATIONAL THERAPY
59.07	CDC - REHAB	3955	OTHER ANCILLARY SERVICE COST CENTERS
59.08	DIABETES EDUCATION	3956	OTHER ANCILLARY SERVICE COST CENTERS
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
59.98	HYPERBARIC OXYGEN THERAPY	3998	HYPERBARIC OXYGEN THERAPY
59.99	LITHOTRIPSY	3999	LITHOTRIPSY
	OUTPAT SERVICE COST		
60.01	ANESTHESIA PAIN CLINIC	6001	CLINIC
60.02	DERMATOLOGY CLINIC	6002	CLINIC
60.03	ORAL SURGERY CLINIC	6003	CLINIC

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
60.04	INTERNAL MEDICINE CLINIC	6004	CLINIC
60.05	NEUROLOGY CLINIC	6005	CLINIC
60.06	OB-GYN CLINIC	6006	CLINIC
60.07	OPHTHALMOLOGY CLINIC	6007	CLINIC
60.08	ORTHOPAEDICS CLINIC	6008	CLINIC
60.09	OTOLARYNGOLOGY CLINIC	6009	CLINIC
60.10	PEDIATRIC CLINIC	6010	CLINIC
60.11	SURGERY CLINIC	6011	CLINIC
60.12	UROLOGY CLINIC	6012	CLINIC
60.13	PSYCHIATRIC CLINIC	6013	CLINIC
60.14	CANCER CLINIC	6014	CLINIC
60.15	FAMILY CARE CLINIC	6015	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
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	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
86	OTHER ORGAN ACQUISITION - LUNG PRECE	8600	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	VENDING/PATIENT ART	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	PATIENT TRANSPORTATION SERVICE	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	PHARMACY HOMEGOING DRUGS	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	OUTPATIENT & ESCORT HOUSING	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	CLINICAL RESEARCH UNIT	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	PATIENT EDUCATION SERVICE	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	HOSPITAL PHYSICIANS-ER,FCC	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	CONTACT LENS CLINIC	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	BEAUTY SHOP	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	CLINICAL FACULTY DEPARTMENT	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	MEDICAID ADMINISTRATIVE PROJECT	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	OTHER NONALLOWABLE	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
101	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	A121A MEDICAL SUPPLY RECLASS	AA	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,070,657
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1	A121A MEDICAL SUPPLY RECLASS	AA				
2	A121B MEDICAL SUPPLIES SOLD	AB	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		12,346,300
3			IMPL. DEV. CHARGED TO PATIENT	55.30		42,711,937
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24	AC-A133 AGENCY	AC	ADMINISTRATIVE & GENERAL	6	692	
25			ADULTS & PEDIATRICS	25		19,460
26			MEDICAL INTENSIVE CARE UNIT	26.01		80,369
27			ULTRASOUND	42.01		79,820
28			OB-GYN CLINIC	60.06		3,186
29			PEDIATRIC CLINIC	60.10		300
30			HOSPITAL PHYSICIANS-ER,FCC	96.08		28,664
31	A123 BLOOD RECLASS	AD	BLOOD STORING, PROCESSING & TRANS.	47		2,226,301
32	A124 CLINIC SALARIES	AE	MEDICAL RECORDS PREPARATION	17.01	302,272	125,006
33			OTHER NONALLOWABLE	96.13	1,077,559	445,637
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	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
		1	2	3	4	5
1	A124 CLINIC SALARIES	AE				
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12	A125 RAD ADMIN, ENGINEER, WORD PROCE	AF	RADIOLOGY-THERAPEUTIC	42	335,187	549,857
13	A126 ACTIVITY THERAPY %	AG	ADULTS & PEDIATRICS	25	206,920	92,143
14			SUBPROVIDER I	31	234,838	104,575
15			PSYCHIATRIC CLINIC	60.13	83,753	37,296
16	A127 THERAPY ADMIN	AH	OPERATING ROOM	37	29,266	13,575
17			ORTHOTIC SERVICES	47.01	106,994	49,635
18			OCCUPATIONAL THERAPY	51	116,573	54,079
19			SPINE TREATMENT CENTER	59.03	45,229	20,982
20			RECREATION THERAPY	59.06	59,598	27,648
21			PATIENT EDUCATION SERVICE	96.06	66,256	30,736
22	A128 FAMILY CARE CENTER	AI	MEDICAL RECORDS PREPARATION	17.01	139,836	56,178
23			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	538,372	189,307
24			HOSPITAL PHYSICIANS-ER,FCC	96.08	2,502,899	881,198
25	A129 REHAB THERAPY PSYCH	AJ	PSYCHIATRIC CLINIC	60.13	62,593	26,183
26	A130 VACATION ACCRUAL AMTS	AK	ADMINISTRATIVE & GENERAL	6	1,283,295	
27			PLANT OPER/MAINT - GENERAL HOSP	7.01	13,534	
28			PLANT OPER/MAINT - CDD	7.04	407	
29			LAUNDRY & LINEN SERVICE	9	8,477	
30			HOUSEKEEPING - GENERAL HOSPITAL	10.01	107,976	
31			HOUSEKEEPING - CDD	10.04	2,529	
32			DIETARY	11	50,607	
33			NURSING ADMINISTRATION	14	35,149	
34			CENTRAL SERVICES & SUPPLY	15	39,227	
35			PHARMACY	16	69,158	

1	A130 VACATION ACCRUAL AMTS	AK	MEDICAL RECORDS PREPARATION	17.01	2,406	
2			MEDICAL RECORDS PROCESSING	17.02	21,693	
3			SOCIAL SERVICE	18	7,342	
4			I&R SERVICES-SALARY & FRINGES APPRVD	22	2,991	
5			PARAMEDICAL EDCU - MED LAB	24.03	1,344	
6			PARAMEDICAL EDUC - RAD TECH	24.04	5,010	
7			ADULTS & PEDIATRICS	25	100,095	
8			BURN INTENSIVE CARE UNIT	28	157	
9			SURGICAL INTENSIVE CARE UNIT	29	7,285	
10			NEONATAL INTENSIVE CARE UNIT	30	3,016	
11			SUBPROVIDER I	31	61,738	
12			OPERATING ROOM	37	125,018	
13			ANESTHESIOLOGY	40	52,256	
14			RADIOLOGY-DIAGNOSTIC	41	102,458	
15			RADIOLOGY-THERAPEUTIC	42	7,449	
16			ULTRASOUND	42.01	3,314	
17			RADIOLOGY - PET SCAN	42.02	15,869	
18			LABORATORY	44	134,007	
19			ANATOMICAL LABORATORY	44.01	27,062	
20			CARDIOLOGY	44.02	208,170	
21			ORTHOTIC SERVICES	47.01	6,969	
22			PHYSICAL THERAPY	50	19,806	
23			OCCUPATIONAL THERAPY	51	7,254	
24			ELECTROCARDIOLOGY	53	8,322	
25			ELECTROENCEPHALOGRAPHY	54	4,006	
26			RENAL DIALYSIS	57	35,822	
27			IVF/CULTURE LAB	59	2,868	
28			URODYNAMICS	59.02	411	
29			SPINE TREATMENT CENTER	59.03	755	
30			OPHTHALMOLOGY SPECIALTY LABS	59.04	8,054	
31			CDC - REHAB	59.07	18	
32			DIABETES EDUCATION	59.08	8,313	
33			LITHOTRIPSY	59.99	366	
34			ANESTHESIA PAIN CLINIC	60.01	100	
35			ORAL SURGERY CLINIC	60.03	6,718	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	A130 VACATION ACCRUAL AMTS	AK	INTERNAL MEDICINE CLINIC	60.04	7,544	
2			NEUROLOGY CLINIC	60.05	728	
3			OB-GYN CLINIC	60.06	9,725	
4			ORTHOPAEDICS CLINIC	60.08	67,005	
5			PEDIATRIC CLINIC	60.10	30,004	
6			SURGERY CLINIC	60.11	18,051	
7			PSYCHIATRIC CLINIC	60.13	3,476	
8			FAMILY CARE CLINIC	60.15	24,629	
9			EMERGENCY	61	38,232	
10			HOME PROGRAM DIALYSIS	64	501	
11			LUNG ACQUISITION	82	9,428	
12			HEART ACQUISITION	85	46,130	
13			VENDING/PATIENT ART	96.01	51,353	
14			OTHER NONALLOWABLE	96.13	3,011	
15						
16	A131 TRANSCRIPTION SERVICES	AL	MEDICAL RECORDS PREPARATION	17.01		696,969
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21	A132 PHARMACY CHARGED TO DEPTS	AM	NURSING ADMINISTRATION	14		89
22			PHARMACY	16		3,312,463
23			ADULTS & PEDIATRICS	25		10
24			DERMATOLOGY CLINIC	60.02		2,245
25			NEUROLOGY CLINIC	60.05		29
26			PEDIATRIC CLINIC	60.10		143
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1	A132 PHARMACY CHARGED TO DEPTS	AM				
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21	A145 ACTIVITY THERAPY RECL	AN	RECREATION THERAPY	59.06	1,390	
22	A134 RENAL DIALYSIS SALARIES	AO	RENAL DIALYSIS	57	37,797	26,794
23			HOME PROGRAM DIALYSIS	64	37,797	26,794
24	A135 ALLOCATION OF TRANSPLANT STAFF	AP	ADMINISTRATIVE & GENERAL	6	669	446
25			ADULTS & PEDIATRICS	25	140,124	93,416
26			CARDIOLOGY	44.02	49,215	32,810
27			RENAL DIALYSIS	57	7,356	4,904
28			SURGERY CLINIC	60.11	4,479	2,986
29			PANCREAS ACQUISITION	85.01	14,189	9,459
30	A137 PEDS RENAL EXP TO HOME	AQ	HOME PROGRAM DIALYSIS	64	23,111	8,974
31	A138 PHARMACY TIME ALLOCATIONS	AR	PARAMEDICAL EDUC - PHARMACY	24.02	171,943	64,922
32	A139 WESTLAWN PLANT OPS/HOUSEKEEPING	AS	PLANT OPER/MAINT - WESTLAWN	7.02		133,512
33						
34	A140 ARNP TO NONALLOWABLE	AT	OTHER NONALLOWABLE	96.13	855,657	336,355
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	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
		1	2	3	4	5
1	A140 ARNP TO NONALLOWABLE	AT				
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12	A137 VPMA SALARY ALLOCATION	AU	ADMINISTRATIVE & GENERAL	6	6,255,255	2,374,470
13	A142 EMERGENCY ROOM PHYSICIANS	AV	ADMINISTRATIVE & GENERAL	6	42,190	10,459
14			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	388,006	96,184
15	A143 FLIGHT NURSE RECLASS	AX	ADULTS & PEDIATRICS	25	77,613	28,024
16			NEONATAL INTENSIVE CARE UNIT	30	206,158	74,437
17			NURSERY	33	920,302	462,754
18			RENAL DIALYSIS	57	81,807	28,249
19			EMERGENCY	61	531,896	169,349
20	A146 CDD PATIENT EDUCATION	AY	PEDIATRIC CLINIC	60.10		145
21			OTHER NONALLOWABLE	96.13	11,437	4,494
22	A147 INSURANCE EXPENSE	BA	NEW CAPITAL REL - GENERAL HOSP	3.01		881,197
23			NEW CAP REL COSTS-MVBLE EQUIP	4		424,386
24	A151 PGY2 PHARMACY ED RESIDENTS	BC	PHARMACY	16	89,000	7,743
25	A152 DIETARY EXPENSE TO CAFETERIA	BD	CAFETERIA	12		8,652,440
26	A153 EPOETIN RECLASS	BE	RENAL DIALYSIS	57		694,831
27	A154 UICMS HSKPG FROM TO NON-ALLOW	BF	OTHER NONALLOWABLE	96.13		8,274
28	A155 ROUTINE TO RECOVERY	BG	OPERATING ROOM	37		5,231,098
29	A96 PATH LAB TRANSFER SALARIES	CA	LABORATORY	44	104,916	
30	A97 FELLOW STIPENDS SALARY TRANSFER	CB	I&R SERVICES-SALARY & FRINGES APPRVD	22	7,125,145	
31	A106 FACULTY TIME STUDY SALARY TRANS	CD	ADMINISTRATIVE & GENERAL	6	2,210,424	
32			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	9,906,661	
33			PARAMEDICAL EDUC - PHARMACY	24.02	1,085	
34			PARAMEDICAL EDCU - MED LAB	24.03	49,410	
35			PARAMEDICAL EDUC - RAD TECH	24.04	6,549	
1	A106 FACULTY TIME STUDY SALARY TRANS	CD	LABORATORY	44	615,668	
2			ANATOMICAL LABORATORY	44.01	875,415	
3	A118 TRANSPLANT SALARY TRANSFER	CE	ADULTS & PEDIATRICS	25	744	
4			SURGERY CLINIC	60.11	24,116	
5			KIDNEY ACQUISITION	83	38,370	
6			LIVER ACQUISITION	84	12,001	
7			HEART ACQUISITION	85	1,765	
8			OTHER ORGAN ACQUISITION - LUNG PRECE	86	3,816	
9	A119 CLINIC TIME STUDY SALARY XFER	CF	ADMINISTRATIVE & GENERAL	6	164,796	
10			MEDICAL RECORDS PREPARATION	17.01	2,896,971	
11			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	752,163	
12			ANESTHESIOLOGY	40	226,278	
13			RADIOLOGY-DIAGNOSTIC	41	233,467	
14			LABORATORY	44	40,755	
15			ANATOMICAL LABORATORY	44.01	56,480	
16			ANESTHESIA PAIN CLINIC	60.01	122,196	
17			DERMATOLOGY CLINIC	60.02	284,495	
18			ORAL SURGERY CLINIC	60.03	236,989	
19			INTERNAL MEDICINE CLINIC	60.04	1,705,997	
20			NEUROLOGY CLINIC	60.05	291,514	
21			OB-GYN CLINIC	60.06	820,700	
22			OPHTHALMOLOGY CLINIC	60.07	1,807,173	
23			ORTHOPAEDICS CLINIC	60.08	575,161	
24			OTOLARYNGOLOGY CLINIC	60.09	605,788	
25			PEDIATRIC CLINIC	60.10	1,629,466	
26			SURGERY CLINIC	60.11	987,645	
27			UROLOGY CLINIC	60.12	265,787	
28			PSYCHIATRIC CLINIC	60.13	33,779	
29			FAMILY CARE CLINIC	60.15	11,524	
30			CONTACT LENS CLINIC	96.09	144,718	
31	A120 PATHOLOGY PART A SALARY XFER	CG	LABORATORY	44	133,524	
32			ANATOMICAL LABORATORY	44.01	300,539	
36	TOTAL RECLASSIFICATIONS				54,078,856	86,172,883

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	A121A MEDICAL SUPPLY RECLASS	AA	ADMINISTRATIVE & GENERAL	6		401	
2			ADULTS & PEDIATRICS	25		382,150	
3			MEDICAL INTENSIVE CARE UNIT	26.01		157,099	
4			CORONARY CARE UNIT	27		59,762	
5			BURN INTENSIVE CARE UNIT	28		120,563	
6			SURGICAL INTENSIVE CARE UNIT	29		531,158	
7			NEONATAL INTENSIVE CARE UNIT	30		48,211	
8			SUBPROVIDER I	31		141	
9			OPERATING ROOM	37		3,197	
10			DELIVERY ROOM & LABOR ROOM	39		6,513	
11			RADIOLOGY-DIAGNOSTIC	41		183	
12			RADIOLOGY-THERAPEUTIC	42		4,538	
13			RADIOLOGY - PET SCAN	42.02		75	
14			LABORATORY	44		101	
15			CARDIOLOGY	44.02		561,077	
16			ORTHOTIC SERVICES	47.01		1,577	
17			RESPIRATORY THERAPY	49		23,142	
18			PHYSICAL THERAPY	50		48	
19			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,816	
20			RENAL DIALYSIS	57		64	
21			LITHOTRIPSY	59.99		3,314	
22			ANESTHESIA PAIN CLINIC	60.01		5	
23			DERMATOLOGY CLINIC	60.02		57	
24			ORAL SURGERY CLINIC	60.03		1,685	
25			INTERNAL MEDICINE CLINIC	60.04		1,869	
26			NEUROLOGY CLINIC	60.05		71	
27			OB-GYN CLINIC	60.06		4,242	
28			OPHTHALMOLOGY CLINIC	60.07		21,432	
29			ORTHOPAEDICS CLINIC	60.08		37,128	
30			OTOLARYNGOLOGY CLINIC	60.09		16,160	
31			PEDIATRIC CLINIC	60.10		1,847	
32			SURGERY CLINIC	60.11		4,492	
33			UROLOGY CLINIC	60.12		12	
34			CANCER CLINIC	60.14		377	
35			FAMILY CARE CLINIC	60.15		6,436	
1	A121A MEDICAL SUPPLY RECLASS	AA	EMERGENCY	61		66,714	
2	A121B MEDICAL SUPPLIES SOLD	AB	CENTRAL SERVICES & SUPPLY	15		1,527	
3			OPERATING ROOM	37		32,910,228	
4			RADIOLOGY-DIAGNOSTIC	41		1,650,142	
5			RADIOLOGY-THERAPEUTIC	42		71,674	
6			ULTRASOUND	42.01		99	
7			LABORATORY	44		2,089,732	
8			CARDIOLOGY	44.02		11,546,878	
9			RESPIRATORY THERAPY	49		3,720,887	
10			PHYSICAL THERAPY	50		128,109	
11			OCCUPATIONAL THERAPY	51		97,154	
12			RENAL DIALYSIS	57		689	
13			ASC (NON-DISTINCT PART)	58		2,175,956	
14			DIGESTIVE DISEASE CNTR	59.05		286,587	
15			LITHOTRIPSY	59.99		156,392	
16			ANESTHESIA PAIN CLINIC	60.01		24,693	
17			OB-GYN CLINIC	60.06		81,228	
18			OPHTHALMOLOGY CLINIC	60.07		4,972	
19			OTOLARYNGOLOGY CLINIC	60.09		27,050	
20			PEDIATRIC CLINIC	60.10		4,479	
21			SURGERY CLINIC	60.11		885	
22			UROLOGY CLINIC	60.12		78,359	
23			OTHER NONALLOWABLE	96.13		517	
24	AC-A133 AGENCY	AC	ADMINISTRATIVE & GENERAL	6		692	
25			ADULTS & PEDIATRICS	25	19,460		
26			MEDICAL INTENSIVE CARE UNIT	26.01	80,369		
27			ULTRASOUND	42.01	79,820		
28			OB-GYN CLINIC	60.06	3,186		
29			PEDIATRIC CLINIC	60.10	300		
30			HOSPITAL PHYSICIANS-ER,FCC	96.08	28,664		
31	A123 BLOOD RECLASS	AD	LABORATORY	44		2,226,301	
32	A124 CLINIC SALARIES	AE	IVF/CULTURE LAB	59	32,485	13,434	
33			SPINE TREATMENT CENTER	59.03	210,040	86,864	
34			DERMATOLOGY CLINIC	60.02	24,940	10,314	
35			ORAL SURGERY CLINIC	60.03	76,578	31,670	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	A124 CLINIC SALARIES	AE	INTERNAL MEDICINE CLINIC	60.04	142,714	59,021	
2			NEUROLOGY CLINIC	60.05	52,172	21,576	
3			OB-GYN CLINIC	60.06	253,684	104,914	
4			OPHTHALMOLOGY CLINIC	60.07	71,262	29,471	
5			ORTHOPAEDICS CLINIC	60.08	64,872	26,829	
6			OTOLARYNGOLOGY CLINIC	60.09	132,896	54,960	
7			PEDIATRIC CLINIC	60.10	101,218	41,860	
8			SURGERY CLINIC	60.11	34,372	14,215	
9			UROLOGY CLINIC	60.12	41,888	17,323	
10			PSYCHIATRIC CLINIC	60.13	84,317	34,870	
11			CANCER CLINIC	60.14	56,393	23,322	
12	A125 RAD ADMIN, ENGINEER, WORD PROCE	AF	RADIOLOGY-DIAGNOSTIC	41	335,187	549,857	
13	A126 ACTIVITY THERAPY %	AG	RECREATION THERAPY	59.06	525,511	234,014	
14							
15							
16	A127 THERAPY ADMIN	AH	PHYSICAL THERAPY	50	423,916	196,655	
17							
18							
19							
20							
21							
22	A128 FAMILY CARE CENTER	AI	FAMILY CARE CLINIC	60.15	3,181,107	1,126,683	
23							
24							
25	A129 REHAB THERAPY PSYCH	AJ	PATIENT EDUCATION SERVICE	96.06	62,593	26,183	
26	A130 VACATION ACCRUAL AMTS	AK	ADMINISTRATIVE & GENERAL	6	444,849		
27			PLANT OPER/MAINT - GENERAL HOSP	7.01	106,294		
28			PLANT OPER/MAINT - CDD	7.04	364		
29			LAUNDRY & LINEN SERVICE	9	2,092		
30			HOUSEKEEPING - GENERAL HOSPITAL	10.01	26,145		
31			DIETARY	11	48,793		
32			NURSING ADMINISTRATION	14	338,765		
33			CENTRAL SERVICES & SUPPLY	15	1,248		
34			PHARMACY	16	19,281		
35			MEDICAL RECORDS PREPARATION	17.01	19,081		
1	A130 VACATION ACCRUAL AMTS	AK	MEDICAL RECORDS PROCESSING	17.02	39,677		
2			SOCIAL SERVICE	18	66,360		
3			PARAMEDICAL EDUC - DIETARY	24.01	971		
4			PARAMEDICAL EDUC - RAD TECH	24.04	2,686		
5			ADULTS & PEDIATRICS	25	484,139		
6			MEDICAL INTENSIVE CARE UNIT	26.01	58,296		
7			CORONARY CARE UNIT	27	21,986		
8			BURN INTENSIVE CARE UNIT	28	22,664		
9			SURGICAL INTENSIVE CARE UNIT	29	12,792		
10			NEONATAL INTENSIVE CARE UNIT	30	42,617		
11			SUBPROVIDER I	31	2,053		
12			NURSERY	33	2,144		
13			OPERATING ROOM	37	264,830		
14			DELIVERY ROOM & LABOR ROOM	39	44,250		
15			RADIOLOGY-DIAGNOSTIC	41	31,520		
16			LABORATORY	44	144,590		
17			ANATOMICAL LABORATORY	44.01	585		
18			CARDIOLOGY	44.02	77,069		
19			BLOOD STORING, PROCESSING & TRANS.	47	29,548		
20			RESPIRATORY THERAPY	49	57,395		
21			PHYSICAL THERAPY	50	8,940		
22			OCCUPATIONAL THERAPY	51	3,960		
23			RENAL DIALYSIS	57	33,432		
24			URODYNAMICS	59.02	535		
25			SPINE TREATMENT CENTER	59.03	23,915		
26			OPHTHALMOLOGY SPECIALTY LABS	59.04	4,966		
27			DIGESTIVE DISEASE CNTR	59.05	13		
28			RECREATION THERAPY	59.06	2,969		
29			DERMATOLOGY CLINIC	60.02	3,931		
30			ORAL SURGERY CLINIC	60.03	11,346		
31			INTERNAL MEDICINE CLINIC	60.04	51,126		
32			OPHTHALMOLOGY CLINIC	60.07	10,843		
33			ORTHOPAEDICS CLINIC	60.08	2,101		
34			OTOLARYNGOLOGY CLINIC	60.09	4,958		
35			PEDIATRIC CLINIC	60.10	6,081		

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
	1		6	7	8	9	10
1	A130 VACATION ACCRUAL AMTS	AK	SURGERY CLINIC	60.11	939		
2			UROLOGY CLINIC	60.12	2,684		
3			PSYCHIATRIC CLINIC	60.13	113		
4			CANCER CLINIC	60.14	3,466		
5			FAMILY CARE CLINIC	60.15	66,554		
6			EMERGENCY	61	926		
7			AMBULANCE SERVICES	65	42,035		
8			LUNG ACQUISITION	82	10,199		
9			KIDNEY ACQUISITION	83	61,762		
10			LIVER ACQUISITION	84	7,945		
11			HEART ACQUISITION	85	50,315		
12			PANCREAS ACQUISITION	85.01	161		
13			VENDING/PATIENT ART	96.01	81,577		
14			PATIENT TRANSPORTATION SERVICE	96.02	544		
15			PATIENT EDUCATION SERVICE	96.06	7,218		
16	A131 TRANSCRIPTION SERVICES	AL	SUBPROVIDER I	31		118,357	
17			NEUROLOGY CLINIC	60.05		124,690	
18			UROLOGY CLINIC	60.12		74,360	
19			FAMILY CARE CLINIC	60.15		365,972	
20			EMERGENCY	61		13,590	
21	A132 PHARMACY CHARGED TO DEPTS	AM	ADMINISTRATIVE & GENERAL	6		183,297	
22			PLANT OPER/MAINT - GENERAL HOSP	7.01		70	
23			LAUNDRY & LINEN SERVICE	9		2	
24			HOUSEKEEPING - GENERAL HOSPITAL	10.01		2	
25			DIETARY	11		18,346	
26			CENTRAL SERVICES & SUPPLY	15		5,839	
27			SOCIAL SERVICE	18		9,964	
28			OPERATING ROOM	37		98,364	
29			ANESTHESIOLOGY	40		716,752	
30			RADIOLOGY-DIAGNOSTIC	41		1,013,607	
31			RADIOLOGY-THERAPEUTIC	42		28,371	
32			ULTRASOUND	42.01		35,693	
33			RADIOLOGY - PET SCAN	42.02		13,187	
34			LABORATORY	44		3,606	
35			ANATOMICAL LABORATORY	44.01		148	
1	A132 PHARMACY CHARGED TO DEPTS	AM	CARDIOLOGY	44.02		351,184	
2			BLOOD STORING, PROCESSING & TRANS.	47		57,941	
3			RESPIRATORY THERAPY	49		2,331	
4			PHYSICAL THERAPY	50		602	
5			ELECTROCARDIOLOGY	53		63	
6			ELECTROENCEPHALOGRAPHY	54		15,364	
7			RENAL DIALYSIS	57		40,448	
8			ASC (NON-DISTINCT PART)	58		40,391	
9			IVF/CULTURE LAB	59		562	
10			DIABETES EDUCATION	59.08		17	
11			CARDIAC REHABILITATION	59.97		6	
12			HYPERBARIC OXYGEN THERAPY	59.98		1,735	
13			INTERNAL MEDICINE CLINIC	60.04		51,008	
14			OB-GYN CLINIC	60.06		225,747	
15			ORTHOPAEDICS CLINIC	60.08		263,379	
16			OTOLARYNGOLOGY CLINIC	60.09		21,443	
17			UROLOGY CLINIC	60.12		106,534	
18			FAMILY CARE CLINIC	60.15		108	
19			HOME PROGRAM DIALYSIS	64		8,854	
20			VENDING/PATIENT ART	96.01		14	
21	A145 ACTIVITY THERAPY RECL	AN	PHYSICAL THERAPY	50	1,390		
22	A134 RENAL DIALYSIS SALARIES	AO	RENAL DIALYSIS	57	75,594	53,588	
23							
24	A135 ALLOCATION OF TRANSPLANT STAFF	AP	LUNG ACQUISITION	82	525	351	
25			KIDNEY ACQUISITION	83	37,315	24,876	
26			LIVER ACQUISITION	84	51,794	34,529	
27			HEART ACQUISITION	85	126,398	84,265	
28							
29							
30	A137 PEDS RENAL EXP TO HOME	AQ	RENAL DIALYSIS	57	23,111	8,974	
31	A138 PHARMACY TIME ALLOCATIONS	AR	PHARMACY	16	171,943	64,922	
32	A139 WESTLAWN PLANT OPS/HOUSEKEEPING	AS	PLANT OPER/MAINT - GENERAL HOSP	7.01		64,452	
33			HOUSEKEEPING - GENERAL HOSPITAL	10.01		69,060	
34	A140 ARNP TO NONALLOWABLE	AT	ADMINISTRATIVE & GENERAL	6	34,387	13,927	
35			NURSING ADMINISTRATION	14	29,555	11,817	

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
	1		6	7	8	9	10
1	A140 ARNP TO NONALLOWABLE	AT	SOCIAL SERVICE	18	67,736	26,078	
2			ADULTS & PEDIATRICS	25	187,236	73,754	
3			BURN INTENSIVE CARE UNIT	28	61,318	22,146	
4			NEONATAL INTENSIVE CARE UNIT	30	5,174	1,906	
5			SUBPROVIDER I	31	26,383	10,686	
6			RADIOLOGY-DIAGNOSTIC	41	50,263	20,011	
7			CARDIOLOGY	44.02	65,004	25,026	
8			SPINE TREATMENT CENTER	59.03	147	13	
9			CDC - REHAB	59.07	84,687	32,809	
10			PSYCHIATRIC CLINIC	60.13	26,384	10,686	
11			FAMILY CARE CLINIC	60.15	217,383	87,496	
12	A137 VPMA SALARY ALLOCATION	AU	ADMINISTRATIVE & GENERAL	6		8,629,725	
13	A142 EMERGENCY ROOM PHYSICIANS	AV	HOSPITAL PHYSICIANS-ER,FCC	96.08	430,196	106,643	
14							
15	A143 FLIGHT NURSE RECLASS	AX	ADULTS & PEDIATRICS	25	920,302	462,754	
16			HOME PROGRAM DIALYSIS	64	81,807	28,249	
17			AMBULANCE SERVICES	65	815,667	271,810	
18							
19							
20	A146 CDD PATIENT EDUCATION	AY	PEDIATRIC CLINIC	60.10	11,437	4,494	
21			OTHER NONALLOWABLE	96.13		145	
22	A147 INSURANCE EXPENSE	BA	PLANT OPER/MAINT - GENERAL HOSP	7.01		1,305,583	12
23							12
24	A151 PGY2 PHARMACY ED RESIDENTS	BC	PARAMEDICAL EDUC - PHARMACY	24.02	89,000	7,743	
25	A152 DIETARY EXPENSE TO CAFETERIA	BD	DIETARY	11		8,652,440	
26	A153 EPOETIN RECLASS	BE	PHARMACY	16		694,831	
27	A154 UICMS HSKPG FROM TO NON-ALLOW	BF	HOUSEKEEPING - GENERAL HOSPITAL	10.01		8,274	
28	A155 ROUTINE TO RECOVERY	BG	ADULTS & PEDIATRICS	25		5,231,098	
29	A96 PATH LAB TRANSFER SALARIES	CA	LABORATORY	44		104,916	
30	A97 FELLOW STIPENDS SALARY TRANSFER	CB	I&R SERVICES-SALARY & FRINGES APPRVD	22		7,125,145	
31	A106 FACULTY TIME STUDY SALARY TRANS	CD	ADMINISTRATIVE & GENERAL	6		2,210,424	
32			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		9,906,661	
33			PARAMEDICAL EDUC - PHARMACY	24.02		1,085	
34			PARAMEDICAL EDCU - MED LAB	24.03		49,410	
35			PARAMEDICAL EDUC - RAD TECH	24.04		6,549	
1	A106 FACULTY TIME STUDY SALARY TRANS	CD	LABORATORY	44		615,668	
2			ANATOMICAL LABORATORY	44.01		875,415	
3	A118 TRANSPLANT SALARY TRANSFER	CE	ADULTS & PEDIATRICS	25		744	
4			SURGERY CLINIC	60.11		24,116	
5			KIDNEY ACQUISITION	83		38,370	
6			LIVER ACQUISITION	84		12,001	
7			HEART ACQUISITION	85		1,765	
8			OTHER ORGAN ACQUISITION - LUNG PRECE	86		3,816	
9	A119 CLINIC TIME STUDY SALARY XFER	CF	ADMINISTRATIVE & GENERAL	6		164,796	
10			MEDICAL RECORDS PREPARATION	17.01		2,896,971	
11			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		752,163	
12			ANESTHESIOLOGY	40		226,278	
13			RADIOLOGY-DIAGNOSTIC	41		233,467	
14			LABORATORY	44		40,755	
15			ANATOMICAL LABORATORY	44.01		56,480	
16			ANESTHESIA PAIN CLINIC	60.01		122,196	
17			DERMATOLOGY CLINIC	60.02		284,495	
18			ORAL SURGERY CLINIC	60.03		236,989	
19			INTERNAL MEDICINE CLINIC	60.04		1,705,997	
20			NEUROLOGY CLINIC	60.05		291,514	
21			OB-GYN CLINIC	60.06		820,700	
22			OPHTHALMOLOGY CLINIC	60.07		1,807,173	
23			ORTHOPAEDICS CLINIC	60.08		575,161	
24			OTOLARYNGOLOGY CLINIC	60.09		605,788	
25			PEDIATRIC CLINIC	60.10		1,629,466	
26			SURGERY CLINIC	60.11		987,645	
27			UROLOGY CLINIC	60.12		265,787	
28			PSYCHIATRIC CLINIC	60.13		33,779	
29			FAMILY CARE CLINIC	60.15		11,524	
30			CONTACT LENS CLINIC	96.09		144,718	
31	A120 PATHOLOGY PART A SALARY XFER	CG	LABORATORY	44		133,524	
32			ANATOMICAL LABORATORY	44.01		300,539	
36	TOTAL RECLASSIFICATIONS				12,730,718	127,521,021	

(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.

RECLASS CODE: AA
EXPLANATION : A121A MEDICAL SUPPLY RECLASS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,070,657	ADMINISTRATIVE & GENERAL	6	401
2.00			0	ADULTS & PEDIATRICS	25	382,150
3.00			0	MEDICAL INTENSIVE CARE UNIT	26.01	157,099
4.00			0	CORONARY CARE UNIT	27	59,762
5.00			0	BURN INTENSIVE CARE UNIT	28	120,563
6.00			0	SURGICAL INTENSIVE CARE UNIT	29	531,158
7.00			0	NEONATAL INTENSIVE CARE UNIT	30	48,211
8.00			0	SUBPROVIDER I	31	141
9.00			0	OPERATING ROOM	37	3,197
10.00			0	DELIVERY ROOM & LABOR ROOM	39	6,513
11.00			0	RADIOLOGY-DIAGNOSTIC	41	183
12.00			0	RADIOLOGY-THERAPEUTIC	42	4,538
13.00			0	RADIOLOGY - PET SCAN	42.02	75
14.00			0	LABORATORY	44	101
15.00			0	CARDIOLOGY	44.02	561,077
16.00			0	ORTHOTIC SERVICES	47.01	1,577
17.00			0	RESPIRATORY THERAPY	49	23,142
18.00			0	PHYSICAL THERAPY	50	48
19.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	4,816
20.00			0	RENAL DIALYSIS	57	64
21.00			0	LITHOTRIPSY	59.99	3,314
22.00			0	ANESTHESIA PAIN CLINIC	60.01	5
23.00			0	DERMATOLOGY CLINIC	60.02	57
24.00			0	ORAL SURGERY CLINIC	60.03	1,685
25.00			0	INTERNAL MEDICINE CLINIC	60.04	1,869
26.00			0	NEUROLOGY CLINIC	60.05	71
27.00			0	OB-GYN CLINIC	60.06	4,242
28.00			0	OPHTHALMOLOGY CLINIC	60.07	21,432
29.00			0	ORTHOPAEDICS CLINIC	60.08	37,128
30.00			0	OTOLARYNGOLOGY CLINIC	60.09	16,160
31.00			0	PEDIATRIC CLINIC	60.10	1,847
32.00			0	SURGERY CLINIC	60.11	4,492
33.00			0	UROLOGY CLINIC	60.12	12
34.00			0	CANCER CLINIC	60.14	377
35.00			0	FAMILY CARE CLINIC	60.15	6,436
36.00			0	EMERGENCY	61	66,714
TOTAL RECLASSIFICATIONS FOR CODE AA			2,070,657			2,070,657

RECLASS CODE: AB
EXPLANATION : A121B MEDICAL SUPPLIES SOLD

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	12,346,300	CENTRAL SERVICES & SUPPLY	15	1,527
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	42,711,937	OPERATING ROOM	37	32,910,228
3.00			0	RADIOLOGY-DIAGNOSTIC	41	1,650,142
4.00			0	RADIOLOGY-THERAPEUTIC	42	71,674
5.00			0	ULTRASOUND	42.01	99
6.00			0	LABORATORY	44	2,089,732
7.00			0	CARDIOLOGY	44.02	11,546,878
8.00			0	RESPIRATORY THERAPY	49	3,720,887
9.00			0	PHYSICAL THERAPY	50	128,109
10.00			0	OCCUPATIONAL THERAPY	51	97,154
11.00			0	RENAL DIALYSIS	57	689
12.00			0	ASC (NON-DISTINCT PART)	58	2,175,956
13.00			0	DIGESTIVE DISEASE CNTR	59.05	286,587
14.00			0	LITHOTRIPSY	59.99	156,392
15.00			0	ANESTHESIA PAIN CLINIC	60.01	24,693
16.00			0	OB-GYN CLINIC	60.06	81,228
17.00			0	OPHTHALMOLOGY CLINIC	60.07	4,972
18.00			0	OTOLARYNGOLOGY CLINIC	60.09	27,050
19.00			0	PEDIATRIC CLINIC	60.10	4,479
20.00			0	SURGERY CLINIC	60.11	885
21.00			0	UROLOGY CLINIC	60.12	78,359
22.00			0	OTHER NONALLOWABLE	96.13	517
TOTAL RECLASSIFICATIONS FOR CODE AB			55,058,237			55,058,237

RECLASS CODE: AC
EXPLANATION : AC-A133 AGENCY

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	692	ADMINISTRATIVE & GENERAL	6	692

RECLASS CODE: AC
EXPLANATION : AC-A133 AGENCY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	ADULTS & PEDIATRICS	25	19,460	ADULTS & PEDIATRICS	25	19,460
3.00	MEDICAL INTENSIVE CARE UNIT	26.01	80,369	MEDICAL INTENSIVE CARE UNIT	26.01	80,369
4.00	ULTRASOUND	42.01	79,820	ULTRASOUND	42.01	79,820
5.00	OB-GYN CLINIC	60.06	3,186	OB-GYN CLINIC	60.06	3,186
6.00	PEDIATRIC CLINIC	60.10	300	PEDIATRIC CLINIC	60.10	300
7.00	HOSPITAL PHYSICIANS-ER,FCC	96.08	28,664	HOSPITAL PHYSICIANS-ER,FCC	96.08	28,664
TOTAL RECLASSIFICATIONS FOR CODE AC			212,491			212,491

RECLASS CODE: AD
EXPLANATION : A123 BLOOD RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	BLOOD STORING, PROCESSING & TR	47	2,226,301	LABORATORY	44	2,226,301
TOTAL RECLASSIFICATIONS FOR CODE AD			2,226,301			2,226,301

RECLASS CODE: AE
EXPLANATION : A124 CLINIC SALARIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL RECORDS PREPARATION	17.01	427,278	IVF/CULTURE LAB	59	45,919
2.00	OTHER NONALLOWABLE	96.13	1,523,196	SPINE TREATMENT CENTER	59.03	296,904
3.00			0	DERMATOLOGY CLINIC	60.02	35,254
4.00			0	ORAL SURGERY CLINIC	60.03	108,248
5.00			0	INTERNAL MEDICINE CLINIC	60.04	201,735
6.00			0	NEUROLOGY CLINIC	60.05	73,748
7.00			0	OB-GYN CLINIC	60.06	358,598
8.00			0	OPHTHALMOLOGY CLINIC	60.07	100,733
9.00			0	ORTHOPAEDICS CLINIC	60.08	91,701
10.00			0	OTOLARYNGOLOGY CLINIC	60.09	187,856
11.00			0	PEDIATRIC CLINIC	60.10	143,078
12.00			0	SURGERY CLINIC	60.11	48,587
13.00			0	UROLOGY CLINIC	60.12	59,211
14.00			0	PSYCHIATRIC CLINIC	60.13	119,187
15.00			0	CANCER CLINIC	60.14	79,715
TOTAL RECLASSIFICATIONS FOR CODE AE			1,950,474			1,950,474

RECLASS CODE: AF
EXPLANATION : A125 RAD ADMIN, ENGINEER, WORD PROCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-THERAPEUTIC	42	885,044	RADIOLOGY-DIAGNOSTIC	41	885,044
TOTAL RECLASSIFICATIONS FOR CODE AF			885,044			885,044

RECLASS CODE: AG
EXPLANATION : A126 ACTIVITY THERAPY %

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	299,063	RECREATION THERAPY	59.06	759,525
2.00	SUBPROVIDER I	31	339,413			0
3.00	PSYCHIATRIC CLINIC	60.13	121,049			0
TOTAL RECLASSIFICATIONS FOR CODE AG			759,525			759,525

RECLASS CODE: AH
EXPLANATION : A127 THERAPY ADMIN

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	42,841	PHYSICAL THERAPY	50	620,571
2.00	ORTHOTIC SERVICES	47.01	156,629			0
3.00	OCCUPATIONAL THERAPY	51	170,652			0
4.00	SPINE TREATMENT CENTER	59.03	66,211			0
5.00	RECREATION THERAPY	59.06	87,246			0
6.00	PATIENT EDUCATION SERVICE	96.06	96,992			0
TOTAL RECLASSIFICATIONS FOR CODE AH			620,571			620,571

RECLASS CODE: AI
EXPLANATION : A128 FAMILY CARE CENTER

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL RECORDS PREPARATION	17.01	196,014	FAMILY CARE CLINIC	60.15	4,307,790

RECLASS CODE: AI
EXPLANATION : A128 FAMILY CARE CENTER

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	I&R SERVICES-OTHER PRGM COSTS	23	727,679			0
3.00	HOSPITAL PHYSICIANS-ER,FCC	96.08	3,384,097			0
TOTAL RECLASSIFICATIONS FOR CODE AI			4,307,790			4,307,790

RECLASS CODE: AJ
EXPLANATION : A129 REHAB THERAPY PSYCH

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PSYCHIATRIC CLINIC	60.13	88,776	PATIENT EDUCATION SERVICE	96.06	88,776
TOTAL RECLASSIFICATIONS FOR CODE AJ			88,776			88,776

RECLASS CODE: AK
EXPLANATION : A130 VACATION ACCRUAL AMTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	1,283,295	ADMINISTRATIVE & GENERAL	6	444,849
2.00	PLANT OPER/MAINT - GENERAL HOS	7.01	13,534	PLANT OPER/MAINT - GENERAL HOS	7.01	106,294
3.00	PLANT OPER/MAINT - CDD	7.04	407	PLANT OPER/MAINT - CDD	7.04	364
4.00	LAUNDRY & LINEN SERVICE	9	8,477	LAUNDRY & LINEN SERVICE	9	2,092
5.00	HOUSEKEEPING - GENERAL HOSPITA	10.01	107,976	HOUSEKEEPING - GENERAL HOSPITA	10.01	26,145
6.00	HOUSEKEEPING - CDD	10.04	2,529	DIETARY	11	48,793
7.00	DIETARY	11	50,607	NURSING ADMINISTRATION	14	338,765
8.00	NURSING ADMINISTRATION	14	35,149	CENTRAL SERVICES & SUPPLY	15	1,248
9.00	CENTRAL SERVICES & SUPPLY	15	39,227	PHARMACY	16	19,281
10.00	PHARMACY	16	69,158	MEDICAL RECORDS PREPARATION	17.01	19,081
11.00	MEDICAL RECORDS PREPARATION	17.01	2,406	MEDICAL RECORDS PROCESSING	17.02	39,677
12.00	MEDICAL RECORDS PROCESSING	17.02	21,693	SOCIAL SERVICE	18	66,360
13.00	SOCIAL SERVICE	18	7,342	PARAMEDICAL EDUC - DIETARY	24.01	971
14.00	I&R SERVICES-SALARY & FRINGES	22	2,991	PARAMEDICAL EDUC - RAD TECH	24.04	2,686
15.00	PARAMEDICAL EDCU - MED LAB	24.03	1,344	ADULTS & PEDIATRICS	25	484,139
16.00	PARAMEDICAL EDUC - RAD TECH	24.04	5,010	MEDICAL INTENSIVE CARE UNIT	26.01	58,296
17.00	ADULTS & PEDIATRICS	25	100,095	CORONARY CARE UNIT	27	21,986
18.00	BURN INTENSIVE CARE UNIT	28	157	BURN INTENSIVE CARE UNIT	28	22,664
19.00	SURGICAL INTENSIVE CARE UNIT	29	7,285	SURGICAL INTENSIVE CARE UNIT	29	12,792
20.00	NEONATAL INTENSIVE CARE UNIT	30	3,016	NEONATAL INTENSIVE CARE UNIT	30	42,617
21.00	SUBPROVIDER I	31	61,738	SUBPROVIDER I	31	2,053
22.00	OPERATING ROOM	37	125,018	NURSERY	33	2,144
23.00	ANESTHESIOLOGY	40	52,256	OPERATING ROOM	37	264,830
24.00	RADIOLOGY-DIAGNOSTIC	41	102,458	DELIVERY ROOM & LABOR ROOM	39	44,250
25.00	RADIOLOGY-THERAPEUTIC	42	7,449	RADIOLOGY-DIAGNOSTIC	41	31,520
26.00	ULTRASOUND	42.01	3,314	LABORATORY	44	144,590
27.00	RADIOLOGY - PET SCAN	42.02	15,869	ANATOMICAL LABORATORY	44.01	585
28.00	LABORATORY	44	134,007	CARDIOLOGY	44.02	77,069
29.00	ANATOMICAL LABORATORY	44.01	27,062	BLOOD STORING, PROCESSING & TR	47	29,548
30.00	CARDIOLOGY	44.02	208,170	RESPIRATORY THERAPY	49	57,395
31.00	ORTHOTIC SERVICES	47.01	6,969	PHYSICAL THERAPY	50	8,940
32.00	PHYSICAL THERAPY	50	19,806	OCCUPATIONAL THERAPY	51	3,960
33.00	OCCUPATIONAL THERAPY	51	7,254	RENAL DIALYSIS	57	33,432
34.00	ELECTROCARDIOLOGY	53	8,322	URODYNAMICS	59.02	535
35.00	ELECTROENCEPHALOGRAPHY	54	4,006	SPINE TREATMENT CENTER	59.03	23,915
36.00	RENAL DIALYSIS	57	35,822	OPHTHALMOLOGY SPECIALTY LABS	59.04	4,966
37.00	IVF/CULTURE LAB	59	2,868	DIGESTIVE DISEASE CNTR	59.05	13
38.00	URODYNAMICS	59.02	411	RECREATION THERAPY	59.06	2,969
39.00	SPINE TREATMENT CENTER	59.03	755	DERMATOLOGY CLINIC	60.02	3,931
40.00	OPHTHALMOLOGY SPECIALTY LABS	59.04	8,054	ORAL SURGERY CLINIC	60.03	11,346
41.00	CDC - REHAB	59.07	18	INTERNAL MEDICINE CLINIC	60.04	51,126
42.00	DIABETES EDUCATION	59.08	8,313	OPHTHALMOLOGY CLINIC	60.07	10,843
43.00	LITHOTRIPSY	59.99	366	ORTHOPAEDICS CLINIC	60.08	2,101
44.00	ANESTHESIA PAIN CLINIC	60.01	100	OTOLARYNGOLOGY CLINIC	60.09	4,958
45.00	ORAL SURGERY CLINIC	60.03	6,718	PEDIATRIC CLINIC	60.10	6,081
46.00	INTERNAL MEDICINE CLINIC	60.04	7,544	SURGERY CLINIC	60.11	939
47.00	NEUROLOGY CLINIC	60.05	728	UROLOGY CLINIC	60.12	2,684
48.00	OB-GYN CLINIC	60.06	9,725	PSYCHIATRIC CLINIC	60.13	113
49.00	ORTHOPAEDICS CLINIC	60.08	67,005	CANCER CLINIC	60.14	3,466
50.00	PEDIATRIC CLINIC	60.10	30,004	FAMILY CARE CLINIC	60.15	66,554
51.00	SURGERY CLINIC	60.11	18,051	EMERGENCY	61	926
52.00	PSYCHIATRIC CLINIC	60.13	3,476	AMBULANCE SERVICES	65	42,035
53.00	FAMILY CARE CLINIC	60.15	24,629	LUNG ACQUISITION	82	10,199
54.00	EMERGENCY	61	38,232	KIDNEY ACQUISITION	83	61,762
55.00	HOME PROGRAM DIALYSIS	64	501	LIVER ACQUISITION	84	7,945
56.00	LUNG ACQUISITION	82	9,428	HEART ACQUISITION	85	50,315

RECLASS CODE: AK
EXPLANATION : A130 VACATION ACCRUAL AMTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
57.00	HEART ACQUISITION	85	46,130	PANCREAS ACQUISITION	85.01	161
58.00	VENDING/PATIENT ART	96.01	51,353	VENDING/PATIENT ART	96.01	81,577
59.00	OTHER NONALLOWABLE	96.13	3,011	PATIENT TRANSPORTATION SERVICE	96.02	544
60.00			0	PATIENT EDUCATION SERVICE	96.06	7,218
TOTAL RECLASSIFICATIONS FOR CODE AK			2,918,638			2,918,638

RECLASS CODE: AL
EXPLANATION : A131 TRANSCRIPTION SERVICES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL RECORDS PREPARATION	17.01	696,969	SUBPROVIDER I	31	118,357
2.00			0	NEUROLOGY CLINIC	60.05	124,690
3.00			0	UROLOGY CLINIC	60.12	74,360
4.00			0	FAMILY CARE CLINIC	60.15	365,972
5.00			0	EMERGENCY	61	13,590
TOTAL RECLASSIFICATIONS FOR CODE AL			696,969			696,969

RECLASS CODE: AM
EXPLANATION : A132 PHARMACY CHARGED TO DEPTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	89	ADMINISTRATIVE & GENERAL	6	183,297
2.00	PHARMACY	16	3,312,463	PLANT OPER/MAINT - GENERAL HOS	7.01	70
3.00	ADULTS & PEDIATRICS	25	10	LAUNDRY & LINEN SERVICE	9	2
4.00	DERMATOLOGY CLINIC	60.02	2,245	HOUSEKEEPING - GENERAL HOSPITA	10.01	2
5.00	NEUROLOGY CLINIC	60.05	29	DIETARY	11	18,346
6.00	PEDIATRIC CLINIC	60.10	143	CENTRAL SERVICES & SUPPLY	15	5,839
7.00			0	SOCIAL SERVICE	18	9,964
8.00			0	OPERATING ROOM	37	98,364
9.00			0	ANESTHESIOLOGY	40	716,752
10.00			0	RADIOLOGY-DIAGNOSTIC	41	1,013,607
11.00			0	RADIOLOGY-THERAPEUTIC	42	28,371
12.00			0	ULTRASOUND	42.01	35,693
13.00			0	RADIOLOGY - PET SCAN	42.02	13,187
14.00			0	LABORATORY	44	3,606
15.00			0	ANATOMICAL LABORATORY	44.01	148
16.00			0	CARDIOLOGY	44.02	351,184
17.00			0	BLOOD STORING, PROCESSING & TR	47	57,941
18.00			0	RESPIRATORY THERAPY	49	2,331
19.00			0	PHYSICAL THERAPY	50	602
20.00			0	ELECTROCARDIOLOGY	53	63
21.00			0	ELECTROENCEPHALOGRAPHY	54	15,364
22.00			0	RENAL DIALYSIS	57	40,448
23.00			0	ASC (NON-DISTINCT PART)	58	40,391
24.00			0	IVF/CULTURE LAB	59	562
25.00			0	DIABETES EDUCATION	59.08	17
26.00			0	CARDIAC REHABILITATION	59.97	6
27.00			0	HYPERBARIC OXYGEN THERAPY	59.98	1,735
28.00			0	INTERNAL MEDICINE CLINIC	60.04	51,008
29.00			0	OB-GYN CLINIC	60.06	225,747
30.00			0	ORTHOPAEDICS CLINIC	60.08	263,379
31.00			0	OTOLARYNGOLOGY CLINIC	60.09	21,443
32.00			0	UROLOGY CLINIC	60.12	106,534
33.00			0	FAMILY CARE CLINIC	60.15	108
34.00			0	HOME PROGRAM DIALYSIS	64	8,854
35.00			0	VENDING/PATIENT ART	96.01	14
TOTAL RECLASSIFICATIONS FOR CODE AM			3,314,979			3,314,979

RECLASS CODE: AN
EXPLANATION : A145 ACTIVITY THERAPY RECL

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RECREATION THERAPY	59.06	1,390	PHYSICAL THERAPY	50	1,390
TOTAL RECLASSIFICATIONS FOR CODE AN			1,390			1,390

RECLASS CODE: AO
EXPLANATION : A134 RENAL DIALYSIS SALARIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RENAL DIALYSIS	57	64,591	RENAL DIALYSIS	57	129,182

RECLASS CODE: AO
EXPLANATION : A134 RENAL DIALYSIS SALARIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	HOME PROGRAM DIALYSIS	64	64,591			0
TOTAL RECLASSIFICATIONS FOR CODE AO			129,182			129,182

RECLASS CODE: AP
EXPLANATION : A135 ALLOCATION OF TRANSPLANT STAFF

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	1,115	LUNG ACQUISITION	82	876
2.00	ADULTS & PEDIATRICS	25	233,540	KIDNEY ACQUISITION	83	62,191
3.00	CARDIOLOGY	44.02	82,025	LIVER ACQUISITION	84	86,323
4.00	RENAL DIALYSIS	57	12,260	HEART ACQUISITION	85	210,663
5.00	SURGERY CLINIC	60.11	7,465			0
6.00	PANCREAS ACQUISITION	85.01	23,648			0
TOTAL RECLASSIFICATIONS FOR CODE AP			360,053			360,053

RECLASS CODE: AQ
EXPLANATION : A137 PEDS RENAL EXP TO HOME

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOME PROGRAM DIALYSIS	64	32,085	RENAL DIALYSIS	57	32,085
TOTAL RECLASSIFICATIONS FOR CODE AQ			32,085			32,085

RECLASS CODE: AR
EXPLANATION : A138 PHARMACY TIME ALLOCATIONS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMEDICAL EDUC - PHARMACY	24.02	236,865	PHARMACY	16	236,865
TOTAL RECLASSIFICATIONS FOR CODE AR			236,865			236,865

RECLASS CODE: AS
EXPLANATION : A139 WESTLAWN PLANT OPS/HOUSEKEEPING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PLANT OPER/MAINT - WESTLAWN	7.02	133,512	PLANT OPER/MAINT - GENERAL HOS	7.01	64,452
2.00			0	HOUSEKEEPING - GENERAL HOSPITA	10.01	69,060
TOTAL RECLASSIFICATIONS FOR CODE AS			133,512			133,512

RECLASS CODE: AT
EXPLANATION : A140 ARNP TO NONALLOWABLE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER NONALLOWABLE	96.13	1,192,012	ADMINISTRATIVE & GENERAL	6	48,314
2.00			0	NURSING ADMINISTRATION	14	41,372
3.00			0	SOCIAL SERVICE	18	93,814
4.00			0	ADULTS & PEDIATRICS	25	260,990
5.00			0	BURN INTENSIVE CARE UNIT	28	83,464
6.00			0	NEONATAL INTENSIVE CARE UNIT	30	7,080
7.00			0	SUBPROVIDER I	31	37,069
8.00			0	RADIOLOGY-DIAGNOSTIC	41	70,274
9.00			0	CARDIOLOGY	44.02	90,030
10.00			0	SPINE TREATMENT CENTER	59.03	160
11.00			0	CDC - REHAB	59.07	117,496
12.00			0	PSYCHIATRIC CLINIC	60.13	37,070
13.00			0	FAMILY CARE CLINIC	60.15	304,879
TOTAL RECLASSIFICATIONS FOR CODE AT			1,192,012			1,192,012

RECLASS CODE: AU
EXPLANATION : A137 VPMA SALARY ALLOCATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	8,629,725	ADMINISTRATIVE & GENERAL	6	8,629,725
TOTAL RECLASSIFICATIONS FOR CODE AU			8,629,725			8,629,725

RECLASS CODE: AV
EXPLANATION : A142 EMERGENCY ROOM PHYSICIANS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	52,649	HOSPITAL PHYSICIANS-ER,FCC	96.08	536,839

RECLASS CODE: AV
EXPLANATION : A142 EMERGENCY ROOM PHYSICIANS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	I&R SERVICES-OTHER PRGM COSTS	23	484,190			0
TOTAL RECLASSIFICATIONS FOR CODE AV			536,839			536,839

RECLASS CODE: AX
EXPLANATION : A143 FLIGHT NURSE RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	105,637	ADULTS & PEDIATRICS	25	1,383,056
2.00	NEONATAL INTENSIVE CARE UNIT	30	280,595	HOME PROGRAM DIALYSIS	64	110,056
3.00	NURSERY	33	1,383,056	AMBULANCE SERVICES	65	1,087,477
4.00	RENAL DIALYSIS	57	110,056			0
5.00	EMERGENCY	61	701,245			0
TOTAL RECLASSIFICATIONS FOR CODE AX			2,580,589			2,580,589

RECLASS CODE: AY
EXPLANATION : A146 CDD PATIENT EDUCATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PEDIATRIC CLINIC	60.10	145	PEDIATRIC CLINIC	60.10	15,931
2.00	OTHER NONALLOWABLE	96.13	15,931	OTHER NONALLOWABLE	96.13	145
TOTAL RECLASSIFICATIONS FOR CODE AY			16,076			16,076

RECLASS CODE: BA
EXPLANATION : A147 INSURANCE EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAPITAL REL - GENERAL HOSP	3.01	881,197	PLANT OPER/MAINT - GENERAL HOS	7.01	1,305,583
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	424,386			0
TOTAL RECLASSIFICATIONS FOR CODE BA			1,305,583			1,305,583

RECLASS CODE: BC
EXPLANATION : A151 PGY2 PHARMACY ED RESIDENTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHARMACY	16	96,743	PARAMEDICAL EDUC - PHARMACY	24.02	96,743
TOTAL RECLASSIFICATIONS FOR CODE BC			96,743			96,743

RECLASS CODE: BD
EXPLANATION : A152 DIETARY EXPENSE TO CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	8,652,440	DIETARY	11	8,652,440
TOTAL RECLASSIFICATIONS FOR CODE BD			8,652,440			8,652,440

RECLASS CODE: BE
EXPLANATION : A153 EPOETIN RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RENAL DIALYSIS	57	694,831	PHARMACY	16	694,831
TOTAL RECLASSIFICATIONS FOR CODE BE			694,831			694,831

RECLASS CODE: BF
EXPLANATION : A154 UICMS HSKPG FROM TO NON-ALLOW

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER NONALLOWABLE	96.13	8,274	HOUSEKEEPING - GENERAL HOSPITA	10.01	8,274
TOTAL RECLASSIFICATIONS FOR CODE BF			8,274			8,274

RECLASS CODE: BG
EXPLANATION : A155 ROUTINE TO RECOVERY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	5,231,098	ADULTS & PEDIATRICS	25	5,231,098
TOTAL RECLASSIFICATIONS FOR CODE BG			5,231,098			5,231,098

RECLASS CODE: CA
EXPLANATION : A96 PATH LAB TRANSFER SALARIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LABORATORY	44	104,916	LABORATORY	44	104,916
TOTAL RECLASSIFICATIONS FOR CODE CA			104,916			104,916

RECLASS CODE: CB
EXPLANATION : A97 FELLOW STIPENDS SALARY TRANSFER

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	7,125,145	I&R SERVICES-SALARY & FRINGES	22	7,125,145
TOTAL RECLASSIFICATIONS FOR CODE CB			7,125,145			7,125,145

RECLASS CODE: CD
EXPLANATION : A106 FACULTY TIME STUDY SALARY TRANS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	2,210,424	ADMINISTRATIVE & GENERAL	6	2,210,424
2.00	I&R SERVICES-OTHER PRGM COSTS	23	9,906,661	I&R SERVICES-OTHER PRGM COSTS	23	9,906,661
3.00	PARAMEDICAL EDUC - PHARMACY	24.02	1,085	PARAMEDICAL EDUC - PHARMACY	24.02	1,085
4.00	PARAMEDICAL EDCU - MED LAB	24.03	49,410	PARAMEDICAL EDCU - MED LAB	24.03	49,410
5.00	PARAMEDICAL EDUC - RAD TECH	24.04	6,549	PARAMEDICAL EDUC - RAD TECH	24.04	6,549
6.00	LABORATORY	44	615,668	LABORATORY	44	615,668
7.00	ANATOMICAL LABORATORY	44.01	875,415	ANATOMICAL LABORATORY	44.01	875,415
TOTAL RECLASSIFICATIONS FOR CODE CD			13,665,212			13,665,212

RECLASS CODE: CE
EXPLANATION : A118 TRANSPLANT SALARY TRANSFER

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	744	ADULTS & PEDIATRICS	25	744
2.00	SURGERY CLINIC	60.11	24,116	SURGERY CLINIC	60.11	24,116
3.00	KIDNEY ACQUISITION	83	38,370	KIDNEY ACQUISITION	83	38,370
4.00	LIVER ACQUISITION	84	12,001	LIVER ACQUISITION	84	12,001
5.00	HEART ACQUISITION	85	1,765	HEART ACQUISITION	85	1,765
6.00	OTHER ORGAN ACQUISITION - LUNG	86	3,816	OTHER ORGAN ACQUISITION - LUNG	86	3,816
TOTAL RECLASSIFICATIONS FOR CODE CE			80,812			80,812

RECLASS CODE: CF
EXPLANATION : A119 CLINIC TIME STUDY SALARY XFER

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	164,796	ADMINISTRATIVE & GENERAL	6	164,796
2.00	MEDICAL RECORDS PREPARATION	17.01	2,896,971	MEDICAL RECORDS PREPARATION	17.01	2,896,971
3.00	I&R SERVICES-OTHER PRGM COSTS	23	752,163	I&R SERVICES-OTHER PRGM COSTS	23	752,163
4.00	ANESTHESIOLOGY	40	226,278	ANESTHESIOLOGY	40	226,278
5.00	RADIOLOGY-DIAGNOSTIC	41	233,467	RADIOLOGY-DIAGNOSTIC	41	233,467
6.00	LABORATORY	44	40,755	LABORATORY	44	40,755
7.00	ANATOMICAL LABORATORY	44.01	56,480	ANATOMICAL LABORATORY	44.01	56,480
8.00	ANESTHESIA PAIN CLINIC	60.01	122,196	ANESTHESIA PAIN CLINIC	60.01	122,196
9.00	DERMATOLOGY CLINIC	60.02	284,495	DERMATOLOGY CLINIC	60.02	284,495
10.00	ORAL SURGERY CLINIC	60.03	236,989	ORAL SURGERY CLINIC	60.03	236,989
11.00	INTERNAL MEDICINE CLINIC	60.04	1,705,997	INTERNAL MEDICINE CLINIC	60.04	1,705,997
12.00	NEUROLOGY CLINIC	60.05	291,514	NEUROLOGY CLINIC	60.05	291,514
13.00	OB-GYN CLINIC	60.06	820,700	OB-GYN CLINIC	60.06	820,700
14.00	OPHTHALMOLOGY CLINIC	60.07	1,807,173	OPHTHALMOLOGY CLINIC	60.07	1,807,173
15.00	ORTHOPAEDICS CLINIC	60.08	575,161	ORTHOPAEDICS CLINIC	60.08	575,161
16.00	OTOLARYNGOLOGY CLINIC	60.09	605,788	OTOLARYNGOLOGY CLINIC	60.09	605,788
17.00	PEDIATRIC CLINIC	60.10	1,629,466	PEDIATRIC CLINIC	60.10	1,629,466
18.00	SURGERY CLINIC	60.11	987,645	SURGERY CLINIC	60.11	987,645
19.00	UROLOGY CLINIC	60.12	265,787	UROLOGY CLINIC	60.12	265,787
20.00	PSYCHIATRIC CLINIC	60.13	33,779	PSYCHIATRIC CLINIC	60.13	33,779
21.00	FAMILY CARE CLINIC	60.15	11,524	FAMILY CARE CLINIC	60.15	11,524
22.00	CONTACT LENS CLINIC	96.09	144,718	CONTACT LENS CLINIC	96.09	144,718
TOTAL RECLASSIFICATIONS FOR CODE CF			13,893,842			13,893,842

RECLASS CODE: CG
EXPLANATION : A120 PATHOLOGY PART A SALARY XFER

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LABORATORY	44	133,524	LABORATORY	44	133,524

RECLASS CODE: CG
EXPLANATION : A120 PATHOLOGY PART A SALARY XFER

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	ANATOMICAL LABORATORY	44.01	300,539	ANATOMICAL LABORATORY	44.01	300,539
TOTAL RECLASSIFICATIONS FOR CODE CG			434,063			434,063

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	41,321,021	672,477		672,477		41,993,498	
3	BUILDINGS & FIXTURE	723,658,310	26,440,447		26,440,447		750,098,757	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	379,854,310	28,418,668		28,418,668	26,518,041	381,754,937	
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	1,144,833,641	55,531,592		55,531,592	26,518,041	1,173,847,192	
8	RECONCILING ITEMS							
9	TOTAL	1,144,833,641	55,531,592		55,531,592	26,518,041	1,173,847,192	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		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 III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*	1	2	3	4	5	6	7	8
3 NEW CAP REL COSTS-BL								
3 01 NEW CAPITAL REL - GE								
3 02 NEW CAPITAL REL - WE								
3 03 NEW CAP REL COSTS-BL								
3 04 NEW CAPITAL REL - CD								
3 05 NEW CAP REL COSTS-BL								
4 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
3 NEW CAP REL COSTS-BL							
3 01 NEW CAPITAL REL - GE	35,057,867			881,197			35,939,064
3 02 NEW CAPITAL REL - WE	65,048						65,048
3 03 NEW CAP REL COSTS-BL							
3 04 NEW CAPITAL REL - CD	305,532						305,532
3 05 NEW CAP REL COSTS-BL							
4 NEW CAP REL COSTS-MV	38,514,482			424,386			38,938,868
5 TOTAL	73,942,929			1,305,583			75,248,512

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
3 NEW CAP REL COSTS-BL							
3 01 NEW CAPITAL REL - GE	35,915,232						35,915,232
3 02 NEW CAPITAL REL - WE	65,048						65,048
3 03 NEW CAP REL COSTS-BL							
3 04 NEW CAPITAL REL - CD	305,532						305,532
3 05 NEW CAP REL COSTS-BL							
4 NEW CAP REL COSTS-MV	38,525,867						38,525,867
5 TOTAL	74,811,679						74,811,679

* All lines numbers except line 5 are to be consistent with Workhseet 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).

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-7,669	ADMINISTRATIVE & GENERAL	6	
10	TELEVISION AND RADIO SERVICE	A	-147,780	HOUSEKEEPING - GENERAL HO	10.01	
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-14,562,619			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,135,329			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			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		**COST CENTER DELETED**	52	
37	OTHER ADJUSTMENTS (SPECIFY)					
37.01	INTEREST EXPENSE - UNNECESSARY	A	-4,206,658	INTEREST EXPENSE	88	
37.02	EMPLOYEE SCREENING PHYSICIANS	A	-103,108	ADMINISTRATIVE & GENERAL	6	
37.03	EQUIPMENT DEPREC MC AUDIT ADJ	A	-1,786	NEW CAP REL COSTS-MVBLE E	4	9
37.04	EQUIPMENT DEPREC DEPT TELEPHONE	A	-17,228	NEW CAP REL COSTS-MVBLE E	4	9
37.05	TELEVISION UTILITIES	A	-28,191	PLANT OPER/MAINT - GENERA	7.01	
37.06	PATIENT MEALS CHGD TO OUTPATIEN	B	-55,946	CAFETERIA	12	
37.07	LOBBYING EXPENSES	A	-51,610	ADMINISTRATIVE & GENERAL	6	
37.08	DEPREC ADJUST GENERAL HOSPITAL	A	-66,845	NEW CAPITAL REL - GENERAL	3.01	9
37.09	CONT EDUCATION RECPT ADMIN	B	-3,963	ADMINISTRATIVE & GENERAL	6	
37.10	CONT EDUCATION RECPT NRSG ADMIN	B	-145,011	NURSING ADMINISTRATION	14	
37.11	CONT EDUCATION RECEPT PHARMACY	B	-45,282	PHARMACY	16	
37.12	CONT EDUCATION RECPT DIETARY	B	-123,669	PARAMEDICAL EDUC - DIETAR	24.01	
37.13	TUITION RADIOLOGY	B	-425,236	PARAMEDICAL EDUC - RAD TE	24.04	
37.14	TUITION PASTORAL EDUCATION	B	-5,912	PARAMED ED PRGM-PASTORAL	24.05	
37.15	CONT EDUCATION RECPT OR	B	-19,916	OPERATING ROOM	37	
37.16	CONT EDUCATION RECPT RADIOLOGY	B	-9,275	RADIOLOGY-DIAGNOSTIC	41	
37.17	CONT EDUCATION RECPT RESP THERA	B	-2,530	RESPIRATORY THERAPY	49	
37.18	CONT EDUCATION RECPT PHYS THER	B	-10,787	PHYSICAL THERAPY	50	
37.19	CONT EDUCATION RECPT AMBULANCE	B	-4	AMBULANCE SERVICES	65	
37.20	CONT EDUCATION RECPT NON-ALLOW	B	-81,213	CLINICAL RESEARCH UNIT	96.05	
37.21	CAPITALIZED INTEREST UIHC	A	-881,820	NEW CAPITAL REL - GENERAL	3.01	9
37.22	ACCRUAL FICA RETIREMENT	A	-2,806,960	ADMINISTRATIVE & GENERAL	6	
37.23	CLINICAL FACULTY IN HOSP ACCOUNTS	A	-639,121	ADMINISTRATIVE & GENERAL	6	
37.24	ADJ UNIVERSITY PLANT OPERATIONS	A	-2,145,400	PLANT OPER/MAINT - GENERA	7.01	
37.25	REMOVE BAXTER CREDIT MEMO DEPREC	A	7,629	NEW CAP REL COSTS-MVBLE E	4	9
37.29	REMOVE DEPT SUPPORT 7865 7866 7867	A	-50,105,055	ADMINISTRATIVE & GENERAL	6	
37.30						
37.50						
38	OTHER ADJUSTMENTS (SPECIFY)					
38.01	A96 PATH LAB TRANSFER	A	104,916	LABORATORY	44	
38.02	A96 PATH LAB TRANSFER	A	33,131	LABORATORY	44	
38.03	A96 PATH LAB TRANSFER	A	43,458	LABORATORY	44	
38.04	A96 PATH LAB TRANSFER	A	51,901	ANATOMICAL LABORATORY	44.01	
38.05	A97 FELLOWS STIPENDS	A	7,125,145	I&R SERVICES-SALARY & FRI	22	
38.06	A97 FELLOWS STIPENDS	A	282,842	I&R SERVICES-SALARY & FRI	22	
38.07	A99 MALPRACTICE	A	4,689,559	ADMINISTRATIVE & GENERAL	6	
38.08	A100 BAD DEBT COLLECTION	A	524,782	ADMINISTRATIVE & GENERAL	6	
38.09	A101 VOLUNTEER	A	1,199,900	GIFT, FLOWER, COFFEE SHOP	96	
38.10	A103 HOSP LIBRARY COST	A	1,512,746	ADMINISTRATIVE & GENERAL	6	
38.11	A104 PART A LAB TRANSFER	A	-2,913,900	LABORATORY	44	
38.12	A105 EMSLRC TRANSFER	A	708,922	OTHER NONALLOWABLE	96.13	
38.13	A106 FACULTY TIME STUDY	A	2,210,424	ADMINISTRATIVE & GENERAL	6	
38.14	A106 FACULTY TIME STUDY	A	698,029	ADMINISTRATIVE & GENERAL	6	
38.15	A106 FACULTY TIME STUDY	A	36,257	ADMINISTRATIVE & GENERAL	6	
38.16	A106 FACULTY TIME STUDY	A	9,899,126	I&R SERVICES-OTHER PRGM C	23	
38.17	A106 FACULTY TIME STUDY	A	3,135,954	I&R SERVICES-OTHER PRGM C	23	
38.18	A106 FACULTY TIME STUDY	A	178,261	I&R SERVICES-OTHER PRGM C	23	
38.19	A106 FACULTY TIME STUDY	A	1	PARAMEDICAL EDUC - DIETAR	24.01	

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
38.20	A106 FACULTY TIME STUDY	A	1	PARAMEDICAL EDUC - DIETAR	24.01	
38.21	A106 FACULTY TIME STUDY	A	-2	PARAMEDICAL EDUC - DIETAR	24.01	
38.22	A106 FACULTY TIME STUDY	A	1,085	PARAMEDICAL EDUC - PHARMA	24.02	
38.23	A106 FACULTY TIME STUDY	A	343	PARAMEDICAL EDUC - PHARMA	24.02	
38.24	A106 FACULTY TIME STUDY	A	18	PARAMEDICAL EDUC - PHARMA	24.02	
38.25	A106 FACULTY TIME STUDY	A	49,410	PARAMEDICAL EDCU - MED LA	24.03	
38.26	A106 FACULTY TIME STUDY	A	15,603	PARAMEDICAL EDCU - MED LA	24.03	
38.27	A106 FACULTY TIME STUDY	A	810	PARAMEDICAL EDCU - MED LA	24.03	
38.28	A106 FACULTY TIME STUDY	A	6,549	PARAMEDICAL EDUC - RAD TE	24.04	
38.29	A106 FACULTY TIME STUDY	A	2,068	PARAMEDICAL EDUC - RAD TE	24.04	
38.30	A106 FACULTY TIME STUDY	A	107	PARAMEDICAL EDUC - RAD TE	24.04	
38.31	A106 FACULTY TIME STUDY	A	615,668	LABORATORY	44	
38.32	A106 FACULTY TIME STUDY	A	194,422	LABORATORY	44	
38.33	A106 FACULTY TIME STUDY	A	7,675	LABORATORY	44	
38.34	A106 FACULTY TIME STUDY	A	875,415	ANATOMICAL LABORATORY	44.01	
38.35	A106 FACULTY TIME STUDY	A	276,447	ANATOMICAL LABORATORY	44.01	
38.36	A106 FACULTY TIME STUDY	A	10,913	ANATOMICAL LABORATORY	44.01	
38.37	A109 PLANT OPS & MAINTENACE	A	91,300	NEW CAPITAL REL - GENERAL	3.01	9
38.38	A109 PLANT OPS & MAINTENACE	A	-1,217,100	PLANT OPER/MAINT - GENERA	7.01	
38.39	A109 PLANT OPS & MAINTENACE	A	77,400	PLANT OPER/MAINT - WESTLA	7.02	
38.40	A109 PLANT OPS & MAINTENACE	A	120,900	PLANT OPER/MAINT - CDD	7.04	
38.41	A109 PLANT OPS & MAINTENACE	A	78,100	HOUSEKEEPING - GENERAL HO	10.01	
38.42	A119 CLINIC STAFF TIMESTUDIES	A	63,058	ADMINISTRATIVE & GENERAL	6	
38.45	A119 CLINIC STAFF TIMESTUDIES	A	1,108,499	MEDICAL RECORDS PREPARATI	17.01	
38.46	A119 CLINIC STAFF TIMESTUDIES	A	287,808	I&R SERVICES-OTHER PRGM C	23	
38.47	A119 CLINIC STAFF TIMESTUDIES	A	86,583	ANESTHESIOLOGY	40	
38.48	A119 CLINIC STAFF TIMESTUDIES	A	89,334	RADIOLOGY-DIAGNOSTIC	41	
38.49	A119 CLINIC STAFF TIMESTUDIES	A	15,594	LABORATORY	44	
38.50	A119 CLINIC STAFF TIMESTUDIES	A	21,611	ANATOMICAL LABORATORY	44.01	
38.51	A119 CLINIC STAFF TIMESTUDIES	A	46,757	ANESTHESIA PAIN CLINIC	60.01	
38.52	A119 CLINIC STAFF TIMESTUDIES	A	108,859	DERMATOLOGY CLINIC	60.02	
38.53	A119 CLINIC STAFF TIMESTUDIES	A	90,682	ORAL SURGERY CLINIC	60.03	
38.54	A119 CLINIC STAFF TIMESTUDIES	A	647,393	INTERNAL MEDICINE CLINIC	60.04	
38.55	A119 CLINIC STAFF TIMESTUDIES	A	5,391	INTERNAL MEDICINE CLINIC	60.04	
38.56	A119 CLINIC STAFF TIMESTUDIES	A	111,545	NEUROLOGY CLINIC	60.05	
38.57	A119 CLINIC STAFF TIMESTUDIES	A	314,033	OB-GYN CLINIC	60.06	
38.58	A119 CLINIC STAFF TIMESTUDIES	A	691,498	OPHTHALMOLOGY CLINIC	60.07	
38.59	A119 CLINIC STAFF TIMESTUDIES	A	220,080	ORTHOPAEDICS CLINIC	60.08	
38.60	A119 CLINIC STAFF TIMESTUDIES	A	231,799	OTOLARYNGOLOGY CLINIC	60.09	
38.61	A119 CLINIC STAFF TIMESTUDIES	A	623,500	PEDIATRIC CLINIC	60.10	
38.62	A119 CLINIC STAFF TIMESTUDIES	A	290,572	SURGERY CLINIC	60.11	
38.65	A119 CLINIC STAFF TIMESTUDIES	A	38,192	SURGERY CLINIC	60.11	
38.66	A119 CLINIC STAFF TIMESTUDIES	A	49,149	SURGERY CLINIC	60.11	
38.67	A119 CLINIC STAFF TIMESTUDIES	A	101,701	UROLOGY CLINIC	60.12	
38.68	A119 CLINIC STAFF TIMESTUDIES	A	12,925	PSYCHIATRIC CLINIC	60.13	
38.69	A119 CLINIC STAFF TIMESTUDIES	A	4,409	FAMILY CARE CLINIC	60.15	
38.70	A119 CLINIC STAFF TIMESTUDIES	A	55,375	CONTACT LENS CLINIC	96.09	
38.71	A119 CLINIC STAFF TIMESTUDIES	A	164,796	ADMINISTRATIVE & GENERAL	6	
38.72	A119 CLINIC STAFF TIMESTUDIES	A	2,896,971	MEDICAL RECORDS PREPARATI	17.01	
38.73	A119 CLINIC STAFF TIMESTUDIES	A	752,163	I&R SERVICES-OTHER PRGM C	23	
38.74	A119 CLINIC STAFF TIMESTUDIES	A	226,278	ANESTHESIOLOGY	40	
38.75	A119 CLINIC STAFF TIMESTUDIES	A	233,467	RADIOLOGY-DIAGNOSTIC	41	
38.76	A119 CLINIC STAFF TIMESTUDIES	A	40,755	LABORATORY	44	
38.77	A119 CLINIC STAFF TIMESTUDIES	A	56,480	ANATOMICAL LABORATORY	44.01	
38.78	A119 CLINIC STAFF TIMESTUDIES	A	122,196	ANESTHESIA PAIN CLINIC	60.01	
38.79	A119 CLINIC STAFF TIMESTUDIES	A	284,495	DERMATOLOGY CLINIC	60.02	
38.80	A119 CLINIC STAFF TIMESTUDIES	A	236,989	ORAL SURGERY CLINIC	60.03	
38.81	A119 CLINIC STAFF TIMESTUDIES	A	1,691,909	INTERNAL MEDICINE CLINIC	60.04	
38.82	A119 CLINIC STAFF TIMESTUDIES	A	14,088	INTERNAL MEDICINE CLINIC	60.04	
38.83	A119 CLINIC STAFF TIMESTUDIES	A	291,514	NEUROLOGY CLINIC	60.05	
38.84	A119 CLINIC STAFF TIMESTUDIES	A	820,700	OB-GYN CLINIC	60.06	
38.85	A119 CLINIC STAFF TIMESTUDIES	A	1,807,173	OPHTHALMOLOGY CLINIC	60.07	
38.86	A119 CLINIC STAFF TIMESTUDIES	A	575,161	ORTHOPAEDICS CLINIC	60.08	
38.87	A119 CLINIC STAFF TIMESTUDIES	A	605,788	OTOLARYNGOLOGY CLINIC	60.09	
38.88	A119 CLINIC STAFF TIMESTUDIES	A	1,629,466	PEDIATRIC CLINIC	60.10	
38.89	A119 CLINIC STAFF TIMESTUDIES	A	759,387	SURGERY CLINIC	60.11	
38.90	A119 CLINIC STAFF TIMESTUDIES	A	99,811	SURGERY CLINIC	60.11	
38.91	A119 CLINIC STAFF TIMESTUDIES	A	128,447	SURGERY CLINIC	60.11	
38.92	A119 CLINIC STAFF TIMESTUDIES	A	265,787	UROLOGY CLINIC	60.12	
38.93	A119 CLINIC STAFF TIMESTUDIES	A	33,779	PSYCHIATRIC CLINIC	60.13	
38.94	A119 CLINIC STAFF TIMESTUDIES	A	11,524	FAMILY CARE CLINIC	60.15	
38.95	A119 CLINIC STAFF TIMESTUDIES	A	144,718	CONTACT LENS CLINIC	96.09	
38.96	A120 PATH PART A	A	133,524	LABORATORY	44	
38.97	A120 PATH PART A	A	54,056	LABORATORY	44	
38.98	A120 PATH PART A	A	300,539	ANATOMICAL LABORATORY	44.01	
38.99	A120 PATH PART A	A	121,670	ANATOMICAL LABORATORY	44.01	
39	A118 TRANSPLANT TIMESTUDY	A	38,370	KIDNEY ACQUISITION	83	
39.03	A118 TRANSPLANT TIMESTUDY	A	25,580	KIDNEY ACQUISITION	83	
39.04	A118 TRANSPLANT TIMESTUDY	A	3,816	LUNG ACQUISITION	82	
39.05	A118 TRANSPLANT TIMESTUDY	A	2,544	LUNG ACQUISITION	82	
39.06	A118 TRANSPLANT TIMESTUDY	A	12,001	LIVER ACQUISITION	84	
39.07	A118 TRANSPLANT TIMESTUDY	A	8,001	LIVER ACQUISITION	84	
39.08	A118 TRANSPLANT TIMESTUDY	A	1,765	HEART ACQUISITION	85	
39.09	A118 TRANSPLANT TIMESTUDY	A	1,177	HEART ACQUISITION	85	
39.10	A118 TRANSPLANT TIMESTUDY	A	744	ADULTS & PEDIATRICS	25	

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
39.11	A118 TRANSPLANT TIMESTUDY	A	496	ADULTS & PEDIATRICS	25	
39.12	A118 TRANSPLANT TIMESTUDY	A	24,116	SURGERY CLINIC	60.11	
39.13	A118 TRANSPLANT TIMESTUDY	A	16,077	SURGERY CLINIC	60.11	
39.14	A116 OTHER REVENUE	A	-2,103,574	ADMINISTRATIVE & GENERAL	6	
39.15	A116 OTHER REVENUE	A	-681,538	PLANT OPER/MAINT - GENERA	7.01	
39.16	A116 OTHER REVENUE	A	-1,923	DIETARY	11	
39.17	A116 OTHER REVENUE	A	-7,160,221	CAFETERIA	12	
39.18	A116 OTHER REVENUE	A	-2,500	PHARMACY	16	
39.19	A116 OTHER REVENUE	A	-2,365,387	MEDICAL RECORDS PREPARATI	17.01	
39.20	A116 OTHER REVENUE	A	-590,546	MEDICAL RECORDS PROCESSIN	17.02	
39.21	A116 OTHER REVENUE	A	-261,561	SOCIAL SERVICE	18	
39.22	A116 OTHER REVENUE	A	-1,395	RADIOLOGY-DIAGNOSTIC	41	
39.23	A116 OTHER REVENUE	A	-154,102	LABORATORY	44	
39.24	A116 OTHER REVENUE	A	-191,576	ORAL SURGERY CLINIC	60.03	
39.25	A116 OTHER REVENUE	A	-51,034	AMBULANCE SERVICES	65	
39.26	A116 OTHER REVENUE	A	-558,373	OTHER NONALLOWABLE	96.13	
39.27	A102 RESIDENT FICA REFUND 1995-2005	A	7,985,781	ADMINISTRATIVE & GENERAL	6	
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)		-33,282,992			

(1) Description - all chapter references in this columnpertain 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* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 ADMINISTRATIVE & GENERAL	PURCHASED SUPPLIES	1,836,813	1,836,813		
2	6 ADMINISTRATIVE & GENERAL	UNIVERSITY OVERHEAD	13,329,161	13,329,161		
3	6 ADMINISTRATIVE & GENERAL	HOSP COMM ADMIN	2,908,453	2,908,453		
4	7 1 PLANT OPER/MAINT - GENERA	BIOENGINEERING	2,171,398	2,171,398		
4.01	7 1 PLANT OPER/MAINT - GENERA	UTILITIES	25,275,470	25,275,470		
4.02	9 LAUNDRY & LINEN SERVICE	PURCHASED LAUNDRY	2,628,370	2,628,370		
4.03	10 1 HOUSEKEEPING - GENERAL HO	HOUSEKEEPING	78,100	78,100		
4.04	23 I&R SERVICES-OTHER PRGM C	CLIN FACULTY HOUSE STAFF	14,547,826	14,547,826		
4.05	6 ADMINISTRATIVE & GENERAL	VPMA SUPPORT	12,247,763	13,383,092	-1,135,329	
4.06						
4.07						
4.08						
4.09						
5	TOTALS		75,023,354	76,158,683	-1,135,329	

* 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	UNIVERSITY OF IOWA	100.00	UNIVERSITY OF IOWA	100.00	STATE UNIVERSITY
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERELATIONSHIP 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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	6	AGGREGATE -ANTHESTHESIA	624,212		624,212	200,300	2,530	243,634	12,182
2	6	AGGREGATE - GEN/FAM PRACT	187,585		187,585	136,700	1,399	91,944	4,597
3	6	AGGREGATE - INTERNAL MED	469,006		469,006	154,100	3,407	252,413	12,621
4	6	AGGREGATE - OB/GYN	265,729		265,729	194,500	1,450	135,589	6,779
5	6	AGGREGATE - PATHOLOGY	81,368		81,368	219,500	517	54,558	2,728
6	6	AGGREGATE - PEDIATRICS	323,755		323,755	152,100	2,649	193,708	9,685
7	6	AGGREGATE - PSYCHIATRY	34,918		34,918	152,100	254	18,574	929
8	6	AGGREGATE - RADIOLOGY	194,650		194,650	231,100	768	85,329	4,266
9	6	AGGREGATE - SURGERY	170,560		170,560	204,100	645	63,291	3,165
10	6	AGGREGATE - TOTAL	556,670		556,670	171,400	2,685	221,254	11,063
11	23	AGGREGATE -ANTHESTHESIA	1,079,171		1,079,171	200,300	4,374	421,208	21,060
12	23	AGGREGATE - GEN/FAM PRACT	539,155		539,155	136,700	4,021	264,265	13,213
13	23	AGGREGATE - INTERNAL MED	789,202		789,202	154,100	5,733	424,738	21,237
14	23	AGGREGATE - OB/GYN	1,199,263		1,199,263	194,500	6,544	611,927	30,596
15	23	AGGREGATE - PATHOLOGY	706,183		706,183	219,500	4,487	473,508	23,675
16	23	AGGREGATE - PEDIATRICS	1,448,771		1,448,771	152,100	11,854	866,824	43,341
17	23	AGGREGATE - PSYCHIATRY	234,115		234,115	152,100	1,703	124,532	6,227
18	23	AGGREGATE - RADIOLOGY	1,423,886		1,423,886	231,100	5,618	624,192	31,210
19	23	AGGREGATE - SURGERY	911,770		911,770	204,100	3,448	338,335	16,917
20	23	AGGREGATE - TOTAL	5,968,080		5,968,080	171,400	28,786	2,372,077	118,604
21	24	1 AGGREGATE -ANTHESTHESIA				200,300			
22	24	1 AGGREGATE - GEN/FAM PRACT				136,700			
23	24	1 AGGREGATE - INTERNAL MED				154,100			
24	24	1 AGGREGATE - OB/GYN				194,500			
25	24	1 AGGREGATE - PATHOLOGY				219,500			
26	24	1 AGGREGATE - PEDIATRICS				152,100			
27	24	1 AGGREGATE - PSYCHIATRY				152,100			
28	24	1 AGGREGATE - RADIOLOGY				231,100			
29	24	1 AGGREGATE - SURGERY				204,100			
30	24	1 AGGREGATE - TOTAL				171,400			
31	24	2 AGGREGATE -ANTHESTHESIA				200,300			
32	24	2 AGGREGATE - GEN/FAM PRACT	939		939	136,700	7	460	23
33	24	2 AGGREGATE - INTERNAL MED				154,100			
34	24	2 AGGREGATE - OB/GYN				194,500			
35	24	2 AGGREGATE - PATHOLOGY				219,500			
36	24	2 AGGREGATE - PEDIATRICS	489		489	152,100	4	292	15
37	24	2 AGGREGATE - PSYCHIATRY				152,100			
38	24	2 AGGREGATE - RADIOLOGY				231,100			
39	24	2 AGGREGATE - SURGERY				204,100			
40	24	2 AGGREGATE - TOTAL				171,400			
41	24	3 AGGREGATE -ANTHESTHESIA	1,480		1,480	200,300	6	578	29
42	24	3 AGGREGATE - GEN/FAM PRACT				136,700			
43	24	3 AGGREGATE - INTERNAL MED				154,100			
44	24	3 AGGREGATE - OB/GYN	733		733	194,500	4	374	19
45	24	3 AGGREGATE - PATHOLOGY				219,500			
46	24	3 AGGREGATE - PEDIATRICS	5,011		5,011	152,100	41	2,998	150
47	24	3 AGGREGATE - PSYCHIATRY	1,787		1,787	152,100	13	951	48
48	24	3 AGGREGATE - RADIOLOGY	3,548		3,548	231,100	14	1,556	78
49	24	3 AGGREGATE - SURGERY				204,100			
50	24	3 AGGREGATE - TOTAL	52,453		52,453	171,400	253	20,848	1,042
51	24	4 AGGREGATE -ANTHESTHESIA				200,300			
52	24	4 AGGREGATE - GEN/FAM PRACT				136,700			
53	24	4 AGGREGATE - INTERNAL MED				154,100			
54	24	4 AGGREGATE - OB/GYN				194,500			
55	24	4 AGGREGATE - PATHOLOGY				219,500			
56	24	4 AGGREGATE - PEDIATRICS				152,100			
57	24	4 AGGREGATE - PSYCHIATRY				152,100			
58	24	4 AGGREGATE - RADIOLOGY	8,617		8,617	231,100	34	3,778	189
59	24	4 AGGREGATE - SURGERY				204,100			
60	24	4 AGGREGATE - TOTAL				171,400			
61	44	AGGREGATE - PATHOLOGY	822,254		822,254	219,500	5,225	551,388	27,569
62	44	1 AGGREGATE - PATHOLOGY	1,139,698		1,139,698	219,500	7,241	764,134	38,207
63	31	SUBPROVIDER I	4,546,818	4,546,818					
101		TOTAL	23,791,876	4,546,818	19,245,058		105,714	9,229,257	461,464

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS-ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	6	AGGREGATE -ANTHESTHESIA					243,634	380,578	380,578
2	6	AGGREGATE - GEN/FAM PRACT					91,944	95,641	95,641
3	6	AGGREGATE - INTERNAL MED					252,413	216,593	216,593
4	6	AGGREGATE - OB/GYN					135,589	130,140	130,140
5	6	AGGREGATE - PATHOLOGY					54,558	26,810	26,810
6	6	AGGREGATE - PEDIATRICS					193,708	130,047	130,047
7	6	AGGREGATE - PSYCHIATRY					18,574	16,344	16,344
8	6	AGGREGATE - RADIOLOGY					85,329	109,321	109,321
9	6	AGGREGATE - SURGERY					63,291	107,269	107,269
10	6	AGGREGATE - TOTAL					221,254	335,416	335,416
11	23	AGGREGATE -ANTHESTHESIA					421,208	657,963	657,963
12	23	AGGREGATE - GEN/FAM PRACT					264,265	274,890	274,890
13	23	AGGREGATE - INTERNAL MED					424,738	364,464	364,464
14	23	AGGREGATE - OB/GYN					611,927	587,336	587,336
15	23	AGGREGATE - PATHOLOGY					473,508	232,675	232,675
16	23	AGGREGATE - PEDIATRICS					866,824	581,947	581,947
17	23	AGGREGATE - PSYCHIATRY					124,532	109,583	109,583
18	23	AGGREGATE - RADIOLOGY					624,192	799,694	799,694
19	23	AGGREGATE - SURGERY					338,335	573,435	573,435
20	23	AGGREGATE - TOTAL					2,372,077	3,596,003	3,596,003
21	24	1 AGGREGATE -ANTHESTHESIA							
22	24	1 AGGREGATE - GEN/FAM PRACT							
23	24	1 AGGREGATE - INTERNAL MED							
24	24	1 AGGREGATE - OB/GYN							
25	24	1 AGGREGATE - PATHOLOGY							
26	24	1 AGGREGATE - PEDIATRICS							
27	24	1 AGGREGATE - PSYCHIATRY							
28	24	1 AGGREGATE - RADIOLOGY							
29	24	1 AGGREGATE - SURGERY							
30	24	1 AGGREGATE - TOTAL							
31	24	2 AGGREGATE -ANTHESTHESIA							
32	24	2 AGGREGATE - GEN/FAM PRACT					460	479	479
33	24	2 AGGREGATE - INTERNAL MED							
34	24	2 AGGREGATE - OB/GYN							
35	24	2 AGGREGATE - PATHOLOGY							
36	24	2 AGGREGATE - PEDIATRICS					292	197	197
37	24	2 AGGREGATE - PSYCHIATRY							
38	24	2 AGGREGATE - RADIOLOGY							
39	24	2 AGGREGATE - SURGERY							
40	24	2 AGGREGATE - TOTAL							
41	24	3 AGGREGATE -ANTHESTHESIA					578	902	902
42	24	3 AGGREGATE - GEN/FAM PRACT							
43	24	3 AGGREGATE - INTERNAL MED							
44	24	3 AGGREGATE - OB/GYN					374	359	359
45	24	3 AGGREGATE - PATHOLOGY							
46	24	3 AGGREGATE - PEDIATRICS					2,998	2,013	2,013
47	24	3 AGGREGATE - PSYCHIATRY					951	836	836
48	24	3 AGGREGATE - RADIOLOGY					1,556	1,992	1,992
49	24	3 AGGREGATE - SURGERY							
50	24	3 AGGREGATE - TOTAL					20,848	31,605	31,605
51	24	4 AGGREGATE -ANTHESTHESIA							
52	24	4 AGGREGATE - GEN/FAM PRACT							
53	24	4 AGGREGATE - INTERNAL MED							
54	24	4 AGGREGATE - OB/GYN							
55	24	4 AGGREGATE - PATHOLOGY							
56	24	4 AGGREGATE - PEDIATRICS							
57	24	4 AGGREGATE - PSYCHIATRY							
58	24	4 AGGREGATE - RADIOLOGY					3,778	4,839	4,839
59	24	4 AGGREGATE - SURGERY							
60	24	4 AGGREGATE - TOTAL							
61	44	AGGREGATE - PATHOLOGY					551,388	270,866	270,866
62	44	1 AGGREGATE - PATHOLOGY					764,134	375,564	375,564
63	31	SUBPROVIDER I							4,546,818
101		TOTAL					9,229,257	10,015,801	14,562,619

COST ALLOCATION STATISTICS

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
3.01	NEW CAPITAL REL - GENERAL HOSP	4	SQUARE	FEET	ENTERED
3.02	NEW CAPITAL REL - WESTLAWN	5	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
3.04	NEW CAPITAL REL - CDD	6	SQUARE	FEET	ENTERED
3.05	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	7	DOLLAR	VALUE	ENTERED
6	ADMINISTRATIVE & GENERAL	-9	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE	FEET	NOT ENTERED
7.01	PLANT OPER/MAINT - GENERAL HOSP	11	SQUARE	FEET	ENTERED
7.02	PLANT OPER/MAINT - WESTLAWN	5	SQUARE	FEET	ENTERED
7.04	PLANT OPER/MAINT - CDD	12	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	13	SQUARE	FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS	LAUNDRY	ENTERED
10	HOUSEKEEPING	15	HOURS OF	SERVICE	NOT ENTERED
10.01	HOUSEKEEPING - GENERAL HOSPITAL	16	SQUARE	FEET	ENTERED
10.04	HOUSEKEEPING - CDD	17	SQUARE	FEET	ENTERED
11	DIETARY	18	MEALS	SERVED	ENTERED
12	CAFETERIA	19	MEALS	SERVED	ENTERED
12.01	CAFETERIA - EMPLOYEES	20	FTE'S		ENTERED
13	MAINTENANCE OF PERSONNEL	21	NUMBER	HOUSED	NOT ENTERED
13.01	STUDENT & PERSONNEL HOUSING	22	CENSUS		NOT ENTERED
14	NURSING ADMINISTRATION	23	NURSING	HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	24	CSS	REQUIS	ENTERED
16	PHARMACY	25	PHARM	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	26	TIME	SPENT	NOT ENTERED
17.01	MEDICAL RECORDS PREPARATION	27	DISCHARGES		ENTERED
17.02	MEDICAL RECORDS PROCESSING	28	RECDS PROC		ENTERED
18	SOCIAL SERVICE	29	CASE	TIME	ENTERED
20	NONPHYSICIAN ANESTHETISTS	30	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	31	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	32	FTES	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	32	FTES	TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	33	ASSIGNED	TIME	NOT ENTERED
24.01	PARAMEDICAL EDUC - DIETARY	34	DIETARY	HOURS	ENTERED
24.02	PARAMEDICAL EDUC - PHARMACY	35	PHARM	HOURS	ENTERED
24.03	PARAMEDICAL EDCU - MED LAB	36	100%	HOURS	ENTERED
24.04	PARAMEDICAL EDUC - RAD TECH	37	100%	RADIOLOGY	ENTERED
24.05	PARAMED ED PRGM-PASTORAL	38	100%	HOURS	ENTERED

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAPITAL REL - GENERAL	NEW CAPITAL REL - WESTLAW	NEW CAP REL COSTS-BLDG &	NEW CAPITAL REL - CDD	NEW CAP REL COSTS-BLDG &
		0	3	3.01	3.02	3.03	3.04	3.05
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL	35,939,064		35,939,064				
003 02	NEW CAPITAL REL - WESTLAW	65,048			65,048			
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD	305,532					305,532	
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E	38,938,868						
006	ADMINISTRATIVE & GENERAL	128,404,298		5,172,611			80,103	
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA	35,079,950		636,423				
007 02	PLANT OPER/MAINT - WESTLA	210,912			32,524			
007 04	PLANT OPER/MAINT - CDD	907,799						
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	1,123,386		122,299				
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO	16,733,918		372,685				
010 04	HOUSEKEEPING - CDD	265,186						
011	DIETARY	8,359,648		132,946			19,270	
012	CAFETERIA	1,436,273		1,048,135				
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION	7,063,903		927,599				
015	CENTRAL SERVICES & SUPPLY	7,955,083		334,458				
016	PHARMACY	91,500,063		570,457				
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI	6,953,071		193,535			6,740	
017 02	MEDICAL RECORDS PROCESSIN	3,682,698		158,674				
018	SOCIAL SERVICE	10,357,497		168,591			5,085	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	33,355,968		1,987,983				
023	I&R SERVICES-OTHER PRGM C	9,445,912						
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR	-35,373						
024 02	PARAMEDICAL EDUC - PHARMA	454,206		3,543				
024 03	PARAMEDICAL EDCU - MED LA	263,089		68,743				
024 04	PARAMEDICAL EDUC - RAD TE	537,849		45,028				
024 05	PARAMED ED PRGM-PASTORAL	113,935		15,080				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	60,741,070		4,214,031			8,481	
026 01	MEDICAL INTENSIVE CARE UN	5,875,256		323,046				
027	CORONARY CARE UNIT	2,860,983		118,471				
028	BURN INTENSIVE CARE UNIT	4,089,319		250,456				
029	SURGICAL INTENSIVE CARE U	11,567,550		167,897				
030	NEONATAL INTENSIVE CARE U	16,149,575		414,935				
031	SUBPROVIDER I	9,065,187		555,021			2,968	
033	NURSERY	1,639,621						
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	45,752,329		1,028,711				
039	DELIVERY ROOM & LABOR ROO	3,938,065		221,756				
040	ANESTHESIOLOGY	4,127,329		132,466				
041	RADIOLOGY-DIAGNOSTIC	18,671,205		1,499,890				
042	RADIOLOGY-THERAPEUTIC	6,811,127		435,000				
042 01	ULTRASOUND	2,012,875		43,212				
042 02	RADIOLOGY - PET SCAN	2,780,847		178,081				
044	LABORATORY	27,318,758		892,898			19,356	
044 01	ANATOMICAL LABORATORY	4,109,386		343,254				
044 02	CARDIOLOGY	6,796,346		253,839				
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING	6,273,936		268,279				
047 01	ORTHOTIC SERVICES	1,371,769		10,701			8,812	
049	RESPIRATORY THERAPY	5,850,791		58,862				
050	PHYSICAL THERAPY	4,159,836		132,804			4,314	
051	OCCUPATIONAL THERAPY	1,714,249		38,903			4,640	
053	ELECTROCARDIOLOGY	608,087		18,285				
054	ELECTROENCEPHALOGRAPHY	1,511,319		166,864				
055	MEDICAL SUPPLIES CHARGED	14,412,141						
055 30	IMPL. DEV. CHARGED TO PAT	42,711,937						
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	5,600,069		193,339				
058	ASC (NON-DISTINCT PART)	9,163,482		929,984				
059	IVF/CULTURE LAB	1,764,680		192,752				
059 02	URODYNAMICS	521,884		7,549				
059 03	SPINE TREATMENT CENTER	1,249,566		61,301				
059 04	OPHTHALMOLOGY SPECIALTY L	1,270,442		90,465				
059 05	DIGESTIVE DISEASE CNTR	3,803,697		206,123				
059 06	RECREATION THERAPY							
059 07	CDC - REHAB	216,268		29,769				
059 08	DIABETES EDUCATION	270,701		28,790				
059 97	CARDIAC REHABILITATION	848,558		46,577				
059 98	HYPERBARIC OXYGEN THERAPY	344,484		34,933				
059 99	LITHOTRIPSY	608,998		7,976				
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC	366,603		124,080				

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG & EL - GENERAL	NEW CAPITAL REL - WESTLAW	NEW CAP REL COSTS-BLDG &	NEW CAPITAL REL - CDD	NEW CAP REL COSTS-BLDG &
	0	3	3.01	3.02	3.03	3.04	3.05
	OUTPAT SERVICE COST CNTRS						
060 02	DERMATOLOGY CLINIC	1,710,733	212,835				
060 03	ORAL SURGERY CLINIC	891,175	187,553			5,382	
060 04	INTERNAL MEDICINE CLINIC	6,343,001	899,147				
060 05	NEUROLOGY CLINIC	1,108,701	299,490				
060 06	OB-GYN CLINIC	4,022,768	498,580				
060 07	OPHTHALMOLOGY CLINIC	3,819,253	617,337				
060 08	ORTHOPAEDICS CLINIC	3,288,502	443,618				
060 09	OTOLARYNGOLOGY CLINIC	3,589,415	528,492				
060 10	PEDIATRIC CLINIC	7,718,737	597,146			33,611	
060 11	SURGERY CLINIC	2,478,424	540,688				
060 12	UROLOGY CLINIC	1,080,698	206,639				
060 13	PSYCHIATRIC CLINIC	1,808,765	399,516			1,060	
060 14	CANCER CLINIC	4,465,800	413,760				
060 15	FAMILY CARE CLINIC	5,920,566	664,537				
061	EMERGENCY	7,216,893	550,908				
062	OBSERVATION BEDS (NON-DIS						
063 50	RHC						
063 60	FQHC						
	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS	462,557	7,852				
065	AMBULANCE SERVICES	3,957,811	62,957				
069 10	CMHC						
069 20	OUTPATIENT PHYSICAL THERA						
069 30	OUTPATIENT OCCUPATIONAL T						
069 40	OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION	719,748					
	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION	3,483,009	15,472				
084	LIVER ACQUISITION	1,428,005	4,309				
085	HEART ACQUISITION	1,357,327	12,908				
085 01	PANCREAS ACQUISITION	628,381	855				
085 02	INTESTINAL ACQUISITION						
085 03	ISLET CELL ACQUISITION						
086	OTHER ORGAN ACQUISITION -						
095	SUBTOTALS	845,868,377	32,844,689	32,524		199,822	
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP	1,199,900	49,995				
096 01	VENDING/PATIENT ART	10,795,128	99,901			11,515	
096 02	PATIENT TRANSPORTATION SE	1,009,933	10,576				
096 03	PHARMACY HOMEGOING DRUGS	30,575					
096 04	OUTPATIENT & ESCORT HOUSI						
096 05	CLINICAL RESEARCH UNIT	-81,213	25,639				
096 06	PATIENT EDUCATION SERVICE	750,134	70,007				
096 08	HOSPITAL PHYSICIANS-ER,FC	9,350,752					
096 09	CONTACT LENS CLINIC	200,093	18,552				
096 10	BEAUTY SHOP		6,054				
096 11	CLINICAL FACULTY DEPARTME		1,201,379				
096 12	MEDICAID ADMINISTRATIVE P						
096 13	OTHER NONALLOWABLE	2,890,605	604,624	32,524		94,195	
097	RESEARCH		1,007,648				
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	872,014,284	35,939,064	65,048		305,532	

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	PLANT OPER/MAINT - GENERA	PLANT OPER/MAINT - WESTLA	PLANT OPER/MAINT - CDD
		4	5a.00	6	7	7.01	7.02	7.04
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E	38,938,868						
006	ADMINISTRATIVE & GENERAL	14,700,914	148,357,926	148,357,926				
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA	135,375	35,851,748	7,349,106		43,200,854		
007 02	PLANT OPER/MAINT - WESTLA		243,436	49,901			293,337	
007 04	PLANT OPER/MAINT - CDD	435	908,234	186,175				1,094,409
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	731	1,246,416	255,498		175,355		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO	65,795	17,172,398	3,520,101		534,360		
010 04	HOUSEKEEPING - CDD	503	265,689	54,463				
011	DIETARY	70,689	8,582,553	1,759,303		190,620		93,553
012	CAFETERIA	206,338	2,690,746	551,565		1,502,831		
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION	888,656	8,880,158	1,820,308		1,330,004		
015	CENTRAL SERVICES & SUPPLY	172,903	8,462,444	1,734,683		479,551		
016	PHARMACY	321,830	92,392,350	18,939,001		817,930		
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI	2,470	7,155,816	1,466,842		277,494		32,722
017 02	MEDICAL RECORDS PROCESSIN	13,868	3,855,240	790,270		227,509		
018	SOCIAL SERVICE	7,892	10,539,065	2,160,361		241,728		24,685
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	5,202	35,349,153	7,246,081		2,850,398		
023	I&R SERVICES-OTHER PRGM C	6,544	9,452,456	1,937,621				
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR		-35,373					
024 02	PARAMEDICAL EDUC - PHARMA		457,749	93,832		5,080		
024 03	PARAMEDICAL EDCU - MED LA	953	332,785	68,216		98,565		
024 04	PARAMEDICAL EDUC - RAD TE	3,719	586,596	120,244		64,561		
024 05	PARAMED ED PRGM-PASTORAL		129,015	26,446		21,623		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,823,322	66,786,904	13,690,380		6,042,135		41,174
026 01	MEDICAL INTENSIVE CARE UN	270,446	6,468,748	1,326,003		463,187		
027	CORONARY CARE UNIT	123,800	3,103,254	636,124		169,866		
028	BURN INTENSIVE CARE UNIT	200,012	4,539,787	930,593		359,108		
029	SURGICAL INTENSIVE CARE U	248,455	11,983,902	2,456,532		240,733		
030	NEONATAL INTENSIVE CARE U	404,663	16,969,173	3,478,443		594,939		
031	SUBPROVIDER I	30,588	9,653,764	1,978,886		795,797		14,411
033	NURSERY		1,639,621	336,099				
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,258,935	49,039,975	10,052,508		1,474,979		
039	DELIVERY ROOM & LABOR ROO	79,253	4,239,074	868,951		317,956		
040	ANESTHESIOLOGY	490,111	4,749,906	973,664		189,931		
041	RADIOLOGY-DIAGNOSTIC	5,727,273	25,898,368	5,308,803		2,150,563		
042	RADIOLOGY-THERAPEUTIC	2,053,620	9,299,747	1,906,318		623,710		
042 01	ULTRASOUND	246,705	2,302,792	472,040		61,957		
042 02	RADIOLOGY - PET SCAN	492,764	3,451,692	707,549		255,335		
044	LABORATORY	607,738	28,838,750	5,911,540		1,280,249		93,969
044 01	ANATOMICAL LABORATORY	237,958	4,690,598	961,507		492,162		
044 02	CARDIOLOGY	1,975,357	9,025,542	1,850,110		363,958		
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING	71,119	6,613,334	1,355,641		384,662		
047 01	ORTHOTIC SERVICES	2,753	1,394,035	285,758		15,343		42,778
049	RESPIRATORY THERAPY	457,436	6,367,089	1,305,164		84,397		
050	PHYSICAL THERAPY	16,167	4,313,121	884,129		190,416		20,944
051	OCCUPATIONAL THERAPY	1,148	1,758,940	360,558		55,780		22,527
053	ELECTROCARDIOLOGY	29,122	655,494	134,367		26,218		
054	ELECTROENCEPHALOGRAPHY	135,881	1,814,064	371,858		239,252		
055	MEDICAL SUPPLIES CHARGED		14,412,141	2,954,287				
055 30	IMPL. DEV. CHARGED TO PAT		42,711,937	8,755,349				
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	143,400	5,936,808	1,216,963		277,213		
058	ASC (NON-DISTINCT PART)	1,044,709	11,138,175	2,283,170		1,333,424		
059	IVF/CULTURE LAB	37,064	1,994,496	408,844		276,370		
059 02	URODYNAMICS	4,233	533,666	109,394		10,824		
059 03	SPINE TREATMENT CENTER	8,655	1,319,522	270,484		87,894		
059 04	OPHTHALMOLOGY SPECIALTY L	90,378	1,451,285	297,493		129,710		
059 05	DIGESTIVE DISEASE CNTR	465,973	4,475,793	917,475		295,542		
059 06	RECREATION THERAPY							
059 07	CDC - REHAB	317	246,354	50,499		42,683		
059 08	DIABETES EDUCATION		299,491	61,391		41,279		
059 97	CARDIAC REHABILITATION	26,771	921,906	188,978		66,782		
059 98	HYPERBARIC OXYGEN THERAPY	12,989	392,406	80,438		50,087		
059 99	LITHOTRIPSY	53,031	670,005	137,342		11,437		
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC	4,895	495,578	101,587		177,907		

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	PLANT OPER/MAINT - GENERA	PLANT OPER/MAINT - WESTLA	PLANT OPER/MAINT - CDD
		4	5a.00	6	7	7.01	7.02	7.04
	OUTPAT SERVICE COST CNTRS							
060 02	DERMATOLOGY CLINIC	86,006	2,009,574	411,935		305,166		
060 03	ORAL SURGERY CLINIC	72,715	1,156,825	237,133		268,916		26,130
060 04	INTERNAL MEDICINE CLINIC	118,161	7,360,309	1,508,760		1,289,209		
060 05	NEUROLOGY CLINIC	31,714	1,439,905	295,160		429,413		
060 06	OB-GYN CLINIC	389,675	4,911,023	1,006,691		714,872		
060 07	OPHTHALMOLOGY CLINIC	183,496	4,620,086	947,053		885,146		
060 08	ORTHOPAEDICS CLINIC	36,637	3,768,757	772,542		636,065		
060 09	OTOLARYNGOLOGY CLINIC	318,276	4,436,183	909,355		757,759		
060 10	PEDIATRIC CLINIC	106,527	8,456,021	1,733,366		856,197		163,174
060 11	SURGERY CLINIC	95,547	3,114,659	638,461		775,246		
060 12	UROLOGY CLINIC	212,105	1,499,442	307,365		296,283		
060 13	PSYCHIATRIC CLINIC	5,400	2,214,741	453,991		572,832		5,147
060 14	CANCER CLINIC	27,436	4,906,996	1,005,865		593,254		
060 15	FAMILY CARE CLINIC	17,075	6,602,178	1,353,354		952,822		
061	EMERGENCY	515,983	8,283,784	1,698,060		789,899		
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS		470,409	96,427		11,258		
065	AMBULANCE SERVICES	76,160	4,096,928	839,813		90,268		
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION		719,748	147,538				
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	4,197	3,502,678	718,000		22,184		
084	LIVER ACQUISITION		1,432,314	293,604		6,178		
085	HEART ACQUISITION		1,370,235	280,879		18,508		
085 01	PANCREAS ACQUISITION		629,236	128,985		1,225		
085 02	INTESTINAL ACQUISITION							
085 03	ISLET CELL ACQUISITION							
086	OTHER ORGAN ACQUISITION -							
095	SUBTOTALS	38,778,968	842,475,868	142,291,573		38,764,094		581,214
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		1,249,895	256,211		71,684		
096 01	VENDING/PATIENT ART	60,969	10,967,513	2,248,187		143,240		55,902
096 02	PATIENT TRANSPORTATION SE	82,568	1,103,077	226,115		15,164		
096 03	PHARMACY HOMEGOING DRUGS		30,575	6,267				
096 04	OUTPATIENT & ESCORT HOUSI	841	841	172				
096 05	CLINICAL RESEARCH UNIT		-55,574			36,761		
096 06	PATIENT EDUCATION SERVICE	47	820,188	168,127		100,378		
096 08	HOSPITAL PHYSICIANS-ER,FC	14,372	9,365,124	1,919,719				
096 09	CONTACT LENS CLINIC		218,645	44,819		26,601		
096 10	BEAUTY SHOP		6,054	1,241		8,680		
096 11	CLINICAL FACULTY DEPARTME		1,201,379	246,266		1,722,554		
096 12	MEDICAID ADMINISTRATIVE P							
096 13	OTHER NONALLOWABLE	1,103	3,623,051	742,675		866,919	293,337	457,293
097	RESEARCH		1,007,648	206,554		1,444,779		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	38,938,868	872,014,284	148,357,926		43,200,854	293,337	1,094,409

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING - GENERAL HO	HOUSEKEEPING - CDD	DIETARY	CAFETERIA
		8	9	10	10.01	10.04	11	12
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA							
007 02	PLANT OPER/MAINT - WESTLA							
007 04	PLANT OPER/MAINT - CDD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE		1,677,269					
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO		1,545		21,228,404			
010 04	HOUSEKEEPING - CDD					320,152		
011	DIETARY		21,665		95,233	27,367	10,770,294	
012	CAFETERIA				750,808			5,495,950
012 01	CAFETERIA - EMPLOYEES							5,495,950
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION				664,465			
015	CENTRAL SERVICES & SUPPLY		40,158		239,582			
016	PHARMACY		2,325		408,634			
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI				138,635	9,572		
017 02	MEDICAL RECORDS PROCESSIN				113,663			
018	SOCIAL SERVICE				120,767	7,221		
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI				1,424,048			
023	I&R SERVICES-OTHER PRGM C		27,477					
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR							
024 02	PARAMEDICAL EDUC - PHARMA				2,538			
024 03	PARAMEDICAL EDCU - MED LA				49,243			
024 04	PARAMEDICAL EDUC - RAD TE				32,255			
024 05	PARAMED ED PRGM-PASTORAL				10,803			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		577,701		3,018,625	12,045	8,137,248	
026 01	MEDICAL INTENSIVE CARE UN		39,213		231,406		88,551	
027	CORONARY CARE UNIT		19,300		84,864		109,049	
028	BURN INTENSIVE CARE UNIT		57,647		179,409		303,165	
029	SURGICAL INTENSIVE CARE U		80,812		120,269		149,881	
030	NEONATAL INTENSIVE CARE U		16,647		297,229			
031	SUBPROVIDER I		47,363		397,577	4,216	1,917,831	
033	NURSERY		2,432					
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		196,945		736,894			
039	DELIVERY ROOM & LABOR ROO		30,620		158,850			
040	ANESTHESIOLOGY				94,889			
041	RADIOLOGY-DIAGNOSTIC		91,024		1,074,413			
042	RADIOLOGY-THERAPEUTIC		18,526		311,603			
042 01	ULTRASOUND		15,499		30,954			
042 02	RADIOLOGY - PET SCAN		6,909		127,564			
044	LABORATORY		1,871		639,607	27,489		
044 01	ANATOMICAL LABORATORY		1,597		245,882			
044 02	CARDIOLOGY		28,098		181,832			
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING		7,456		192,176			
047 01	ORTHOTIC SERVICES		417		7,665	12,514		
049	RESPIRATORY THERAPY		1,602		42,164			
050	PHYSICAL THERAPY		10,379		95,131	6,127		
051	OCCUPATIONAL THERAPY				27,867	6,590		
053	ELECTROCARDIOLOGY		877		13,098			
054	ELECTROENCEPHALOGRAPHY		5,102		119,529			
055	MEDICAL SUPPLIES CHARGED							
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS		27,678		138,494			
058	ASC (NON-DISTINCT PART)		63,627		666,174			
059	IVF/CULTURE LAB		4,137		138,074			
059 02	URODYNAMICS		1,280		5,408			
059 03	SPINE TREATMENT CENTER		52		43,912			
059 04	OPHTHALMOLOGY SPECIALTY L		6		64,802			
059 05	DIGESTIVE DISEASE CNTR		37,754		147,652			
059 06	RECREATION THERAPY							
059 07	CDC - REHAB		110		21,324			
059 08	DIABETES EDUCATION				20,623			
059 97	CARDIAC REHABILITATION		1,777		33,364			
059 98	HYPERBARIC OXYGEN THERAPY		2,831		25,023			
059 99	LITHOTRIPSY		3,328		5,714			
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC		5,226		88,882			

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING - GENERAL HO	HOUSEKEEPING - CDD	DIETARY	CAFETERIA
		8	9	10	10.01	10.04	11	12
	OUTPAT SERVICE COST CNTRS							
060 02	DERMATOLOGY CLINIC		6,868		152,460			
060 03	ORAL SURGERY CLINIC		1,467		134,349	7,644		
060 04	INTERNAL MEDICINE CLINIC		4,871		644,084			
060 05	NEUROLOGY CLINIC		398		214,533			
060 06	OB-GYN CLINIC		10,983		357,147			
060 07	OPHTHALMOLOGY CLINIC		2,091		442,215			
060 08	ORTHOPAEDICS CLINIC		8,124		317,776			
060 09	OTOLARYNGOLOGY CLINIC		2,978		378,574			
060 10	PEDIATRIC CLINIC		10,163		427,752	47,734		
060 11	SURGERY CLINIC		1,962		387,310			
060 12	UROLOGY CLINIC		8,193		148,022			
060 13	PSYCHIATRIC CLINIC		329		286,184	1,506		
060 14	CANCER CLINIC		17,335		296,387			
060 15	FAMILY CARE CLINIC		8,611		476,026			
061	EMERGENCY		86,637		394,631			
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS		466		5,624			
065	AMBULANCE SERVICES		2,817		45,098			
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION				11,083			
084	LIVER ACQUISITION				3,086			
085	HEART ACQUISITION				9,247			
085 01	PANCREAS ACQUISITION				612			
085 02	INTESTINAL ACQUISITION							
085 03	ISLET CELL ACQUISITION							
086	OTHER ORGAN ACQUISITION -							
095	SUBTOTALS		1,673,306		19,011,817	170,025	10,705,725	5,495,950
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				35,813			
096 01	VENDING/PATIENT ART				71,562	16,353		
096 02	PATIENT TRANSPORTATION SE		259		7,576			
096 03	PHARMACY HOMEGOING DRUGS							
096 04	OUTPATIENT & ESCORT HOUSI						63,671	
096 05	CLINICAL RESEARCH UNIT				18,366		898	
096 06	PATIENT EDUCATION SERVICE				50,148			
096 08	HOSPITAL PHYSICIANS-ER,FC							
096 09	CONTACT LENS CLINIC				13,290			
096 10	BEAUTY SHOP				4,336			
096 11	CLINICAL FACULTY DEPARTME		3,704		860,581			
096 12	MEDICAID ADMINISTRATIVE P							
096 13	OTHER NONALLOWABLE				433,109	133,774		
097	RESEARCH				721,806			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL		1,677,269		21,228,404	320,152	10,770,294	5,495,950

	COST CENTER DESCRIPTION	CAFETERIA - EMPLOYEES	MAINTENANCE OF PERSONNEL	STUDENT & PERSONNEL HOUSI	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		12.01	13	13.01	14	15	16	17
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA							
007 02	PLANT OPER/MAINT - WESTLA							
007 04	PLANT OPER/MAINT - CDD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO							
010 04	HOUSEKEEPING - CDD							
011	DIETARY							
012	CAFETERIA							
012 01	CAFETERIA - EMPLOYEES	5,495,950						
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION	162,801			12,857,736			
015	CENTRAL SERVICES & SUPPLY	101,049				11,057,467		
016	PHARMACY	221,185					112,781,425	
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI	53,893						
017 02	MEDICAL RECORDS PROCESSIN	65,121						
018	SOCIAL SERVICE	124,627					16,557	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	670,293						
023	I&R SERVICES-OTHER PRGM C	8,982					82,442	
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR	1,123						
024 02	PARAMEDICAL EDUC - PHARMA							
024 03	PARAMEDICAL EDCU - MED LA	1,123						
024 04	PARAMEDICAL EDUC - RAD TE	12,350						
024 05	PARAMED ED PRGM-PASTORAL							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	838,706			5,026,363		386	
026 01	MEDICAL INTENSIVE CARE UN	66,243			397,384			
027	CORONARY CARE UNIT	32,560			201,077			
028	BURN INTENSIVE CARE UNIT	49,402			289,156			
029	SURGICAL INTENSIVE CARE U	134,732			816,050			
030	NEONATAL INTENSIVE CARE U	174,029			977,083			
031	SUBPROVIDER I	123,504			778,023			
033	NURSERY				107,154			
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	294,165			1,390,339		163,452	
039	DELIVERY ROOM & LABOR ROO	39,297			265,566			
040	ANESTHESIOLOGY	79,717					1,191,032	
041	RADIOLOGY-DIAGNOSTIC	236,904					1,645,404	
042	RADIOLOGY-THERAPEUTIC	48,279					86,060	
042 01	ULTRASOUND	24,701					59,311	
042 02	RADIOLOGY - PET SCAN						21,913	
044	LABORATORY	248,132					5,992	
044 01	ANATOMICAL LABORATORY	41,542					246	
044 02	CARDIOLOGY	66,243			48,786		567,131	
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING	29,192					96,281	
047 01	ORTHOTIC SERVICES	1,123						
049	RESPIRATORY THERAPY	99,926					3,873	
050	PHYSICAL THERAPY	55,016					1,000	
051	OCCUPATIONAL THERAPY	15,719						
053	ELECTROCARDIOLOGY	5,614					105	
054	ELECTROENCEPHALOGRAPHY	20,210					25,530	
055	MEDICAL SUPPLIES CHARGED					3,162,473		
055 30	IMPL. DEV. CHARGED TO PAT					7,894,994		
056	DRUGS CHARGED TO PATIENTS						97,943,214	
057	RENAL DIALYSIS	48,279			122,923		66,811	
058	ASC (NON-DISTINCT PART)	86,453			490,918		67,118	
059	IVF/CULTURE LAB	15,719			50,215		934	
059 02	URODYNAMICS	4,491			11,480			
059 03	SPINE TREATMENT CENTER	13,473			24,986			
059 04	OPHTHALMOLOGY SPECIALTY L	15,719						
059 05	DIGESTIVE DISEASE CNTR	29,192			238,125			
059 06	RECREATION THERAPY							
059 07	CDC - REHAB	3,368			23,031			
059 08	DIABETES EDUCATION	3,368			15,737		28	
059 97	CARDIAC REHABILITATION	7,859					10	
059 98	HYPERBARIC OXYGEN THERAPY	4,491					2,883	
059 99	LITHOTRIPSY	2,246			14,743			
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC	1,123						

	COST CENTER DESCRIPTION	CAFETERIA - EMPLOYEES	MAINTENANCE OF PERSONNEL	STUDENT & PERSONNEL HOUSI	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		12.01	13	13.01	14	15	16	17
	OUTPAT SERVICE COST CNTRS							
060 02	DERMATOLOGY CLINIC	11,228			17,880			
060 03	ORAL SURGERY CLINIC	12,350			17,129			
060 04	INTERNAL MEDICINE CLINIC	90,944			25,421		80,982	
060 05	NEUROLOGY CLINIC	14,596			28,705			
060 06	OB-GYN CLINIC	49,402			111,293		375,125	
060 07	OPHTHALMOLOGY CLINIC	26,946			37,993			
060 08	ORTHOPAEDICS CLINIC	48,279			83,762		437,659	
060 09	OTOLARYNGOLOGY CLINIC	31,438			41,944		35,632	
060 10	PEDIATRIC CLINIC	84,208			187,442		16,198	
060 11	SURGERY CLINIC	62,875			27,853			
060 12	UROLOGY CLINIC	15,719			33,082		177,028	
060 13	PSYCHIATRIC CLINIC	25,824			43,046			
060 14	CANCER CLINIC	66,243			234,351			
060 15	FAMILY CARE CLINIC	119,013			106,625		179	
061	EMERGENCY	77,471			468,271			
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	2,246			7,079		14,713	
065	AMBULANCE SERVICES	16,842			42,334			
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION	2,246			6,217			
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	16,842			27,531			
084	LIVER ACQUISITION	6,737			11,528			
085	HEART ACQUISITION	11,228			7,478			
085 01	PANCREAS ACQUISITION				1,633			
085 02	INTESTINAL ACQUISITION							
085 03	ISLET CELL ACQUISITION							
086	OTHER ORGAN ACQUISITION -							
095	SUBTOTALS	5,175,961			12,857,736	11,057,467	103,185,229	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096 01	VENDING/PATIENT ART	81,962					23	
096 02	PATIENT TRANSPORTATION SE	15,719						
096 03	PHARMACY HOMEGOING DRUGS						9,586,690	
096 04	OUTPATIENT & ESCORT HOUSI							
096 05	CLINICAL RESEARCH UNIT							
096 06	PATIENT EDUCATION SERVICE	4,491						
096 08	HOSPITAL PHYSICIANS-ER,FC							
096 09	CONTACT LENS CLINIC							
096 10	BEAUTY SHOP							
096 11	CLINICAL FACULTY DEPARTME	215,571						
096 12	MEDICAID ADMINISTRATIVE P							
096 13	OTHER NONALLOWABLE	2,246					9,483	
097	RESEARCH							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	5,495,950			12,857,736	11,057,467	112,781,425	

	COST CENTER DESCRIPTION	MEDICAL RECORDS PREPARATI	MEDICAL RECORDS PROCESSIN	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
		17.01	17.02	18	20	21	22	23
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA							
007 02	PLANT OPER/MAINT - WESTLA							
007 04	PLANT OPER/MAINT - CDD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO							
010 04	HOUSEKEEPING - CDD							
011	DIETARY							
012	CAFETERIA							
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI	9,134,974						
017 02	MEDICAL RECORDS PROCESSIN		5,051,803					
018	SOCIAL SERVICE			13,235,011				
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI						47,539,973	
023	I&R SERVICES-OTHER PRGM C							11,508,978
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR							
024 02	PARAMEDICAL EDUC - PHARMA							
024 03	PARAMEDICAL EDCU - MED LA							
024 04	PARAMEDICAL EDUC - RAD TE							
024 05	PARAMED ED PRGM-PASTORAL							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,136,676	2,262,099	6,782,744			7,098,995	1,718,600
026 01	MEDICAL INTENSIVE CARE UN	144,617	104,343	174,635			434,259	105,130
027	CORONARY CARE UNIT	71,471	51,560	51,501			569,766	137,935
028	BURN INTENSIVE CARE UNIT	122,973	50,671	358,496			168,769	40,857
029	SURGICAL INTENSIVE CARE U	284,560	205,241	284,348			570,502	138,113
030	NEONATAL INTENSIVE CARE U	519,645	68,895	894,983			499,926	121,027
031	SUBPROVIDER I	645,807	465,710	1,658,948			1,235,147	299,017
033	NURSERY	15,186	53,116	97,802			124,583	30,160
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			12,414			4,428,634	1,072,130
039	DELIVERY ROOM & LABOR ROO			23,486			545,586	132,081
040	ANESTHESIOLOGY						6,235,020	1,509,439
041	RADIOLOGY-DIAGNOSTIC						3,293,890	797,420
042	RADIOLOGY-THERAPEUTIC						600,083	145,274
042 01	ULTRASOUND						376,325	91,105
042 02	RADIOLOGY - PET SCAN						117,955	28,556
044	LABORATORY						786,282	190,351
044 01	ANATOMICAL LABORATORY						1,513,893	366,499
044 02	CARDIOLOGY			839			7,978	1,931
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING							
047 01	ORTHOTIC SERVICES							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
053	ELECTROCARDIOLOGY						9,206	2,229
054	ELECTROENCEPHALOGRAPHY						182,517	44,186
055	MEDICAL SUPPLIES CHARGED							
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	39,775	18,002	330,984			2,332	565
058	ASC (NON-DISTINCT PART)							
059	IVF/CULTURE LAB							
059 02	URODYNAMICS						7,733	1,872
059 03	SPINE TREATMENT CENTER							
059 04	OPHTHALMOLOGY SPECIALTY L							
059 05	DIGESTIVE DISEASE CNTR						51,797	12,540
059 06	RECREATION THERAPY							
059 07	CDC - REHAB			434,490			102,244	24,752
059 08	DIABETES EDUCATION							
059 97	CARDIAC REHABILITATION							
059 98	HYPERBARIC OXYGEN THERAPY							
059 99	LITHOTRIPSY							
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC	22,779	10,334					

		COST CENTER DESCRIPTION	MEDICAL RECORDS PREPARATI	MEDICAL RECORDS PROCESSIN	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
			17.01	17.02	18	20	21	22	23
		OUTPAT SERVICE COST CNTRS							
060	02	DERMATOLOGY CLINIC	137,457	62,228	15,434			1,096,818	265,529
060	03	ORAL SURGERY CLINIC	67,040	30,336				729,821	176,683
060	04	INTERNAL MEDICINE CLINIC	538,127	243,467	638,315			2,002,159	484,704
060	05	NEUROLOGY CLINIC	70,201	31,781	18,118			760,752	184,171
060	06	OB-GYN CLINIC	364,840	165,126	82,872			688,948	166,788
060	07	OPHTHALMOLOGY CLINIC	348,600	157,681	7,885			896,995	217,154
060	08	ORTHOPAEDICS CLINIC	284,668	128,790	27,848			909,882	220,274
060	09	OTOLARYNGOLOGY CLINIC	150,778	68,229	5,704			787,877	190,738
060	10	PEDIATRIC CLINIC	236,381	106,899	301,795			1,568,145	379,633
060	11	SURGERY CLINIC	164,937	74,674	143,432			968,307	234,418
060	12	UROLOGY CLINIC	85,792	38,781				348,708	84,419
060	13	PSYCHIATRIC CLINIC	173,152	78,341	417,715			1,978,592	478,998
060	14	CANCER CLINIC	309,041	139,791	214,226			265,735	64,332
060	15	FAMILY CARE CLINIC	608,382	275,248				3,356,610	812,604
061		EMERGENCY	280,291	126,790				2,217,202	536,764
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION		2,000					
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	179,772	16,224	163,898				
084		LIVER ACQUISITION	60,744	5,445	83,207				
085		HEART ACQUISITION	63,149	5,667	8,388				
085	01	PANCREAS ACQUISITION	8,133	778	168				
085	02	INTESTINAL ACQUISITION							
085	03	ISLET CELL ACQUISITION							
086		OTHER ORGAN ACQUISITION -							
095		SUBTOTALS	9,134,974	5,048,247	13,234,675			47,539,973	11,508,978
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
096	01	VENDING/PATIENT ART							
096	02	PATIENT TRANSPORTATION SE							
096	03	PHARMACY HOMEGOING DRUGS							
096	04	OUTPATIENT & ESCORT HOUSI			336				
096	05	CLINICAL RESEARCH UNIT		3,556					
096	06	PATIENT EDUCATION SERVICE							
096	08	HOSPITAL PHYSICIANS-ER,FC							
096	09	CONTACT LENS CLINIC							
096	10	BEAUTY SHOP							
096	11	CLINICAL FACULTY DEPARTME							
096	12	MEDICAID ADMINISTRATIVE P							
096	13	OTHER NONALLOWABLE							
097		RESEARCH							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	9,134,974	5,051,803	13,235,011			47,539,973	11,508,978

	COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMEDICAL E DUC - DIETAR	PARAMEDICAL E DUC - PHARMA	PARAMEDICAL E DCU - MED LA	PARAMEDICAL E DUC - RAD TE	PARAMED ED PR GM-PASTORAL	SUBTOTAL
		24	24.01	24.02	24.03	24.04	24.05	25
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA							
007 02	PLANT OPER/MAINT - WESTLA							
007 04	PLANT OPER/MAINT - CDD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO							
010 04	HOUSEKEEPING - CDD							
011	DIETARY							
012	CAFETERIA							
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI							
017 02	MEDICAL RECORDS PROCESSIN							
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR		-34,250					
024 02	PARAMEDICAL EDUC - PHARMA			559,199				
024 03	PARAMEDICAL EDCU - MED LA				549,932			
024 04	PARAMEDICAL EDUC - RAD TE					816,006		
024 05	PARAMED ED PRGM-PASTORAL						187,887	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS			166,012			119,786	125,456,579
026 01	MEDICAL INTENSIVE CARE UN			45,872			4,066	10,093,657
027	CORONARY CARE UNIT			50,241			8,868	5,297,436
028	BURN INTENSIVE CARE UNIT						28,563	7,478,596
029	SURGICAL INTENSIVE CARE U						2,744	17,468,419
030	NEONATAL INTENSIVE CARE U			45,872				24,657,891
031	SUBPROVIDER I			26,212			21,116	20,063,329
033	NURSERY							2,406,153
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							68,862,435
039	DELIVERY ROOM & LABOR ROO							6,621,467
040	ANESTHESIOLOGY							15,023,598
041	RADIOLOGY-DIAGNOSTIC					816,006		41,312,795
042	RADIOLOGY-THERAPEUTIC							13,039,600
042 01	ULTRASOUND							3,434,684
042 02	RADIOLOGY - PET SCAN							4,717,473
044	LABORATORY				549,932			38,574,164
044 01	ANATOMICAL LABORATORY							8,313,926
044 02	CARDIOLOGY			10,922				12,153,370
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING							8,678,742
047 01	ORTHOTIC SERVICES							1,759,633
049	RESPIRATORY THERAPY							7,904,215
050	PHYSICAL THERAPY							5,576,263
051	OCCUPATIONAL THERAPY							2,247,981
053	ELECTROCARDIOLOGY							847,208
054	ELECTROENCEPHALOGRAPHY							2,822,248
055	MEDICAL SUPPLIES CHARGED							20,528,901
055 30	IMPL. DEV. CHARGED TO PAT							59,362,280
056	DRUGS CHARGED TO PATIENTS			67,716				98,010,930
057	RENAL DIALYSIS							8,226,827
058	ASC (NON-DISTINCT PART)							16,129,059
059	IVF/CULTURE LAB							2,888,789
059 02	URODYNAMICS							686,148
059 03	SPINE TREATMENT CENTER							1,760,323
059 04	OPHTHALMOLOGY SPECIALTY L							1,959,015
059 05	DIGESTIVE DISEASE CNTR							6,205,870
059 06	RECREATION THERAPY							
059 07	CDC - REHAB						2,744	951,599
059 08	DIABETES EDUCATION							441,917
059 97	CARDIAC REHABILITATION							1,220,676
059 98	HYPERBARIC OXYGEN THERAPY							558,159
059 99	LITHOTRIPSY							844,815
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC							903,416

	COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMEDICAL E DUC - DIETAR	PARAMEDICAL E DUC - PHARMA	PARAMEDICAL E DCU - MED LA	PARAMEDICAL E DUC - RAD TE	PARAMED ED PR GM-PASTORAL	SUBTOTAL
		24	24.01	24.02	24.03	24.04	24.05	25
	OUTPAT SERVICE COST CNTRS							
060 02	DERMATOLOGY CLINIC							4,492,577
060 03	ORAL SURGERY CLINIC							2,865,823
060 04	INTERNAL MEDICINE CLINIC			8,737				14,920,089
060 05	NEUROLOGY CLINIC							3,487,733
060 06	OB-GYN CLINIC							9,005,110
060 07	OPHTHALMOLOGY CLINIC							8,589,845
060 08	ORTHOPAEDICS CLINIC							7,644,426
060 09	OTOLARYNGOLOGY CLINIC							7,797,189
060 10	PEDIATRIC CLINIC							14,575,108
060 11	SURGERY CLINIC							6,594,134
060 12	UROLOGY CLINIC							3,042,834
060 13	PSYCHIATRIC CLINIC							6,730,398
060 14	CANCER CLINIC							8,113,556
060 15	FAMILY CARE CLINIC			37,134				14,708,786
061	EMERGENCY			8,737				14,968,537
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							608,222
065	AMBULANCE SERVICES							5,134,100
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							877,749
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							4,658,212
084	LIVER ACQUISITION							1,902,843
085	HEART ACQUISITION							1,774,779
085 01	PANCREAS ACQUISITION							770,770
085 02	INTESTINAL ACQUISITION							
085 03	ISLET CELL ACQUISITION							
086	OTHER ORGAN ACQUISITION -							
095	SUBTOTALS			467,455	549,932	816,006	187,887	818,753,406
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							1,613,603
096 01	VENDING/PATIENT ART							13,584,742
096 02	PATIENT TRANSPORTATION SE							1,367,910
096 03	PHARMACY HOMEGOING DRUGS							9,623,532
096 04	OUTPATIENT & ESCORT HOUSI							65,020
096 05	CLINICAL RESEARCH UNIT							4,007
096 06	PATIENT EDUCATION SERVICE							1,143,332
096 08	HOSPITAL PHYSICIANS-ER,FC							11,284,843
096 09	CONTACT LENS CLINIC							303,355
096 10	BEAUTY SHOP							20,311
096 11	CLINICAL FACULTY DEPARTME							4,250,055
096 12	MEDICAID ADMINISTRATIVE P							
096 13	OTHER NONALLOWABLE			91,744				6,653,631
097	RESEARCH							3,380,787
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER		-34,250					-34,250
103	TOTAL			559,199	549,932	816,006	187,887	872,014,284

		COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ	TOTAL
			26	27
		GENERAL SERVICE COST CNTR		
003		NEW CAP REL COSTS-BLDG &		
003	01	NEW CAPITAL REL - GENERAL		
003	02	NEW CAPITAL REL - WESTLAW		
003	03	NEW CAP REL COSTS-BLDG &		
003	04	NEW CAPITAL REL - CDD		
003	05	NEW CAP REL COSTS-BLDG &		
004		NEW CAP REL COSTS-MVBLE E		
006		ADMINISTRATIVE & GENERAL		
007		MAINTENANCE & REPAIRS		
007	01	PLANT OPER/MAINT - GENERA		
007	02	PLANT OPER/MAINT - WESTLA		
007	04	PLANT OPER/MAINT - CDD		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVICE		
010		HOUSEKEEPING		
010	01	HOUSEKEEPING - GENERAL HO		
010	04	HOUSEKEEPING - CDD		
011		DIETARY		
012		CAFETERIA		
012	01	CAFETERIA - EMPLOYEES		
013		MAINTENANCE OF PERSONNEL		
013	01	STUDENT & PERSONNEL HOUSI		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SUPPLY		
016		PHARMACY		
017		MEDICAL RECORDS & LIBRARY		
017	01	MEDICAL RECORDS PREPARATI		
017	02	MEDICAL RECORDS PROCESSIN		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHETISTS		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY & FRI		
023		I&R SERVICES-OTHER PRGM C		
024		PARAMED ED PRGM-(SPECIFY)		
024	01	PARAMEDICAL EDUC - DIETAR		
024	02	PARAMEDICAL EDUC - PHARMA		
024	03	PARAMEDICAL EDCU - MED LA		
024	04	PARAMEDICAL EDUC - RAD TE		
024	05	PARAMED ED PRGM-PASTORAL		
		INPAT ROUTINE SRVC CNTRS		
025		ADULTS & PEDIATRICS	-8,817,595	116,638,984
026	01	MEDICAL INTENSIVE CARE UN	-539,389	9,554,268
027		CORONARY CARE UNIT	-707,701	4,589,735
028		BURN INTENSIVE CARE UNIT	-209,626	7,268,970
029		SURGICAL INTENSIVE CARE U	-708,615	16,759,804
030		NEONATAL INTENSIVE CARE U	-620,953	24,036,938
031		SUBPROVIDER I	-1,534,164	18,529,165
033		NURSERY	-154,743	2,251,410
		ANCILLARY SRVC COST CNTRS		
037		OPERATING ROOM	-5,500,764	63,361,671
039		DELIVERY ROOM & LABOR ROO	-677,667	5,943,800
040		ANESTHESIOLOGY	-7,744,459	7,279,139
041		RADIOLOGY-DIAGNOSTIC	-4,091,310	37,221,485
042		RADIOLOGY-THERAPEUTIC	-745,357	12,294,243
042	01	ULTRASOUND	-467,430	2,967,254
042	02	RADIOLOGY - PET SCAN	-146,511	4,570,962
044		LABORATORY	-976,633	37,597,531
044	01	ANATOMICAL LABORATORY	-1,880,392	6,433,534
044	02	CARDIOLOGY	-9,909	12,143,461
046	30	BLOOD CLOTTING FACTORS AD		
047		BLOOD STORING, PROCESSING		8,678,742
047	01	ORTHOTIC SERVICES		1,759,633
049		RESPIRATORY THERAPY		7,904,215
050		PHYSICAL THERAPY		5,576,263
051		OCCUPATIONAL THERAPY		2,247,981
053		ELECTROCARDIOLOGY	-11,435	835,773
054		ELECTROENCEPHALOGRAPHY	-226,703	2,595,545
055		MEDICAL SUPPLIES CHARGED		20,528,901
055	30	IMPL. DEV. CHARGED TO PAT		59,362,280
056		DRUGS CHARGED TO PATIENTS		98,010,930
057		RENAL DIALYSIS	-697,729	7,529,098
058		ASC (NON-DISTINCT PART)		16,129,059
059		IVF/CULTURE LAB		2,888,789
059	02	URODYNAMICS	-9,605	676,543
059	03	SPINE TREATMENT CENTER		1,760,323
059	04	OPHTHALMOLOGY SPECIALTY L		1,959,015
059	05	DIGESTIVE DISEASE CNTR	-64,337	6,141,533
059	06	RECREATION THERAPY		
059	07	CDC - REHAB	-126,996	824,603
059	08	DIABETES EDUCATION		441,917
059	97	CARDIAC REHABILITATION		1,220,676
059	98	HYPERBARIC OXYGEN THERAPY		558,159
059	99	LITHOTRIPSY		844,815
		OUTPAT SERVICE COST CNTRS		
060	01	ANESTHESIA PAIN CLINIC		903,416

		COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ	TOTAL
			26	27
		OUTPAT SERVICE COST CNTRS		
060	02	DERMATOLOGY CLINIC	-1,362,347	3,130,230
060	03	ORAL SURGERY CLINIC	-906,504	1,959,319
060	04	INTERNAL MEDICINE CLINIC	-2,486,863	12,433,226
060	05	NEUROLOGY CLINIC	-944,923	2,542,810
060	06	OB-GYN CLINIC	-855,736	8,149,374
060	07	OPHTHALMOLOGY CLINIC	-1,114,149	7,475,696
060	08	ORTHOPAEDICS CLINIC	-1,130,156	6,514,270
060	09	OTOLARYNGOLOGY CLINIC	-978,615	6,818,574
060	10	PEDIATRIC CLINIC	-1,947,778	12,627,330
060	11	SURGERY CLINIC	-1,202,725	5,391,409
060	12	UROLOGY CLINIC	-433,127	2,609,707
060	13	PSYCHIATRIC CLINIC	-2,457,590	4,272,808
060	14	CANCER CLINIC	-330,067	7,783,489
060	15	FAMILY CARE CLINIC	-4,169,214	10,539,572
061		EMERGENCY	-2,753,966	12,214,571
062		OBSERVATION BEDS (NON-DIS		
063	50	RHC		
063	60	FQHC		
		OTHER REIMBURS COST CNTRS		
064		HOME PROGRAM DIALYSIS		608,222
065		AMBULANCE SERVICES		5,134,100
069	10	CMHC		
069	20	OUTPATIENT PHYSICAL THERA		
069	30	OUTPATIENT OCCUPATIONAL T		
069	40	OUTPATIENT SPEECH PATHOLO		
071		HOME HEALTH AGENCY		
082		LUNG ACQUISITION		877,749
		SPEC PURPOSE COST CENTERS		
083		KIDNEY ACQUISITION		4,658,212
084		LIVER ACQUISITION		1,902,843
085		HEART ACQUISITION		1,774,779
085	01	PANCREAS ACQUISITION		770,770
085	02	INTESTINAL ACQUISITION		
085	03	ISLET CELL ACQUISITION		
086		OTHER ORGAN ACQUISITION -		
095		SUBTOTALS	-59,743,783	759,009,623
		NONREIMBURS COST CENTERS		
096		GIFT, FLOWER, COFFEE SHOP		1,613,603
096	01	VENDING/PATIENT ART		13,584,742
096	02	PATIENT TRANSPORTATION SE		1,367,910
096	03	PHARMACY HOMEGOING DRUGS		9,623,532
096	04	OUTPATIENT & ESCORT HOUSI		65,020
096	05	CLINICAL RESEARCH UNIT		4,007
096	06	PATIENT EDUCATION SERVICE		1,143,332
096	08	HOSPITAL PHYSICIANS-ER,FC		11,284,843
096	09	CONTACT LENS CLINIC		303,355
096	10	BEAUTY SHOP		20,311
096	11	CLINICAL FACULTY DEPARTME		4,250,055
096	12	MEDICAID ADMINISTRATIVE P		
096	13	OTHER NONALLOWABLE		6,653,631
097		RESEARCH		3,380,787
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		-34,250
103		TOTAL	-59,743,783	812,270,501

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL R EL - GENERAL	NEW CAPITAL R EL - WESTLAW	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL R EL - CDD	NEW CAP REL C OSTS-BLDG &
		0	3	3.01	3.02	3.03	3.04	3.05
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL	59,819		5,172,611			80,103	
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA	2,588,859		636,423				
007 02	PLANT OPER/MAINT - WESTLA	8,200			32,524			
007 04	PLANT OPER/MAINT - CDD	42,600						
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE			122,299				
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO			372,685				
010 04	HOUSEKEEPING - CDD							
011	DIETARY	53,665		132,946			19,270	
012	CAFETERIA			1,048,135				
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION	4,199		927,599				
015	CENTRAL SERVICES & SUPPLY	295		334,458				
016	PHARMACY	1,057		570,457				
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI			193,535			6,740	
017 02	MEDICAL RECORDS PROCESSIN	197,532		158,674				
018	SOCIAL SERVICE	1,572		168,591			5,085	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	207		1,987,983				
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR							
024 02	PARAMEDICAL EDUC - PHARMA			3,543				
024 03	PARAMEDICAL EDCU - MED LA			68,743				
024 04	PARAMEDICAL EDUC - RAD TE	209		45,028				
024 05	PARAMED ED PRGM-PASTORAL			15,080				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	285,662		4,214,031			8,481	
026 01	MEDICAL INTENSIVE CARE UN	49,012		323,046				
027	CORONARY CARE UNIT	13,956		118,471				
028	BURN INTENSIVE CARE UNIT	60,175		250,456				
029	SURGICAL INTENSIVE CARE U	95,705		167,897				
030	NEONATAL INTENSIVE CARE U	2,674		414,935				
031	SUBPROVIDER I	813		555,021			2,968	
033	NURSERY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	9,525		1,028,711				
039	DELIVERY ROOM & LABOR ROO	1		221,756				
040	ANESTHESIOLOGY	4,243		132,466				
041	RADIOLOGY-DIAGNOSTIC	149		1,499,890				
042	RADIOLOGY-THERAPEUTIC	15,709		435,000				
042 01	ULTRASOUND			43,212				
042 02	RADIOLOGY - PET SCAN	2,818		178,081				
044	LABORATORY	11,851		892,898			19,356	
044 01	ANATOMICAL LABORATORY	1,015		343,254				
044 02	CARDIOLOGY	33,992		253,839				
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING	3,630		268,279				
047 01	ORTHOTIC SERVICES			10,701			8,812	
049	RESPIRATORY THERAPY	37,025		58,862				
050	PHYSICAL THERAPY	95		132,804			4,314	
051	OCCUPATIONAL THERAPY			38,903			4,640	
053	ELECTROCARDIOLOGY	155		18,285				
054	ELECTROENCEPHALOGRAPHY			166,864				
055	MEDICAL SUPPLIES CHARGED							
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	3,717		193,339				
058	ASC (NON-DISTINCT PART)	1,533		929,984				
059	IVF/CULTURE LAB	2,245		192,752				
059 02	URODYNAMICS			7,549				
059 03	SPINE TREATMENT CENTER			61,301				
059 04	OPHTHALMOLOGY SPECIALTY L	8		90,465				
059 05	DIGESTIVE DISEASE CNTR	293		206,123				
059 06	RECREATION THERAPY							
059 07	CDC - REHAB	2,707		29,769				
059 08	DIABETES EDUCATION			28,790				
059 97	CARDIAC REHABILITATION	1,824		46,577				
059 98	HYPERBARIC OXYGEN THERAPY	1,348		34,933				
059 99	LITHOTRIPSY			7,976				
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC	118		124,080				

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 | WORKSHEET B PART III

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & EL - GENERAL	NEW CAPITAL R EL - WESTLAW	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL R EL - CDD	NEW CAP REL C OSTS-BLDG &
			0	3	3.01	3.02	3.03	3.04	3.05
		OUTPAT SERVICE COST CNTRS							
060	02	DERMATOLOGY CLINIC			212,835				
060	03	ORAL SURGERY CLINIC			187,553			5,382	
060	04	INTERNAL MEDICINE CLINIC	3,269		899,147				
060	05	NEUROLOGY CLINIC	606		299,490				
060	06	OB-GYN CLINIC	1,246		498,580				
060	07	OPHTHALMOLOGY CLINIC	443		617,337				
060	08	ORTHOPAEDICS CLINIC			443,618				
060	09	OTOLARYNGOLOGY CLINIC	11,954		528,492				
060	10	PEDIATRIC CLINIC	2,528		597,146			33,611	
060	11	SURGERY CLINIC	1,124		540,688				
060	12	UROLOGY CLINIC	40		206,639				
060	13	PSYCHIATRIC CLINIC	4,577		399,516			1,060	
060	14	CANCER CLINIC			413,760				
060	15	FAMILY CARE CLINIC	296		664,537				
061		EMERGENCY	166		550,908				
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS			7,852				
065		AMBULANCE SERVICES	2,182		62,957				
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION			15,472				
084		LIVER ACQUISITION			4,309				
085		HEART ACQUISITION			12,908				
085	01	PANCREAS ACQUISITION			855				
085	02	INTESTINAL ACQUISITION							
085	03	ISLET CELL ACQUISITION							
086		OTHER ORGAN ACQUISITION -							
095		SUBTOTALS	3,628,643		32,844,689	32,524		199,822	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP			49,995				
096	01	VENDING/PATIENT ART			99,901			11,515	
096	02	PATIENT TRANSPORTATION SE	94		10,576				
096	03	PHARMACY HOMEGOING DRUGS							
096	04	OUTPATIENT & ESCORT HOUSI							
096	05	CLINICAL RESEARCH UNIT			25,639				
096	06	PATIENT EDUCATION SERVICE	758		70,007				
096	08	HOSPITAL PHYSICIANS-ER,FC	7,414						
096	09	CONTACT LENS CLINIC			18,552				
096	10	BEAUTY SHOP			6,054				
096	11	CLINICAL FACULTY DEPARTME			1,201,379				
096	12	MEDICAID ADMINISTRATIVE P							
096	13	OTHER NONALLOWABLE	4,013		604,624	32,524		94,195	
097		RESEARCH			1,007,648				
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	3,640,922		35,939,064	65,048		305,532	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	PLANT OPER/MAINT - GENERA	PLANT OPER/MAINT - WESTLA	PLANT OPER/MAINT - CDD
		4	4a	6	7	7.01	7.02	7.04
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL	14,700,914	20,013,447	20,013,447				
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA	135,375	3,360,657	991,408		4,352,065		
007 02	PLANT OPER/MAINT - WESTLA		40,724	6,732			47,456	
007 04	PLANT OPER/MAINT - CDD	435	43,035	25,115				68,150
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	731	123,030	34,467		17,665		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO	65,795	438,480	474,868		53,832		
010 04	HOUSEKEEPING - CDD	503	503	7,347				
011	DIETARY	70,689	276,570	237,333		19,203		5,826
012	CAFETERIA	206,338	1,254,473	74,407		151,396		
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION	888,656	1,820,454	245,563		133,985		
015	CENTRAL SERVICES & SUPPLY	172,903	507,656	234,012		48,310		
016	PHARMACY	321,830	893,344	2,554,592		82,398		
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI	2,470	202,745	197,880		27,955		2,038
017 02	MEDICAL RECORDS PROCESSIN	13,868	370,074	106,609		22,919		
018	SOCIAL SERVICE	7,892	183,140	291,437		24,352		1,537
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	5,202	1,993,392	977,510		287,150		
023	I&R SERVICES-OTHER PRGM C	6,544	6,544	261,389				
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR							
024 02	PARAMEDICAL EDUC - PHARMA		3,543	12,658		512		
024 03	PARAMEDICAL EDCU - MED LA	953	69,696	9,203		9,929		
024 04	PARAMEDICAL EDUC - RAD TE	3,719	48,956	16,221		6,504		
024 05	PARAMED ED PRGM-PASTORAL		15,080	3,568		2,178		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,823,322	6,331,496	1,846,858		608,684		2,564
026 01	MEDICAL INTENSIVE CARE UN	270,446	642,504	178,880		46,662		
027	CORONARY CARE UNIT	123,800	256,227	85,814		17,112		
028	BURN INTENSIVE CARE UNIT	200,012	510,643	125,539		36,177		
029	SURGICAL INTENSIVE CARE U	248,455	512,057	331,391		24,251		
030	NEONATAL INTENSIVE CARE U	404,663	822,272	469,249		59,934		
031	SUBPROVIDER I	30,588	589,390	266,956		80,169		897
033	NURSERY			45,340				
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,258,935	3,297,171	1,356,102		148,590		
039	DELIVERY ROOM & LABOR ROO	79,253	301,010	117,223		32,031		
040	ANESTHESIOLOGY	490,111	626,820	131,349		19,134		
041	RADIOLOGY-DIAGNOSTIC	5,727,273	7,227,312	716,168		216,648		
042	RADIOLOGY-THERAPEUTIC	2,053,620	2,504,329	257,166		62,833		
042 01	ULTRASOUND	246,705	289,917	63,679		6,242		
042 02	RADIOLOGY - PET SCAN	492,764	673,663	95,450		25,723		
044	LABORATORY	607,738	1,531,843	797,478		128,973		5,852
044 01	ANATOMICAL LABORATORY	237,958	582,227	129,709		49,581		
044 02	CARDIOLOGY	1,975,357	2,263,188	249,583		36,665		
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING	71,119	343,028	182,879		38,751		
047 01	ORTHOTIC SERVICES	2,753	22,266	38,549		1,546		2,664
049	RESPIRATORY THERAPY	457,436	553,323	176,069		8,502		
050	PHYSICAL THERAPY	16,167	153,380	119,271		19,183		1,304
051	OCCUPATIONAL THERAPY	1,148	44,691	48,640		5,619		1,403
053	ELECTROCARDIOLOGY	29,122	47,562	18,126		2,641		
054	ELECTROENCEPHALOGRAPHY	135,881	302,745	50,164		24,102		
055	MEDICAL SUPPLIES CHARGED			398,539				
055 30	IMPL. DEV. CHARGED TO PAT			1,181,113				
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	143,400	340,456	164,171		27,926		
058	ASC (NON-DISTINCT PART)	1,044,709	1,976,226	308,004		134,330		
059	IVF/CULTURE LAB	37,064	232,061	55,154		27,842		
059 02	URODYNAMICS	4,233	11,782	14,757		1,090		
059 03	SPINE TREATMENT CENTER	8,655	69,956	36,489		8,854		
059 04	OPHTHALMOLOGY SPECIALTY L	90,378	180,851	40,132		13,067		
059 05	DIGESTIVE DISEASE CNTR	465,973	672,389	123,769		29,773		
059 06	RECREATION THERAPY							
059 07	CDC - REHAB	317	32,793	6,812		4,300		
059 08	DIABETES EDUCATION		28,790	8,282		4,158		
059 97	CARDIAC REHABILITATION	26,771	75,172	25,493		6,728		
059 98	HYPERBARIC OXYGEN THERAPY	12,989	49,270	10,851		5,046		
059 99	LITHOTRIPSY	53,031	61,007	18,528		1,152		
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC	4,895	129,093	13,704		17,922		

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	PLANT OPER/MA INT - GENERA	PLANT OPER/MA INT - WESTLA	PLANT OPER/MA INT - CDD
			4	4a	6	7	7.01	7.02	7.04
		OUTPAT SERVICE COST CNTRS							
060	02	DERMATOLOGY CLINIC	86,006	298,841	55,571		30,743		
060	03	ORAL SURGERY CLINIC	72,715	265,650	31,990		27,091		1,627
060	04	INTERNAL MEDICINE CLINIC	118,161	1,020,577	203,535		129,875		
060	05	NEUROLOGY CLINIC	31,714	331,810	39,818		43,259		
060	06	OB-GYN CLINIC	389,675	889,501	135,805		72,016		
060	07	OPHTHALMOLOGY CLINIC	183,496	801,276	127,759		89,170		
060	08	ORTHOPAEDICS CLINIC	36,637	480,255	104,217		64,077		
060	09	OTOLARYNGOLOGY CLINIC	318,276	858,722	122,674		76,337		
060	10	PEDIATRIC CLINIC	106,527	739,812	233,834		86,253		10,161
060	11	SURGERY CLINIC	95,547	637,359	86,130		78,099		
060	12	UROLOGY CLINIC	212,105	418,784	41,464		29,848		
060	13	PSYCHIATRIC CLINIC	5,400	410,553	61,244		57,707		320
060	14	CANCER CLINIC	27,436	441,196	135,693		59,765		
060	15	FAMILY CARE CLINIC	17,075	681,908	182,570		95,988		
061		EMERGENCY	515,983	1,067,057	229,071		79,575		
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS		7,852	13,008		1,134		
065		AMBULANCE SERVICES	76,160	141,299	113,292		9,094		
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION			19,903				
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	4,197	19,669	96,860		2,235		
084		LIVER ACQUISITION		4,309	39,608		622		
085		HEART ACQUISITION		12,908	37,891		1,865		
085	01	PANCREAS ACQUISITION		855	17,400		123		
085	02	INTESTINAL ACQUISITION							
085	03	ISLET CELL ACQUISITION							
086		OTHER ORGAN ACQUISITION -							
095		SUBTOTALS	38,778,968	75,484,646	19,195,086		3,905,105		36,193
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		49,995	34,563		7,221		
096	01	VENDING/PATIENT ART	60,969	172,385	303,285		14,430		3,481
096	02	PATIENT TRANSPORTATION SE	82,568	93,238	30,503		1,528		
096	03	PHARMACY HOMEGOING DRUGS			845				
096	04	OUTPATIENT & ESCORT HOUSI	841	841	23				
096	05	CLINICAL RESEARCH UNIT		25,639			3,703		
096	06	PATIENT EDUCATION SERVICE	47	70,812	22,681		10,112		
096	08	HOSPITAL PHYSICIANS-ER,FC	14,372	21,786	258,974				
096	09	CONTACT LENS CLINIC		18,552	6,046		2,680		
096	10	BEAUTY SHOP		6,054	167		874		
096	11	CLINICAL FACULTY DEPARTME		1,201,379	33,222		173,531		
096	12	MEDICAID ADMINISTRATIVE P							
096	13	OTHER NONALLOWABLE	1,103	736,459	100,188		87,334	47,456	28,476
097		RESEARCH		1,007,648	27,864		145,547		
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	38,938,868	78,889,434	20,013,447		4,352,065	47,456	68,150

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING - GENERAL HO	HOUSEKEEPING - CDD	DIETARY	CAFETERIA
		8	9	10	10.01	10.04	11	12
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA							
007 02	PLANT OPER/MAINT - WESTLA							
007 04	PLANT OPER/MAINT - CDD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE		175,162					
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO		161		967,341			
010 04	HOUSEKEEPING - CDD					7,850		
011	DIETARY		2,263		4,340	671	546,206	
012	CAFETERIA				34,213			1,514,489
012 01	CAFETERIA - EMPLOYEES							1,514,489
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION				30,278			
015	CENTRAL SERVICES & SUPPLY		4,194		10,917			
016	PHARMACY		243		18,621			
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI				6,317	235		
017 02	MEDICAL RECORDS PROCESSIN				5,179			
018	SOCIAL SERVICE				5,503	177		
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI				64,891			
023	I&R SERVICES-OTHER PRGM C		2,870					
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR							
024 02	PARAMEDICAL EDUC - PHARMA				116			
024 03	PARAMEDICAL EDCU - MED LA				2,244			
024 04	PARAMEDICAL EDUC - RAD TE				1,470			
024 05	PARAMED ED PRGM-PASTORAL				492			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		60,329		137,556	295	412,673	
026 01	MEDICAL INTENSIVE CARE UN		4,095		10,545		4,491	
027	CORONARY CARE UNIT		2,016		3,867		5,530	
028	BURN INTENSIVE CARE UNIT		6,020		8,175		15,375	
029	SURGICAL INTENSIVE CARE U		8,439		5,480		7,601	
030	NEONATAL INTENSIVE CARE U		1,738		13,544			
031	SUBPROVIDER I		4,946		18,117	103	97,261	
033	NURSERY		254					
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		20,568		33,579			
039	DELIVERY ROOM & LABOR ROO		3,198		7,238			
040	ANESTHESIOLOGY				4,324			
041	RADIOLOGY-DIAGNOSTIC		9,506		48,959			
042	RADIOLOGY-THERAPEUTIC		1,935		14,199			
042 01	ULTRASOUND		1,619		1,411			
042 02	RADIOLOGY - PET SCAN		721		5,813			
044	LABORATORY		195		29,146	674		
044 01	ANATOMICAL LABORATORY		167		11,204			
044 02	CARDIOLOGY		2,934		8,286			
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING		779		8,757			
047 01	ORTHOTIC SERVICES		44		349	307		
049	RESPIRATORY THERAPY		167		1,921			
050	PHYSICAL THERAPY		1,084		4,335	150		
051	OCCUPATIONAL THERAPY				1,270	162		
053	ELECTROCARDIOLOGY		92		597			
054	ELECTROENCEPHALOGRAPHY		533		5,447			
055	MEDICAL SUPPLIES CHARGED							
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS		2,890		6,311			
058	ASC (NON-DISTINCT PART)		6,645		30,356			
059	IVF/CULTURE LAB		432		6,292			
059 02	URODYNAMICS		134		246			
059 03	SPINE TREATMENT CENTER		5		2,001			
059 04	OPHTHALMOLOGY SPECIALTY L		1		2,953			
059 05	DIGESTIVE DISEASE CNTR		3,943		6,728			
059 06	RECREATION THERAPY							
059 07	CDC - REHAB		11		972			
059 08	DIABETES EDUCATION				940			
059 97	CARDIAC REHABILITATION		186		1,520			
059 98	HYPERBARIC OXYGEN THERAPY		296		1,140			
059 99	LITHOTRIPSY		348		260			
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC		546		4,050			

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING - GENERAL HO	HOUSEKEEPING - CDD	DIETARY	CAFETERIA
		8	9	10	10.01	10.04	11	12
	OUTPAT SERVICE COST CNTRS							
060 02	DERMATOLOGY CLINIC		717		6,947			
060 03	ORAL SURGERY CLINIC		153		6,122	187		
060 04	INTERNAL MEDICINE CLINIC		509		29,350			
060 05	NEUROLOGY CLINIC		42		9,776			
060 06	OB-GYN CLINIC		1,147		16,275			
060 07	OPHTHALMOLOGY CLINIC		218		20,151			
060 08	ORTHOPAEDICS CLINIC		848		14,480			
060 09	OTOLARYNGOLOGY CLINIC		311		17,251			
060 10	PEDIATRIC CLINIC		1,061		19,492	1,170		
060 11	SURGERY CLINIC		205		17,649			
060 12	UROLOGY CLINIC		856		6,745			
060 13	PSYCHIATRIC CLINIC		34		13,041	37		
060 14	CANCER CLINIC		1,810		13,506			
060 15	FAMILY CARE CLINIC		899		21,692			
061	EMERGENCY		9,048		17,983			
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS		49		256			
065	AMBULANCE SERVICES		294		2,055			
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION				505			
084	LIVER ACQUISITION				141			
085	HEART ACQUISITION				421			
085 01	PANCREAS ACQUISITION				28			
085 02	INTESTINAL ACQUISITION							
085 03	ISLET CELL ACQUISITION							
086	OTHER ORGAN ACQUISITION -							
095	SUBTOTALS		174,748		866,335	4,168	542,931	1,514,489
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				1,632			
096 01	VENDING/PATIENT ART				3,261	401		
096 02	PATIENT TRANSPORTATION SE		27		345			
096 03	PHARMACY HOMEGOING DRUGS							
096 04	OUTPATIENT & ESCORT HOUSI						3,229	
096 05	CLINICAL RESEARCH UNIT				837		46	
096 06	PATIENT EDUCATION SERVICE				2,285			
096 08	HOSPITAL PHYSICIANS-ER,FC							
096 09	CONTACT LENS CLINIC				606			
096 10	BEAUTY SHOP				198			
096 11	CLINICAL FACULTY DEPARTME		387		39,215			
096 12	MEDICAID ADMINISTRATIVE P							
096 13	OTHER NONALLOWABLE				19,736	3,281		
097	RESEARCH				32,891			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		175,162		967,341	7,850	546,206	1,514,489

	COST CENTER DESCRIPTION	CAFETERIA - EMPLOYEES	MAINTENANCE OF PERSONNEL	STUDENT & PERSONNEL HOUSI	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		12.01	13	13.01	14	15	16	17
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA							
007 02	PLANT OPER/MAINT - WESTLA							
007 04	PLANT OPER/MAINT - CDD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO							
010 04	HOUSEKEEPING - CDD							
011	DIETARY							
012	CAFETERIA							
012 01	CAFETERIA - EMPLOYEES	1,514,489						
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION	44,862			2,275,142			
015	CENTRAL SERVICES & SUPPLY	27,846				832,935		
016	PHARMACY	60,951					3,610,149	
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI	14,851						
017 02	MEDICAL RECORDS PROCESSIN	17,945						
018	SOCIAL SERVICE	34,343						530
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	184,709						
023	I&R SERVICES-OTHER PRGM C	2,475						2,639
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR	309						
024 02	PARAMEDICAL EDUC - PHARMA							
024 03	PARAMEDICAL EDCU - MED LA	309						
024 04	PARAMEDICAL EDUC - RAD TE	3,403						
024 05	PARAMED ED PRGM-PASTORAL							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	231,120			889,402			12
026 01	MEDICAL INTENSIVE CARE UN	18,254			70,316			
027	CORONARY CARE UNIT	8,972			35,580			
028	BURN INTENSIVE CARE UNIT	13,613			51,165			
029	SURGICAL INTENSIVE CARE U	37,127			144,398			
030	NEONATAL INTENSIVE CARE U	47,956			172,892			
031	SUBPROVIDER I	34,033			137,669			
033	NURSERY				18,961			
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	81,062			246,017			5,232
039	DELIVERY ROOM & LABOR ROO	10,829			46,991			
040	ANESTHESIOLOGY	21,967						38,125
041	RADIOLOGY-DIAGNOSTIC	65,282						52,669
042	RADIOLOGY-THERAPEUTIC	13,304						2,755
042 01	ULTRASOUND	6,807						1,899
042 02	RADIOLOGY - PET SCAN							701
044	LABORATORY	68,376						192
044 01	ANATOMICAL LABORATORY	11,448						8
044 02	CARDIOLOGY	18,254			8,632			18,154
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING	8,044						3,082
047 01	ORTHOTIC SERVICES	309						
049	RESPIRATORY THERAPY	27,536						124
050	PHYSICAL THERAPY	15,160						32
051	OCCUPATIONAL THERAPY	4,332						
053	ELECTROCARDIOLOGY	1,547						3
054	ELECTROENCEPHALOGRAPHY	5,569						817
055	MEDICAL SUPPLIES CHARGED					238,226		
055 30	IMPL. DEV. CHARGED TO PAT					594,709		
056	DRUGS CHARGED TO PATIENTS						3,135,178	
057	RENAL DIALYSIS	13,304			21,751			2,139
058	ASC (NON-DISTINCT PART)	23,823			86,867			2,148
059	IVF/CULTURE LAB	4,332			8,885			30
059 02	URODYNAMICS	1,238			2,031			
059 03	SPINE TREATMENT CENTER	3,713			4,421			
059 04	OPHTHALMOLOGY SPECIALTY L	4,332						
059 05	DIGESTIVE DISEASE CNTR	8,044			42,136			
059 06	RECREATION THERAPY							
059 07	CDC - REHAB	928			4,075			
059 08	DIABETES EDUCATION	928			2,785			1
059 97	CARDIAC REHABILITATION	2,166						
059 98	HYPERBARIC OXYGEN THERAPY	1,238						92
059 99	LITHOTRIPSY	619			2,609			
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC	309						

	COST CENTER DESCRIPTION	CAFETERIA - EMPLOYEES	MAINTENANCE OF PERSONNEL	STUDENT & PERSONNEL HOUSI	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		12.01	13	13.01	14	15	16	17
	OUTPAT SERVICE COST CNTRS							
060 02	DERMATOLOGY CLINIC	3,094			3,164			
060 03	ORAL SURGERY CLINIC	3,403			3,031			
060 04	INTERNAL MEDICINE CLINIC	25,061			4,498		2,592	
060 05	NEUROLOGY CLINIC	4,022			5,079			
060 06	OB-GYN CLINIC	13,613			19,693		12,008	
060 07	OPHTHALMOLOGY CLINIC	7,425			6,723			
060 08	ORTHOPAEDICS CLINIC	13,304			14,821		14,009	
060 09	OTOLARYNGOLOGY CLINIC	8,663			7,422		1,141	
060 10	PEDIATRIC CLINIC	23,205			33,167		519	
060 11	SURGERY CLINIC	17,326			4,928			
060 12	UROLOGY CLINIC	4,332			5,854		5,667	
060 13	PSYCHIATRIC CLINIC	7,116			7,617			
060 14	CANCER CLINIC	18,254			41,468			
060 15	FAMILY CARE CLINIC	32,796			18,867		6	
061	EMERGENCY	21,348			82,859			
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	619			1,253		471	
065	AMBULANCE SERVICES	4,641			7,491			
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION	619			1,100			
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	4,641			4,872			
084	LIVER ACQUISITION	1,856			2,040			
085	HEART ACQUISITION	3,094			1,323			
085 01	PANCREAS ACQUISITION				289			
085 02	INTESTINAL ACQUISITION							
085 03	ISLET CELL ACQUISITION							
086	OTHER ORGAN ACQUISITION -							
095	SUBTOTALS	1,426,310			2,275,142	832,935	3,302,975	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096 01	VENDING/PATIENT ART	22,586					1	
096 02	PATIENT TRANSPORTATION SE	4,332						
096 03	PHARMACY HOMEGOING DRUGS						306,869	
096 04	OUTPATIENT & ESCORT HOUSI							
096 05	CLINICAL RESEARCH UNIT							
096 06	PATIENT EDUCATION SERVICE	1,238						
096 08	HOSPITAL PHYSICIANS-ER,FC							
096 09	CONTACT LENS CLINIC							
096 10	BEAUTY SHOP							
096 11	CLINICAL FACULTY DEPARTME	59,404						
096 12	MEDICAID ADMINISTRATIVE P							
096 13	OTHER NONALLOWABLE	619					304	
097	RESEARCH							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,514,489			2,275,142	832,935	3,610,149	

		MEDICAL RECORDS PREPARATI	MEDICAL RECORDS PROCESSIN	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
		17.01	17.02	18	20	21	22	23
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA							
007 02	PLANT OPER/MAINT - WESTLA							
007 04	PLANT OPER/MAINT - CDD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO							
010 04	HOUSEKEEPING - CDD							
011	DIETARY							
012	CAFETERIA							
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI	452,021						
017 02	MEDICAL RECORDS PROCESSIN		522,726					
018	SOCIAL SERVICE			541,019				
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI						3,507,652	
023	I&R SERVICES-OTHER PRGM C							275,917
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR							
024 02	PARAMEDICAL EDUC - PHARMA							
024 03	PARAMEDICAL EDCU - MED LA							
024 04	PARAMEDICAL EDUC - RAD TE							
024 05	PARAMED ED PRGM-PASTORAL							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	155,210	234,068	277,264				
026 01	MEDICAL INTENSIVE CARE UN	7,156	10,797	7,139				
027	CORONARY CARE UNIT	3,537	5,335	2,105				
028	BURN INTENSIVE CARE UNIT	6,085	5,243	14,655				
029	SURGICAL INTENSIVE CARE U	14,081	21,237	11,624				
030	NEONATAL INTENSIVE CARE U	25,713	7,129	36,585				
031	SUBPROVIDER I	31,956	48,188	67,814				
033	NURSERY	751	5,496	3,998				
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			507				
039	DELIVERY ROOM & LABOR ROO			960				
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							
042 01	ULTRASOUND							
042 02	RADIOLOGY - PET SCAN							
044	LABORATORY							
044 01	ANATOMICAL LABORATORY							
044 02	CARDIOLOGY			34				
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING							
047 01	ORTHOTIC SERVICES							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	1,968	1,863	13,530				
058	ASC (NON-DISTINCT PART)							
059	IVF/CULTURE LAB							
059 02	URODYNAMICS							
059 03	SPINE TREATMENT CENTER							
059 04	OPHTHALMOLOGY SPECIALTY L							
059 05	DIGESTIVE DISEASE CNTR							
059 06	RECREATION THERAPY							
059 07	CDC - REHAB			17,761				
059 08	DIABETES EDUCATION							
059 97	CARDIAC REHABILITATION							
059 98	HYPERBARIC OXYGEN THERAPY							
059 99	LITHOTRIPSY							
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC	1,127	1,069					

		MEDICAL RECORDS PREPARATI	MEDICAL RECORDS PROCESSIN	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
		17.01	17.02	18	20	21	22	23
	OUTPAT SERVICE COST CNTRS							
060 02	DERMATOLOGY CLINIC	6,802	6,439	631				
060 03	ORAL SURGERY CLINIC	3,317	3,139					
060 04	INTERNAL MEDICINE CLINIC	26,628	25,192	26,093				
060 05	NEUROLOGY CLINIC	3,474	3,288	741				
060 06	OB-GYN CLINIC	18,053	17,086	3,388				
060 07	OPHTHALMOLOGY CLINIC	17,250	16,316	322				
060 08	ORTHOPAEDICS CLINIC	14,086	13,326	1,138				
060 09	OTOLARYNGOLOGY CLINIC	7,461	7,060	233				
060 10	PEDIATRIC CLINIC	11,697	11,061	12,337				
060 11	SURGERY CLINIC	8,162	7,727	5,863				
060 12	UROLOGY CLINIC	4,245	4,013					
060 13	PSYCHIATRIC CLINIC	8,568	8,106	17,075				
060 14	CANCER CLINIC	15,292	14,465	8,757				
060 15	FAMILY CARE CLINIC	30,104	28,481					
061	EMERGENCY	13,869	13,119					
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION		207					
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	8,896	1,679	6,700				
084	LIVER ACQUISITION	3,006	563	3,401				
085	HEART ACQUISITION	3,125	586	343				
085 01	PANCREAS ACQUISITION	402	80	7				
085 02	INTESTINAL ACQUISITION							
085 03	ISLET CELL ACQUISITION							
086	OTHER ORGAN ACQUISITION -							
095	SUBTOTALS	452,021	522,358	541,005				
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096 01	VENDING/PATIENT ART							
096 02	PATIENT TRANSPORTATION SE							
096 03	PHARMACY HOMEGOING DRUGS							
096 04	OUTPATIENT & ESCORT HOUSI			14				
096 05	CLINICAL RESEARCH UNIT		368					
096 06	PATIENT EDUCATION SERVICE							
096 08	HOSPITAL PHYSICIANS-ER,FC							
096 09	CONTACT LENS CLINIC							
096 10	BEAUTY SHOP							
096 11	CLINICAL FACULTY DEPARTME							
096 12	MEDICAID ADMINISTRATIVE P							
096 13	OTHER NONALLOWABLE							
097	RESEARCH							
101	CROSS FOOT ADJUSTMENTS						3,507,652	275,917
102	NEGATIVE COST CENTER							
103	TOTAL	452,021	522,726	541,019			3,507,652	275,917

	COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMEDICAL E DUC - DIETAR	PARAMEDICAL E DUC - PHARMA	PARAMEDICAL E DCU - MED LA	PARAMEDICAL E DUC - RAD TE	PARAMED ED PR GM-PASTORAL	SUBTOTAL
		24	24.01	24.02	24.03	24.04	24.05	25
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL REL - GENERAL							
003 02	NEW CAPITAL REL - WESTLAW							
003 03	NEW CAP REL COSTS-BLDG &							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GENERA							
007 02	PLANT OPER/MAINT - WESTLA							
007 04	PLANT OPER/MAINT - CDD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERAL HO							
010 04	HOUSEKEEPING - CDD							
011	DIETARY							
012	CAFETERIA							
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSONNEL							
013 01	STUDENT & PERSONNEL HOUSI							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
017 01	MEDICAL RECORDS PREPARATI							
017 02	MEDICAL RECORDS PROCESSIN							
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUC - DIETAR		309					
024 02	PARAMEDICAL EDUC - PHARMA			16,829				
024 03	PARAMEDICAL EDCU - MED LA				91,381			
024 04	PARAMEDICAL EDUC - RAD TE					76,554		
024 05	PARAMED ED PRGM-PASTORAL						21,318	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							11,187,531
026 01	MEDICAL INTENSIVE CARE UN							1,000,839
027	CORONARY CARE UNIT							426,095
028	BURN INTENSIVE CARE UNIT							792,690
029	SURGICAL INTENSIVE CARE U							1,117,686
030	NEONATAL INTENSIVE CARE U							1,657,012
031	SUBPROVIDER I							1,377,499
033	NURSERY							74,800
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							5,188,828
039	DELIVERY ROOM & LABOR ROO							519,480
040	ANESTHESIOLOGY							841,719
041	RADIOLOGY-DIAGNOSTIC							8,336,544
042	RADIOLOGY-THERAPEUTIC							2,856,521
042 01	ULTRASOUND							371,574
042 02	RADIOLOGY - PET SCAN							802,071
044	LABORATORY							2,562,729
044 01	ANATOMICAL LABORATORY							784,344
044 02	CARDIOLOGY							2,605,730
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING							585,320
047 01	ORTHOTIC SERVICES							66,034
049	RESPIRATORY THERAPY							767,642
050	PHYSICAL THERAPY							313,899
051	OCCUPATIONAL THERAPY							106,117
053	ELECTROCARDIOLOGY							70,568
054	ELECTROENCEPHALOGRAPHY							389,377
055	MEDICAL SUPPLIES CHARGED							636,765
055 30	IMPL. DEV. CHARGED TO PAT							1,775,822
056	DRUGS CHARGED TO PATIENTS							3,135,178
057	RENAL DIALYSIS							596,309
058	ASC (NON-DISTINCT PART)							2,568,399
059	IVF/CULTURE LAB							335,028
059 02	URODYNAMICS							31,278
059 03	SPINE TREATMENT CENTER							125,439
059 04	OPHTHALMOLOGY SPECIALTY L							241,336
059 05	DIGESTIVE DISEASE CNTR							886,782
059 06	RECREATION THERAPY							
059 07	CDC - REHAB							67,652
059 08	DIABETES EDUCATION							45,884
059 97	CARDIAC REHABILITATION							111,265
059 98	HYPERBARIC OXYGEN THERAPY							67,933
059 99	LITHOTRIPSY							84,523
	OUTPAT SERVICE COST CNTRS							
060 01	ANESTHESIA PAIN CLINIC							167,820

	COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMEDICAL E DUC - DIETAR	PARAMEDICAL E DUC - PHARMA	PARAMEDICAL E DCU - MED LA	PARAMEDICAL E DUC - RAD TE	PARAMED ED PR GM-PASTORAL	SUBTOTAL
		24	24.01	24.02	24.03	24.04	24.05	25
	OUTPAT SERVICE COST CNTRS							
060 02	DERMATOLOGY CLINIC							412,949
060 03	ORAL SURGERY CLINIC							345,710
060 04	INTERNAL MEDICINE CLINIC							1,493,910
060 05	NEUROLOGY CLINIC							441,309
060 06	OB-GYN CLINIC							1,198,585
060 07	OPHTHALMOLOGY CLINIC							1,086,610
060 08	ORTHOPAEDICS CLINIC							734,561
060 09	OTOLARYNGOLOGY CLINIC							1,107,275
060 10	PEDIATRIC CLINIC							1,183,769
060 11	SURGERY CLINIC							863,448
060 12	UROLOGY CLINIC							521,808
060 13	PSYCHIATRIC CLINIC							591,418
060 14	CANCER CLINIC							750,206
060 15	FAMILY CARE CLINIC							1,093,311
061	EMERGENCY							1,533,929
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							24,642
065	AMBULANCE SERVICES							278,166
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							21,829
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							146,057
084	LIVER ACQUISITION							55,546
085	HEART ACQUISITION							61,556
085 01	PANCREAS ACQUISITION							19,184
085 02	INTESTINAL ACQUISITION							
085 03	ISLET CELL ACQUISITION							
086	OTHER ORGAN ACQUISITION -							
095	SUBTOTALS							69,645,840
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							93,411
096 01	VENDING/PATIENT ART							519,830
096 02	PATIENT TRANSPORTATION SE							129,973
096 03	PHARMACY HOMEGOING DRUGS							307,714
096 04	OUTPATIENT & ESCORT HOUSI							4,107
096 05	CLINICAL RESEARCH UNIT							30,593
096 06	PATIENT EDUCATION SERVICE							107,128
096 08	HOSPITAL PHYSICIANS-ER,FC							280,760
096 09	CONTACT LENS CLINIC							27,884
096 10	BEAUTY SHOP							7,293
096 11	CLINICAL FACULTY DEPARTME							1,507,138
096 12	MEDICAID ADMINISTRATIVE P							
096 13	OTHER NONALLOWABLE							1,023,853
097	RESEARCH							1,213,950
101	CROSS FOOT ADJUSTMENTS			16,829	91,381	76,554	21,318	3,989,651
102	NEGATIVE COST CENTER		309					309
103	TOTAL		309	16,829	91,381	76,554	21,318	78,889,434

		COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		GENERAL SERVICE COST CNTR		
003		NEW CAP REL COSTS-BLDG &		
003	01	NEW CAPITAL REL - GENERAL		
003	02	NEW CAPITAL REL - WESTLAW		
003	03	NEW CAP REL COSTS-BLDG &		
003	04	NEW CAPITAL REL - CDD		
003	05	NEW CAP REL COSTS-BLDG &		
004		NEW CAP REL COSTS-MVBLE E		
006		ADMINISTRATIVE & GENERAL		
007		MAINTENANCE & REPAIRS		
007	01	PLANT OPER/MAINT - GENERA		
007	02	PLANT OPER/MAINT - WESTLA		
007	04	PLANT OPER/MAINT - CDD		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVICE		
010		HOUSEKEEPING		
010	01	HOUSEKEEPING - GENERAL HO		
010	04	HOUSEKEEPING - CDD		
011		DIETARY		
012		CAFETERIA		
012	01	CAFETERIA - EMPLOYEES		
013		MAINTENANCE OF PERSONNEL		
013	01	STUDENT & PERSONNEL HOUSI		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SUPPLY		
016		PHARMACY		
017		MEDICAL RECORDS & LIBRARY		
017	01	MEDICAL RECORDS PREPARATI		
017	02	MEDICAL RECORDS PROCESSIN		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHETISTS		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY & FRI		
023		I&R SERVICES-OTHER PRGM C		
024		PARAMED ED PRGM-(SPECIFY)		
024	01	PARAMEDICAL EDUC - DIETAR		
024	02	PARAMEDICAL EDUC - PHARMA		
024	03	PARAMEDICAL EDCU - MED LA		
024	04	PARAMEDICAL EDUC - RAD TE		
024	05	PARAMED ED PRGM-PASTORAL		
		INPAT ROUTINE SRVC CNTRS		
025		ADULTS & PEDIATRICS		11,187,531
026	01	MEDICAL INTENSIVE CARE UN		1,000,839
027		CORONARY CARE UNIT		426,095
028		BURN INTENSIVE CARE UNIT		792,690
029		SURGICAL INTENSIVE CARE U		1,117,686
030		NEONATAL INTENSIVE CARE U		1,657,012
031		SUBPROVIDER I		1,377,499
033		NURSERY		74,800
		ANCILLARY SRVC COST CNTRS		
037		OPERATING ROOM		5,188,828
039		DELIVERY ROOM & LABOR ROO		519,480
040		ANESTHESIOLOGY		841,719
041		RADIOLOGY-DIAGNOSTIC		8,336,544
042		RADIOLOGY-THERAPEUTIC		2,856,521
042	01	ULTRASOUND		371,574
042	02	RADIOLOGY - PET SCAN		802,071
044		LABORATORY		2,562,729
044	01	ANATOMICAL LABORATORY		784,344
044	02	CARDIOLOGY		2,605,730
046	30	BLOOD CLOTTING FACTORS AD		
047		BLOOD STORING, PROCESSING		585,320
047	01	ORTHOTIC SERVICES		66,034
049		RESPIRATORY THERAPY		767,642
050		PHYSICAL THERAPY		313,899
051		OCCUPATIONAL THERAPY		106,117
053		ELECTROCARDIOLOGY		70,568
054		ELECTROENCEPHALOGRAPHY		389,377
055		MEDICAL SUPPLIES CHARGED		636,765
055	30	IMPL. DEV. CHARGED TO PAT		1,775,822
056		DRUGS CHARGED TO PATIENTS		3,135,178
057		RENAL DIALYSIS		596,309
058		ASC (NON-DISTINCT PART)		2,568,399
059		IVF/CULTURE LAB		335,028
059	02	URODYNAMICS		31,278
059	03	SPINE TREATMENT CENTER		125,439
059	04	OPHTHALMOLOGY SPECIALTY L		241,336
059	05	DIGESTIVE DISEASE CNTR		886,782
059	06	RECREATION THERAPY		
059	07	CDC - REHAB		67,652
059	08	DIABETES EDUCATION		45,884
059	97	CARDIAC REHABILITATION		111,265
059	98	HYPERBARIC OXYGEN THERAPY		67,933
059	99	LITHOTRIPSY		84,523
		OUTPAT SERVICE COST CNTRS		
060	01	ANESTHESIA PAIN CLINIC		167,820

		COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
			26	27
		OUTPAT SERVICE COST CNTRS		
060	02	DERMATOLOGY CLINIC		412,949
060	03	ORAL SURGERY CLINIC		345,710
060	04	INTERNAL MEDICINE CLINIC		1,493,910
060	05	NEUROLOGY CLINIC		441,309
060	06	OB-GYN CLINIC		1,198,585
060	07	OPHTHALMOLOGY CLINIC		1,086,610
060	08	ORTHOPAEDICS CLINIC		734,561
060	09	OTOLARYNGOLOGY CLINIC		1,107,275
060	10	PEDIATRIC CLINIC		1,183,769
060	11	SURGERY CLINIC		863,448
060	12	UROLOGY CLINIC		521,808
060	13	PSYCHIATRIC CLINIC		591,418
060	14	CANCER CLINIC		750,206
060	15	FAMILY CARE CLINIC		1,093,311
061		EMERGENCY		1,533,929
062		OBSERVATION BEDS (NON-DIS		
063	50	RHC		
063	60	FQHC		
		OTHER REIMBURS COST CNTRS		
064		HOME PROGRAM DIALYSIS		24,642
065		AMBULANCE SERVICES		278,166
069	10	CMHC		
069	20	OUTPATIENT PHYSICAL THERA		
069	30	OUTPATIENT OCCUPATIONAL T		
069	40	OUTPATIENT SPEECH PATHOLO		
071		HOME HEALTH AGENCY		
082		LUNG ACQUISITION		21,829
		SPEC PURPOSE COST CENTERS		
083		KIDNEY ACQUISITION		146,057
084		LIVER ACQUISITION		55,546
085		HEART ACQUISITION		61,556
085	01	PANCREAS ACQUISITION		19,184
085	02	INTESTINAL ACQUISITION		
085	03	ISLET CELL ACQUISITION		
086		OTHER ORGAN ACQUISITION -		
095		SUBTOTALS		69,645,840
		NONREIMBURS COST CENTERS		
096		GIFT, FLOWER, COFFEE SHOP		93,411
096	01	VENDING/PATIENT ART		519,830
096	02	PATIENT TRANSPORTATION SE		129,973
096	03	PHARMACY HOMEGOING DRUGS		307,714
096	04	OUTPATIENT & ESCORT HOUSI		4,107
096	05	CLINICAL RESEARCH UNIT		30,593
096	06	PATIENT EDUCATION SERVICE		107,128
096	08	HOSPITAL PHYSICIANS-ER,FC		280,760
096	09	CONTACT LENS CLINIC		27,884
096	10	BEAUTY SHOP		7,293
096	11	CLINICAL FACULTY DEPARTME		1,507,138
096	12	MEDICAID ADMINISTRATIVE P		
096	13	OTHER NONALLOWABLE		1,023,853
097		RESEARCH		1,213,950
101		CROSS FOOT ADJUSTMENTS		3,989,651
102		NEGATIVE COST CENTER		309
103		TOTAL		78,889,434

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAPITAL REL - GENERAL (SQUARE FEET)	NEW CAPITAL REL - WESTLAW (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAPITAL REL - CDD (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)
		3	3.01	3.02	3.03	3.04	3.05
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAPITAL REL - GEN		2,018,534				
003 02	NEW CAPITAL REL - WES			29,270			
003 03	NEW CAP REL COSTS-BLD						
003 04	NEW CAPITAL REL - CDD					74,931	
003 05	NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						
006	ADMINISTRATIVE & GENE		290,522			19,645	
007	MAINTENANCE & REPAIRS						
007 01	PLANT OPER/MAINT - GE		35,745				
007 02	PLANT OPER/MAINT - WE			14,635			
007 04	PLANT OPER/MAINT - CD						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI		6,869				
010	HOUSEKEEPING						
010 01	HOUSEKEEPING - GENERA		20,932				
010 04	HOUSEKEEPING - CDD						
011	DIETARY		7,467			4,726	
012	CAFETERIA		58,869				
012 01	CAFETERIA - EMPLOYEES						
013	MAINTENANCE OF PERSON						
013 01	STUDENT & PERSONNEL H						
014	NURSING ADMINISTRATIO		52,099				
015	CENTRAL SERVICES & SU		18,785				
016	PHARMACY		32,040				
017	MEDICAL RECORDS & LIB						
017 01	MEDICAL RECORDS PREPA		10,870			1,653	
017 02	MEDICAL RECORDS PROCE		8,912				
018	SOCIAL SERVICE		9,469			1,247	
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &		111,656				
023	I&R SERVICES-OTHER PR						
024	PARAMED ED PRGM-(SPEC						
024 01	PARAMEDICAL EDUC - DI						
024 02	PARAMEDICAL EDUC - PH		199				
024 03	PARAMEDICAL EDCU - ME		3,861				
024 04	PARAMEDICAL EDUC - RA		2,529				
024 05	PARAMED ED PRGM-PASTO		847				
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS		236,683			2,080	
026 01	MEDICAL INTENSIVE CAR		18,144				
027	CORONARY CARE UNIT		6,654				
028	BURN INTENSIVE CARE U		14,067				
029	SURGICAL INTENSIVE CA		9,430				
030	NEONATAL INTENSIVE CA		23,305				
031	SUBPROVIDER I		31,173			728	
033	NURSERY						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM		57,778				
039	DELIVERY ROOM & LABOR		12,455				
040	ANESTHESIOLOGY		7,440				
041	RADIOLOGY-DIAGNOSTIC		84,242				
042	RADIOLOGY-THERAPEUTIC		24,432				
042 01	ULTRASOUND		2,427				
042 02	RADIOLOGY - PET SCAN		10,002				
044	LABORATORY		50,150			4,747	
044 01	ANATOMICAL LABORATORY		19,279				
044 02	CARDIOLOGY		14,257				
046 30	BLOOD CLOTTING FACTOR						
047	BLOOD STORING, PROCES		15,068				
047 01	ORTHOTIC SERVICES		601			2,161	
049	RESPIRATORY THERAPY		3,306				
050	PHYSICAL THERAPY		7,459			1,058	
051	OCCUPATIONAL THERAPY		2,185			1,138	
053	ELECTROCARDIOLOGY		1,027				
054	ELECTROENCEPHALOGRAPH		9,372				
055	MEDICAL SUPPLIES CHAR						
055 30	IMPL. DEV. CHARGED TO						
056	DRUGS CHARGED TO PATI						
057	RENAL DIALYSIS		10,859				
058	ASC (NON-DISTINCT PAR		52,233				
059	IVF/CULTURE LAB		10,826				
059 02	URODYNAMICS		424				
059 03	SPINE TREATMENT CENTE		3,443				
059 04	OPHTHALMOLOGY SPECIAL		5,081				
059 05	DIGESTIVE DISEASE CNT		11,577				
059 06	RECREATION THERAPY						
059 07	CDC - REHAB		1,672				
059 08	DIABETES EDUCATION		1,617				
059 97	CARDIAC REHABILITATIO		2,616				

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAPITAL R EL - GENERAL (SQUARE)EET	NEW CAPITAL R EL - WESTLAW F(SQUARE)EET	NEW CAP REL C OSTS-BLDG & F(SQUARE) FEET	NEW CAPITAL R EL - CDD (SQUARE)EET	NEW CAP REL C OSTS-BLDG & F(SQUARE) FEET
		3	3.01	3.02	3.03	3.04	3.05
	ANCILLARY SRVC COST C						
059 98	HYPERBARIC OXYGEN THE		1,962				
059 99	LITHOTRIPSY		448				
	OUTPAT SERVICE COST C						
060 01	ANESTHESIA PAIN CLINI		6,969				
060 02	DERMATOLOGY CLINIC		11,954				
060 03	ORAL SURGERY CLINIC		10,534			1,320	
060 04	INTERNAL MEDICINE CLI		50,501				
060 05	NEUROLOGY CLINIC		16,821				
060 06	OB-GYN CLINIC		28,003				
060 07	OPHTHALMOLOGY CLINIC		34,673				
060 08	ORTHOPAEDICS CLINIC		24,916				
060 09	OTOLARYNGOLOGY CLINIC		29,683				
060 10	PEDIATRIC CLINIC		33,539			8,243	
060 11	SURGERY CLINIC		30,368				
060 12	UROLOGY CLINIC		11,606				
060 13	PSYCHIATRIC CLINIC		22,439			260	
060 14	CANCER CLINIC		23,239				
060 15	FAMILY CARE CLINIC		37,324				
061	EMERGENCY		30,942				
062	OBSERVATION BEDS (NON						
063 50	RHC						
063 60	FQHC						
	OTHER REIMBURS COST C						
064	HOME PROGRAM DIALYSIS		441				
065	AMBULANCE SERVICES		3,536				
069 10	CMHC						
069 20	OUTPATIENT PHYSICAL T						
069 30	OUTPATIENT OCCUPATION						
069 40	OUTPATIENT SPEECH PAT						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
	SPEC PURPOSE COST CEN						
083	KIDNEY ACQUISITION		869				
084	LIVER ACQUISITION		242				
085	HEART ACQUISITION		725				
085 01	PANCREAS ACQUISITION		48				
085 02	INTESTINAL ACQUISITIO						
085 03	ISLET CELL ACQUISITIO						
086	OTHER ORGAN ACQUISITI						
095	SUBTOTALS		1,844,737	14,635		49,006	
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE		2,808				
096 01	VENDING/PATIENT ART		5,611			2,824	
096 02	PATIENT TRANSPORTATIO		594				
096 03	PHARMACY HOMEGOING DR						
096 04	OUTPATIENT & ESCORT H						
096 05	CLINICAL RESEARCH UNI		1,440				
096 06	PATIENT EDUCATION SER		3,932				
096 08	HOSPITAL PHYSICIANS-E						
096 09	CONTACT LENS CLINIC		1,042				
096 10	BEAUTY SHOP		340				
096 11	CLINICAL FACULTY DEPA		67,476				
096 12	MEDICAID ADMINISTRATI						
096 13	OTHER NONALLOWABLE		33,959	14,635		23,101	
097	RESEARCH		56,595				
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		35,939,064	65,048		305,532	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		17.804537	2.222344		4.077511	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III						
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	V RECONCIL-IATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PLANT OPER/MAINT - GENERA (SQUARE FEET)	PLANT OPER/MAINT - WESTLA (SQUARE FEET)	PLANT OPER/MAINT - CDD (SQUARE FEET)
		4	6a.00	6	7	7.01	7.02	7.04
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAPITAL REL - GEN							
003 02	NEW CAPITAL REL - WES							
003 03	NEW CAP REL COSTS-BLD							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB	44,399,219						
006	ADMINISTRATIVE & GENE	16,762,407	-148,357,926	723,747,305				
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GE	154,359		35,851,748		1,692,267		
007 02	PLANT OPER/MAINT - WE			243,436			14,635	
007 04	PLANT OPER/MAINT - CD	496		908,234				55,286
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI	833		1,246,416		6,869		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERA	75,021		17,172,398		20,932		
010 04	HOUSEKEEPING - CDD	573		265,689				
011	DIETARY	80,602		8,582,553		7,467		4,726
012	CAFETERIA	235,272		2,690,746		58,869		
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSON							
013 01	STUDENT & PERSONNEL H							
014	NURSING ADMINISTRATIO	1,013,271		8,880,158		52,099		
015	CENTRAL SERVICES & SU	197,149		8,462,444		18,785		
016	PHARMACY	366,960		92,392,350		32,040		
017	MEDICAL RECORDS & LIB							
017 01	MEDICAL RECORDS PREPA	2,816		7,155,816		10,870		1,653
017 02	MEDICAL RECORDS PROCE	15,813		3,855,240		8,912		
018	SOCIAL SERVICE	8,999		10,539,065		9,469		1,247
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	5,932		35,349,153		111,656		
023	I&R SERVICES-OTHER PR	7,462		9,452,456				
024	PARAMED ED PRGM-(SPEC							
024 01	PARAMEDICAL EDUC - DI		35,373					
024 02	PARAMEDICAL EDUC - PH			457,749		199		
024 03	PARAMEDICAL EDCU - ME	1,087		332,785		3,861		
024 04	PARAMEDICAL EDUC - RA	4,241		586,596		2,529		
024 05	PARAMED ED PRGM-PASTO			129,015		847		
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	2,079,004		66,786,904		236,683		2,080
026 01	MEDICAL INTENSIVE CAR	308,370		6,468,748		18,144		
027	CORONARY CARE UNIT	141,160		3,103,254		6,654		
028	BURN INTENSIVE CARE U	228,060		4,539,787		14,067		
029	SURGICAL INTENSIVE CA	283,295		11,983,902		9,430		
030	NEONATAL INTENSIVE CA	461,408		16,969,173		23,305		
031	SUBPROVIDER I	34,877		9,653,764		31,173		728
033	NURSERY			1,639,621				
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	2,575,703		49,039,975		57,778		
039	DELIVERY ROOM & LABOR	90,366		4,239,074		12,455		
040	ANESTHESIOLOGY	558,839		4,749,906		7,440		
041	RADIOLOGY-DIAGNOSTIC	6,530,401		25,898,368		84,242		
042	RADIOLOGY-THERAPEUTIC	2,341,597		9,299,747		24,432		
042 01	ULTRASOUND	281,300		2,302,792		2,427		
042 02	RADIOLOGY - PET SCAN	561,864		3,451,692		10,002		
044	LABORATORY	692,960		28,838,750		50,150		4,747
044 01	ANATOMICAL LABORATORY	271,326		4,690,598		19,279		
044 02	CARDIOLOGY	2,252,359		9,025,542		14,257		
046 30	BLOOD CLOTTING FACTOR							
047	BLOOD STORING, PROCES	81,092		6,613,334		15,068		
047 01	ORTHOTIC SERVICES	3,139		1,394,035		601		2,161
049	RESPIRATORY THERAPY	521,582		6,367,089		3,306		
050	PHYSICAL THERAPY	18,434		4,313,121		7,459		1,058
051	OCCUPATIONAL THERAPY	1,309		1,758,940		2,185		1,138
053	ELECTROCARDIOLOGY	33,206		655,494		1,027		
054	ELECTROENCEPHALOGRAPH	154,935		1,814,064		9,372		
055	MEDICAL SUPPLIES CHAR			14,412,141				
055 30	IMPL. DEV. CHARGED TO			42,711,937				
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS	163,509		5,936,808		10,859		
058	ASC (NON-DISTINCT PAR	1,191,207		11,138,175		52,233		
059	IVF/CULTURE LAB	42,262		1,994,496		10,826		
059 02	URODYNAMICS	4,827		533,666		424		
059 03	SPINE TREATMENT CENTE	9,869		1,319,522		3,443		
059 04	OPHTHALMOLOGY SPECIAL	103,052		1,451,285		5,081		
059 05	DIGESTIVE DISEASE CNT	531,316		4,475,793		11,577		
059 06	RECREATION THERAPY							
059 07	CDC - REHAB	361		246,354		1,672		
059 08	DIABETES EDUCATION			299,491		1,617		
059 97	CARDIAC REHABILITATIO	30,525		921,906		2,616		

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E (DOLLAR ALUE)	V RECONCIL-) IATION	ADMINISTRATIV E & GENERAL (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE)FEET	PLANT OPER/MA INT - GENERA (SQUARE)EET	PLANT OPER/MA INT - WESTLA F(SQUARE)EET	PLANT OPER/MA INT - CDD F(SQUARE)EET	F)
		4	6a.00	6	7	7.01	7.02	7.04	
	ANCILLARY SRVC COST C								
059 98	HYPERBARIC OXYGEN THE	14,810		392,406		1,962			
059 99	LITHOTRIPSY	60,467		670,005		448			
	OUTPAT SERVICE COST C								
060 01	ANESTHESIA PAIN CLINI	5,581		495,578		6,969			
060 02	DERMATOLOGY CLINIC	98,066		2,009,574		11,954			
060 03	ORAL SURGERY CLINIC	82,912		1,156,825		10,534		1,320	
060 04	INTERNAL MEDICINE CLI	134,731		7,360,309		50,501			
060 05	NEUROLOGY CLINIC	36,161		1,439,905		16,821			
060 06	OB-GYN CLINIC	444,319		4,911,023		28,003			
060 07	OPHTHALMOLOGY CLINIC	209,227		4,620,086		34,673			
060 08	ORTHOPAEDICS CLINIC	41,775		3,768,757		24,916			
060 09	OTOLARYNGOLOGY CLINIC	362,908		4,436,183		29,683			
060 10	PEDIATRIC CLINIC	121,465		8,456,021		33,539		8,243	
060 11	SURGERY CLINIC	108,945		3,114,659		30,368			
060 12	UROLOGY CLINIC	241,848		1,499,442		11,606			
060 13	PSYCHIATRIC CLINIC	6,157		2,214,741		22,439		260	
060 14	CANCER CLINIC	31,283		4,906,996		23,239			
060 15	FAMILY CARE CLINIC	19,469		6,602,178		37,324			
061	EMERGENCY	588,339		8,283,784		30,942			
062	OBSERVATION BEDS (NON								
063 50	RHC								
063 60	FQHC								
	OTHER REIMBURS COST C								
064	HOME PROGRAM DIALYSIS			470,409		441			
065	AMBULANCE SERVICES	86,840		4,096,928		3,536			
069 10	CMHC								
069 20	OUTPATIENT PHYSICAL T								
069 30	OUTPATIENT OCCUPATION								
069 40	OUTPATIENT SPEECH PAT								
071	HOME HEALTH AGENCY								
082	LUNG ACQUISITION			719,748					
	SPEC PURPOSE COST CEN								
083	KIDNEY ACQUISITION	4,786		3,502,678		869			
084	LIVER ACQUISITION			1,432,314		242			
085	HEART ACQUISITION			1,370,235		725			
085 01	PANCREAS ACQUISITION			629,236		48			
085 02	INTESTINAL ACQUISITIO								
085 03	ISLET CELL ACQUISITIO								
086	OTHER ORGAN ACQUISITI								
095	SUBTOTALS	44,216,896	-148,322,553	694,153,315		1,518,470		29,361	
	NONREIMBURS COST CENT								
096	GIFT, FLOWER, COFFEE			1,249,895		2,808			
096 01	VENDING/PATIENT ART	69,519		10,967,513		5,611		2,824	
096 02	PATIENT TRANSPORTATIO	94,146		1,103,077		594			
096 03	PHARMACY HOMEGOING DR			30,575					
096 04	OUTPATIENT & ESCORT H	959		841					
096 05	CLINICAL RESEARCH UNI		55,574			1,440			
096 06	PATIENT EDUCATION SER	54		820,188		3,932			
096 08	HOSPITAL PHYSICIANS-E	16,387		9,365,124					
096 09	CONTACT LENS CLINIC			218,645		1,042			
096 10	BEAUTY SHOP			6,054		340			
096 11	CLINICAL FACULTY DEPA			1,201,379		67,476			
096 12	MEDICAID ADMINISTRATI								
096 13	OTHER NONALLOWABLE	1,258		3,623,051		33,959	14,635	23,101	
097	RESEARCH			1,007,648		56,595			
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	38,938,868		148,357,926		43,200,854	293,337	1,094,409	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.877017		.204986		25.528391	20.043526	19.795409	
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			20,013,447		4,352,065	47,456	68,150	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.027653		2.571737	3.242638	1.232681	

	COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LIN EN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - GENERAL HO (SQUARE EET)	HOUSEKEEPING - CDD F(SQUARE EET)	DIETARY F(MEALS SERVED)	CAFETERIA (MEALS SERVED)
		8	9	10	10.01	10.04	11	12
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAPITAL REL - GEN							
003 02	NEW CAPITAL REL - WES							
003 03	NEW CAP REL COSTS-BLD							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
006	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GE							
007 02	PLANT OPER/MAINT - WE							
007 04	PLANT OPER/MAINT - CD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI		4,574,854					
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERA		4,214		1,664,466			
010 04	HOUSEKEEPING - CDD					55,286		
011	DIETARY		59,092		7,467	4,726	395,655	
012	CAFETERIA				58,869			1,486,188
012 01	CAFETERIA - EMPLOYEES							1,486,188
013	MAINTENANCE OF PERSON							
013 01	STUDENT & PERSONNEL H							
014	NURSING ADMINISTRATIO				52,099			
015	CENTRAL SERVICES & SU		109,534		18,785			
016	PHARMACY		6,342		32,040			
017	MEDICAL RECORDS & LIB							
017 01	MEDICAL RECORDS PREPA				10,870	1,653		
017 02	MEDICAL RECORDS PROCE				8,912			
018	SOCIAL SERVICE				9,469	1,247		
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &				111,656			
023	I&R SERVICES-OTHER PR		74,946					
024	PARAMED ED PRGM-(SPEC							
024 01	PARAMEDICAL EDUC - DI							
024 02	PARAMEDICAL EDUC - PH				199			
024 03	PARAMEDICAL EDCU - ME				3,861			
024 04	PARAMEDICAL EDUC - RA				2,529			
024 05	PARAMED ED PRGM-PASTO				847			
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS		1,575,724		236,683	2,080	298,928	
026 01	MEDICAL INTENSIVE CAR		106,956		18,144		3,253	
027	CORONARY CARE UNIT		52,642		6,654		4,006	
028	BURN INTENSIVE CARE U		157,235		14,067		11,137	
029	SURGICAL INTENSIVE CA		220,419		9,430		5,506	
030	NEONATAL INTENSIVE CA		45,405		23,305			
031	SUBPROVIDER I		129,185		31,173	728	70,453	
033	NURSERY		6,634					
	ANCILLARY SRVC COST C							
037	OPERATING ROOM		537,180		57,778			
039	DELIVERY ROOM & LABOR		83,517		12,455			
040	ANESTHESIOLOGY				7,440			
041	RADIOLOGY-DIAGNOSTIC		248,273		84,242			
042	RADIOLOGY-THERAPEUTIC		50,530		24,432			
042 01	ULTRASOUND		42,274		2,427			
042 02	RADIOLOGY - PET SCAN		18,844		10,002			
044	LABORATORY		5,103		50,150	4,747		
044 01	ANATOMICAL LABORATORY		4,356		19,279			
044 02	CARDIOLOGY		76,639		14,257			
046 30	BLOOD CLOTTING FACTOR							
047	BLOOD STORING, PROCES		20,338		15,068			
047 01	ORTHOTIC SERVICES		1,138		601	2,161		
049	RESPIRATORY THERAPY		4,369		3,306			
050	PHYSICAL THERAPY		28,310		7,459	1,058		
051	OCCUPATIONAL THERAPY				2,185	1,138		
053	ELECTROCARDIOLOGY		2,391		1,027			
054	ELECTROENCEPHALOGRAPH		13,917		9,372			
055	MEDICAL SUPPLIES CHAR							
055 30	IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS		75,493		10,859			
058	ASC (NON-DISTINCT PAR		173,546		52,233			
059	IVF/CULTURE LAB		11,283		10,826			
059 02	URODYNAMICS		3,492		424			
059 03	SPINE TREATMENT CENTE		141		3,443			
059 04	OPHTHALMOLOGY SPECIAL		16		5,081			
059 05	DIGESTIVE DISEASE CNT		102,975		11,577			
059 06	RECREATION THERAPY							
059 07	CDC - REHAB		299		1,672			
059 08	DIABETES EDUCATION				1,617			
059 97	CARDIAC REHABILITATIO		4,847		2,616			

	COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LIN EN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - GENERAL HO (SQUARE FEET)	HOUSEKEEPING - CDD (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)
		8	9	10	10.01	10.04	11	12
	ANCILLARY SRVC COST C							
059 98	HYPERBARIC OXYGEN THE		7,722		1,962			
059 99	LITHOTRIPSY		9,078		448			
	OUTPAT SERVICE COST C							
060 01	ANESTHESIA PAIN CLINI		14,254		6,969			
060 02	DERMATOLOGY CLINIC		18,733		11,954			
060 03	ORAL SURGERY CLINIC		4,001		10,534	1,320		
060 04	INTERNAL MEDICINE CLI		13,286		50,501			
060 05	NEUROLOGY CLINIC		1,086		16,821			
060 06	OB-GYN CLINIC		29,957		28,003			
060 07	OPHTHALMOLOGY CLINIC		5,703		34,673			
060 08	ORTHOPAEDICS CLINIC		22,158		24,916			
060 09	OTOLARYNGOLOGY CLINIC		8,122		29,683			
060 10	PEDIATRIC CLINIC		27,720		33,539	8,243		
060 11	SURGERY CLINIC		5,351		30,368			
060 12	UROLOGY CLINIC		22,347		11,606			
060 13	PSYCHIATRIC CLINIC		898		22,439	260		
060 14	CANCER CLINIC		47,281		23,239			
060 15	FAMILY CARE CLINIC		23,488		37,324			
061	EMERGENCY		236,307		30,942			
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS		1,270		441			
065	AMBULANCE SERVICES		7,683		3,536			
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION				869			
084	LIVER ACQUISITION				242			
085	HEART ACQUISITION				725			
085 01	PANCREAS ACQUISITION				48			
085 02	INTESTINAL ACQUISITIO							
085 03	ISLET CELL ACQUISITIO							
086	OTHER ORGAN ACQUISITI							
095	SUBTOTALS		4,564,044		1,490,669	29,361	393,283	1,486,188
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE				2,808			
096 01	VENDING/PATIENT ART				5,611	2,824		
096 02	PATIENT TRANSPORTATIO		706		594			
096 03	PHARMACY HOMEGOING DR							
096 04	OUTPATIENT & ESCORT H						2,339	
096 05	CLINICAL RESEARCH UNI				1,440		33	
096 06	PATIENT EDUCATION SER				3,932			
096 08	HOSPITAL PHYSICIANS-E							
096 09	CONTACT LENS CLINIC				1,042			
096 10	BEAUTY SHOP				340			
096 11	CLINICAL FACULTY DEPA		10,104		67,476			
096 12	MEDICAID ADMINISTRATI							
096 13	OTHER NONALLOWABLE				33,959	23,101		
097	RESEARCH				56,595			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		1,677,269		21,228,404	320,152	10,770,294	5,495,950
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.366628		12.753883	5.790833	27.221428	3.698018
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		175,162		967,341	7,850	546,206	1,514,489
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.038288		.581172	.141989	1.380511	1.019043

	COST CENTER DESCRIPTION	CAFETERIA - EMPLOYEES (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	STUDENT & PERSONNEL HOUSI (CENSUS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (PHARM REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
		12.01	13	13.01	14	15	16	17
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAPITAL REL - GEN							
003 02	NEW CAPITAL REL - WES							
003 03	NEW CAP REL COSTS-BLD							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
006	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GE							
007 02	PLANT OPER/MAINT - WE							
007 04	PLANT OPER/MAINT - CD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERA							
010 04	HOUSEKEEPING - CDD							
011	DIETARY							
012	CAFETERIA							
012 01	CAFETERIA - EMPLOYEES	4,895						
013	MAINTENANCE OF PERSON							
013 01	STUDENT & PERSONNEL H							
014	NURSING ADMINISTRATIO	145			4,283,051			
015	CENTRAL SERVICES & SU	90				142,238,412		
016	PHARMACY	197					67,870,838	
017	MEDICAL RECORDS & LIB							
017 01	MEDICAL RECORDS PREPA	48						
017 02	MEDICAL RECORDS PROCE	58						
018	SOCIAL SERVICE	111					9,964	
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	597						
023	I&R SERVICES-OTHER PR	8					49,613	
024	PARAMED ED PRGM-(SPEC							
024 01	PARAMEDICAL EDUC - DI	1						
024 02	PARAMEDICAL EDUC - PH							
024 03	PARAMEDICAL EDCU - ME	1						
024 04	PARAMEDICAL EDUC - RA	11						
024 05	PARAMED ED PRGM-PASTO							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	747			1,674,336		232	
026 01	MEDICAL INTENSIVE CAR	59			132,373			
027	CORONARY CARE UNIT	29			66,981			
028	BURN INTENSIVE CARE U	44			96,321			
029	SURGICAL INTENSIVE CA	120			271,835			
030	NEONATAL INTENSIVE CA	155			325,477			
031	SUBPROVIDER I	110			259,168			
033	NURSERY				35,694			
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	262			463,137		98,364	
039	DELIVERY ROOM & LABOR	35			88,463			
040	ANESTHESIOLOGY	71					716,752	
041	RADIOLOGY-DIAGNOSTIC	211					990,189	
042	RADIOLOGY-THERAPEUTIC	43					51,790	
042 01	ULTRASOUND	22					35,693	
042 02	RADIOLOGY - PET SCAN						13,187	
044	LABORATORY	221					3,606	
044 01	ANATOMICAL LABORATORY	37					148	
044 02	CARDIOLOGY	59			16,251		341,294	
046 30	BLOOD CLOTTING FACTOR							
047	BLOOD STORING, PROCES	26					57,941	
047 01	ORTHOTIC SERVICES	1						
049	RESPIRATORY THERAPY	89					2,331	
050	PHYSICAL THERAPY	49					602	
051	OCCUPATIONAL THERAPY	14						
053	ELECTROCARDIOLOGY	5					63	
054	ELECTROENCEPHALOGRAPH	18					15,364	
055	MEDICAL SUPPLIES CHAR					40,680,650		
055 30	IMPL. DEV. CHARGED TO					101,557,762		
056	DRUGS CHARGED TO PATI						58,941,338	
057	RENAL DIALYSIS	43			40,947		40,206	
058	ASC (NON-DISTINCT PAR	77			163,530		40,391	
059	IVF/CULTURE LAB	14			16,727		562	
059 02	URODYNAMICS	4			3,824			
059 03	SPINE TREATMENT CENTE	12			8,323			
059 04	OPHTHALMOLOGY SPECIAL	14						
059 05	DIGESTIVE DISEASE CNT	26			79,322			
059 06	RECREATION THERAPY							
059 07	CDC - REHAB	3			7,672			
059 08	DIABETES EDUCATION	3			5,242		17	
059 97	CARDIAC REHABILITATIO	7					6	

	COST CENTER DESCRIPTION	CAFETERIA - EMPLOYEES (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	STUDENT & PERSONNEL HOUSI (CENSUS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	PHARMACY (PHARM REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
		12.01	13	13.01	14	15	16	17
	ANCILLARY SRVC COST C							
059 98	HYPERBARIC OXYGEN THE	4					1,735	
059 99	LITHOTRIPSY	2			4,911			
	OUTPAT SERVICE COST C							
060 01	ANESTHESIA PAIN CLINI	1						
060 02	DERMATOLOGY CLINIC	10			5,956			
060 03	ORAL SURGERY CLINIC	11			5,706			
060 04	INTERNAL MEDICINE CLI	81			8,468		48,734	
060 05	NEUROLOGY CLINIC	13			9,562			
060 06	OB-GYN CLINIC	44			37,073		225,747	
060 07	OPHTHALMOLOGY CLINIC	24			12,656			
060 08	ORTHOPAEDICS CLINIC	43			27,902		263,379	
060 09	OTOLARYNGOLOGY CLINIC	28			13,972		21,443	
060 10	PEDIATRIC CLINIC	75			62,439		9,748	
060 11	SURGERY CLINIC	56			9,278			
060 12	UROLOGY CLINIC	14			11,020		106,534	
060 13	PSYCHIATRIC CLINIC	23			14,339			
060 14	CANCER CLINIC	59			78,065			
060 15	FAMILY CARE CLINIC	106			35,518		108	
061	EMERGENCY	69			155,986			
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS	2			2,358		8,854	
065	AMBULANCE SERVICES	15			14,102			
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION	2			2,071			
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	15			9,171			
084	LIVER ACQUISITION	6			3,840			
085	HEART ACQUISITION	10			2,491			
085 01	PANCREAS ACQUISITION				544			
085 02	INTESTINAL ACQUISITIO							
085 03	ISLET CELL ACQUISITIO							
086	OTHER ORGAN ACQUISITI							
095	SUBTOTALS	4,610			4,283,051	142,238,412	62,095,935	
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
096 01	VENDING/PATIENT ART	73					14	
096 02	PATIENT TRANSPORTATIO	14						
096 03	PHARMACY HOMEGOING DR						5,769,182	
096 04	OUTPATIENT & ESCORT H							
096 05	CLINICAL RESEARCH UNI							
096 06	PATIENT EDUCATION SER	4						
096 08	HOSPITAL PHYSICIANS-E							
096 09	CONTACT LENS CLINIC							
096 10	BEAUTY SHOP							
096 11	CLINICAL FACULTY DEPA	192						
096 12	MEDICAID ADMINISTRATI							
096 13	OTHER NONALLOWABLE	2					5,707	
097	RESEARCH							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	5,495,950			12,857,736	11,057,467	112,781,425	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,122.768131			3.002004	.077739	1.661707	
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	1,514,489			2,275,142	832,935	3,610,149	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	309.395097			.531197	.005856	.053191	

	COST CENTER DESCRIPTION	MEDICAL RECORDS PREPARATI (DISCHARGES)	MEDICAL RECORDS PROCESSIN (RECDS PROC)	SOCIAL SERVICE (CASE TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (FTES TIME)	I&R SERVICES-OTHER PRGM C (FTES TIME)
		17.01	17.02	18	20	21	22	23
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAPITAL REL - GEN							
003 02	NEW CAPITAL REL - WES							
003 03	NEW CAP REL COSTS-BLD							
003 04	NEW CAPITAL REL - CDD							
003 05	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
006	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
007 01	PLANT OPER/MAINT - GE							
007 02	PLANT OPER/MAINT - WE							
007 04	PLANT OPER/MAINT - CD							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - GENERA							
010 04	HOUSEKEEPING - CDD							
011	DIETARY							
012	CAFETERIA							
012 01	CAFETERIA - EMPLOYEES							
013	MAINTENANCE OF PERSON							
013 01	STUDENT & PERSONNEL H							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB							
017 01	MEDICAL RECORDS PREPA	338,067						
017 02	MEDICAL RECORDS PROCE		45,462					
018	SOCIAL SERVICE			78,894				
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &						387,318	
023	I&R SERVICES-OTHER PR							387,318
024	PARAMED ED PRGM-(SPEC							
024 01	PARAMEDICAL EDUC - DI							
024 02	PARAMEDICAL EDUC - PH							
024 03	PARAMEDICAL EDCU - ME							
024 04	PARAMEDICAL EDUC - RA							
024 05	PARAMED ED PRGM-PASTO							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	116,082	20,357	40,432			57,837	57,837
026 01	MEDICAL INTENSIVE CAR	5,352	939	1,041			3,538	3,538
027	CORONARY CARE UNIT	2,645	464	307			4,642	4,642
028	BURN INTENSIVE CARE U	4,551	456	2,137			1,375	1,375
029	SURGICAL INTENSIVE CA	10,531	1,847	1,695			4,648	4,648
030	NEONATAL INTENSIVE CA	19,231	620	5,335			4,073	4,073
031	SUBPROVIDER I	23,900	4,191	9,889			10,063	10,063
033	NURSERY	562	478	583			1,015	1,015
	ANCILLARY SRVC COST C							
037	OPERATING ROOM			74			36,081	36,081
039	DELIVERY ROOM & LABOR			140			4,445	4,445
040	ANESTHESIOLOGY						50,798	50,798
041	RADIOLOGY-DIAGNOSTIC						26,836	26,836
042	RADIOLOGY-THERAPEUTIC						4,889	4,889
042 01	ULTRASOUND						3,066	3,066
042 02	RADIOLOGY - PET SCAN						961	961
044	LABORATORY						6,406	6,406
044 01	ANATOMICAL LABORATORY						12,334	12,334
044 02	CARDIOLOGY			5			65	65
046 30	BLOOD CLOTTING FACTOR							
047	BLOOD STORING, PROCES							
047 01	ORTHOTIC SERVICES							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
053	ELECTROCARDIOLOGY						75	75
054	ELECTROENCEPHALOGRAPH						1,487	1,487
055	MEDICAL SUPPLIES CHAR							
055 30	IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS	1,472	162	1,973			19	19
058	ASC (NON-DISTINCT PAR							
059	IVF/CULTURE LAB							
059 02	URODYNAMICS						63	63
059 03	SPINE TREATMENT CENTE							
059 04	OPHTHALMOLOGY SPECIAL							
059 05	DIGESTIVE DISEASE CNT						422	422
059 06	RECREATION THERAPY							
059 07	CDC - REHAB			2,590			833	833
059 08	DIABETES EDUCATION							
059 97	CARDIAC REHABILITATIO							

	COST CENTER DESCRIPTION	MEDICAL RECORDS PREPARATI (DISCHARGES)	MEDICAL RECORDS PROCESSIN (RECDS PROC)	SOCIAL SERVICE (CASE TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (FTES TIME)	I&R SERVICES-OTHER PRGM C (FTES TIME)
		17.01	17.02	18	20	21	22	23
	ANCILLARY SRVC COST C							
059 98	HYPERBARIC OXYGEN THE							
059 99	LITHOTRIPSY							
	OUTPAT SERVICE COST C							
060 01	ANESTHESIA PAIN CLINI	843	93					
060 02	DERMATOLOGY CLINIC	5,087	560	92			8,936	8,936
060 03	ORAL SURGERY CLINIC	2,481	273				5,946	5,946
060 04	INTERNAL MEDICINE CLI	19,915	2,191	3,805			16,312	16,312
060 05	NEUROLOGY CLINIC	2,598	286	108			6,198	6,198
060 06	OB-GYN CLINIC	13,502	1,486	494			5,613	5,613
060 07	OPHTHALMOLOGY CLINIC	12,901	1,419	47			7,308	7,308
060 08	ORTHOPAEDICS CLINIC	10,535	1,159	166			7,413	7,413
060 09	OTOLARYNGOLOGY CLINIC	5,580	614	34			6,419	6,419
060 10	PEDIATRIC CLINIC	8,748	962	1,799			12,776	12,776
060 11	SURGERY CLINIC	6,104	672	855			7,889	7,889
060 12	UROLOGY CLINIC	3,175	349				2,841	2,841
060 13	PSYCHIATRIC CLINIC	6,408	705	2,490			16,120	16,120
060 14	CANCER CLINIC	11,437	1,258	1,277			2,165	2,165
060 15	FAMILY CARE CLINIC	22,515	2,477				27,347	27,347
061	EMERGENCY	10,373	1,141				18,064	18,064
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION		18					
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	6,653	146	977				
084	LIVER ACQUISITION	2,248	49	496				
085	HEART ACQUISITION	2,337	51	50				
085 01	PANCREAS ACQUISITION	301	7	1				
085 02	INTESTINAL ACQUISITIO							
085 03	ISLET CELL ACQUISITIO							
086	OTHER ORGAN ACQUISITI							
095	SUBTOTALS	338,067	45,430	78,892			387,318	387,318
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
096 01	VENDING/PATIENT ART							
096 02	PATIENT TRANSPORTATIO							
096 03	PHARMACY HOMEGOING DR							
096 04	OUTPATIENT & ESCORT H			2				
096 05	CLINICAL RESEARCH UNI		32					
096 06	PATIENT EDUCATION SER							
096 08	HOSPITAL PHYSICIANS-E							
096 09	CONTACT LENS CLINIC							
096 10	BEAUTY SHOP							
096 11	CLINICAL FACULTY DEPA							
096 12	MEDICAID ADMINISTRATI							
096 13	OTHER NONALLOWABLE							
097	RESEARCH							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	9,134,974	5,051,803	13,235,011			47,539,973	11,508,978
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	27.021194	111.121442	167.756876			122.741450	29.714545
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	452,021	522,726	541,019			3,507,652	275,917
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.337075	11.498086	6.857543			9.056259	.712378

	COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY) (ASSIGNED TIME)	PARAMEDICAL E DUC - DIETAR (DIETARY HOURS)	PARAMEDICAL E DUC - PHARMA (PHARM HOURS)	PARAMEDICAL E DCU - MED LA (100% HOURS)	PARAMEDICAL E DUC - RAD TE (100% RADIOLOGY)	PARAMED ED PR GM-PASTORAL (100% HOURS)
		24	24.01	24.02	24.03	24.04	24.05
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAPITAL REL - GEN						
003 02	NEW CAPITAL REL - WES						
003 03	NEW CAP REL COSTS-BLD						
003 04	NEW CAPITAL REL - CDD						
003 05	NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						
006	ADMINISTRATIVE & GENE						
007	MAINTENANCE & REPAIRS						
007 01	PLANT OPER/MAINT - GE						
007 02	PLANT OPER/MAINT - WE						
007 04	PLANT OPER/MAINT - CD						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING						
010 01	HOUSEKEEPING - GENERA						
010 04	HOUSEKEEPING - CDD						
011	DIETARY						
012	CAFETERIA						
012 01	CAFETERIA - EMPLOYEES						
013	MAINTENANCE OF PERSON						
013 01	STUDENT & PERSONNEL H						
014	NURSING ADMINISTRATIO						
015	CENTRAL SERVICES & SU						
016	PHARMACY						
017	MEDICAL RECORDS & LIB						
017 01	MEDICAL RECORDS PREPA						
017 02	MEDICAL RECORDS PROCE						
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR						
024	PARAMED ED PRGM-(SPEC						
024 01	PARAMEDICAL EDUC - DI		288				
024 02	PARAMEDICAL EDUC - PH			256			
024 03	PARAMEDICAL EDCU - ME				100		
024 04	PARAMEDICAL EDUC - RA					100	
024 05	PARAMED ED PRGM-PASTO						3,835
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS		75	76			2,445
026 01	MEDICAL INTENSIVE CAR		13	21			83
027	CORONARY CARE UNIT		35	23			181
028	BURN INTENSIVE CARE U		9				583
029	SURGICAL INTENSIVE CA		4				56
030	NEONATAL INTENSIVE CA		9	21			
031	SUBPROVIDER I		4	12			431
033	NURSERY						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM						
039	DELIVERY ROOM & LABOR						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC					100	
042	RADIOLOGY-THERAPEUTIC		11				
042 01	ULTRASOUND						
042 02	RADIOLOGY - PET SCAN						
044	LABORATORY				100		
044 01	ANATOMICAL LABORATORY						
044 02	CARDIOLOGY			5			
046 30	BLOOD CLOTTING FACTOR						
047	BLOOD STORING, PROCES						
047 01	ORTHOTIC SERVICES						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY						
051	OCCUPATIONAL THERAPY						
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR						
055 30	IMPL. DEV. CHARGED TO						
056	DRUGS CHARGED TO PATI			31			
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PAR		11				
059	IVF/CULTURE LAB						
059 02	URODYNAMICS						
059 03	SPINE TREATMENT CENTE						
059 04	OPHTHALMOLOGY SPECIAL						
059 05	DIGESTIVE DISEASE CNT		16				
059 06	RECREATION THERAPY						
059 07	CDC - REHAB						56
059 08	DIABETES EDUCATION		15				
059 97	CARDIAC REHABILITATIO						

	COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY) (ASSIGNED TIME)	PARAMEDICAL E DUC - DIETAR (DIETARY HOURS)	PARAMEDICAL E DUC - PHARMA (PHARM HOURS)	PARAMEDICAL E DCU - MED LA (100% HOURS)	PARAMEDICAL E DUC - RAD TE (100% RADIOLOGY)	PARAMED ED PR GM-PASTORAL (100% HOURS)
		24	24.01	24.02	24.03	24.04	24.05
	ANCILLARY SRVC COST C						
059 98	HYPERBARIC OXYGEN THE						
059 99	LITHOTRIPSY						
	OUTPAT SERVICE COST C						
060 01	ANESTHESIA PAIN CLINI						
060 02	DERMATOLOGY CLINIC						
060 03	ORAL SURGERY CLINIC						
060 04	INTERNAL MEDICINE CLI			4			
060 05	NEUROLOGY CLINIC						
060 06	OB-GYN CLINIC						
060 07	OPHTHALMOLOGY CLINIC						
060 08	ORTHOPAEDICS CLINIC						
060 09	OTOLARYNGOLOGY CLINIC						
060 10	PEDIATRIC CLINIC		6				
060 11	SURGERY CLINIC						
060 12	UROLOGY CLINIC						
060 13	PSYCHIATRIC CLINIC						
060 14	CANCER CLINIC						
060 15	FAMILY CARE CLINIC			17			
061	EMERGENCY			4			
062	OBSERVATION BEDS (NON						
063 50	RHC						
063 60	FQHC						
	OTHER REIMBURS COST C						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
069 10	CMHC						
069 20	OUTPATIENT PHYSICAL T						
069 30	OUTPATIENT OCCUPATION						
069 40	OUTPATIENT SPEECH PAT						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
	SPEC PURPOSE COST CEN						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
085	HEART ACQUISITION						
085 01	PANCREAS ACQUISITION						
085 02	INTESTINAL ACQUISITIO						
085 03	ISLET CELL ACQUISITIO						
086	OTHER ORGAN ACQUISITI						
095	SUBTOTALS		208	214	100	100	3,835
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE						
096 01	VENDING/PATIENT ART						
096 02	PATIENT TRANSPORTATIO						
096 03	PHARMACY HOMEGOING DR						
096 04	OUTPATIENT & ESCORT H						
096 05	CLINICAL RESEARCH UNI		5				
096 06	PATIENT EDUCATION SER						
096 08	HOSPITAL PHYSICIANS-E						
096 09	CONTACT LENS CLINIC						
096 10	BEAUTY SHOP						
096 11	CLINICAL FACULTY DEPA						
096 12	MEDICAID ADMINISTRATI						
096 13	OTHER NONALLOWABLE		75	42			
097	RESEARCH						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (PER WRKSHT B, PART		-34,250	559,199	549,932	816,006	187,887
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			2,184.371094	5,499.320000	8,160.060000	48.992699
105	COST TO BE ALLOCATED (PER WRKSHT B, PART						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (PER WRKSHT B, PART		309	16,829	91,381	76,554	21,318
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			65.738281	913.810000	765.540000	5.558801

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 I WORKSHEET B-2

	DESCRIPTION	WORKSHEET PART	LINE NO.	AMOUNT
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-87,588
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	-607,244
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

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	116,638,984		116,638,984		116,638,984
26	01 MEDICAL INTENSIVE CARE UN	9,554,268		9,554,268		9,554,268
27	CORONARY CARE UNIT	4,589,735		4,589,735		4,589,735
28	BURN INTENSIVE CARE UNIT	7,268,970		7,268,970		7,268,970
29	SURGICAL INTENSIVE CARE U	16,759,804		16,759,804		16,759,804
30	NEONATAL INTENSIVE CARE U	24,036,938		24,036,938		24,036,938
31	SUBPROVIDER I	18,529,165		18,529,165		18,529,165
33	NURSERY	2,251,410		2,251,410		2,251,410
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	63,361,671		63,361,671		63,361,671
39	DELIVERY ROOM & LABOR ROO	5,943,800		5,943,800		5,943,800
40	ANESTHESIOLOGY	7,279,139		7,279,139		7,279,139
41	RADIOLOGY-DIAGNOSTIC	37,221,485		37,221,485		37,221,485
42	RADIOLOGY-THERAPEUTIC	12,294,243		12,294,243		12,294,243
42	01 ULTRASOUND	2,967,254		2,967,254		2,967,254
42	02 RADIOLOGY - PET SCAN	4,570,962		4,570,962		4,570,962
44	LABORATORY	37,597,531		37,597,531	270,866	37,868,397
44	01 ANATOMICAL LABORATORY	6,433,534		6,433,534	375,564	6,809,098
44	02 CARDIOLOGY	12,143,461		12,143,461		12,143,461
46	30 BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	8,678,742		8,678,742		8,678,742
47	01 ORTHOTIC SERVICES	1,759,633		1,759,633		1,759,633
49	RESPIRATORY THERAPY	7,904,215		7,904,215		7,904,215
50	PHYSICAL THERAPY	5,576,263		5,576,263		5,576,263
51	OCCUPATIONAL THERAPY	2,247,981		2,247,981		2,247,981
53	ELECTROCARDIOLOGY	835,773		835,773		835,773
54	ELECTROENCEPHALOGRAPHY	2,595,545		2,595,545		2,595,545
55	MEDICAL SUPPLIES CHARGED	20,528,901		20,528,901		20,528,901
55	30 IMPL. DEV. CHARGED TO PAT	59,362,280		59,362,280		59,362,280
56	DRUGS CHARGED TO PATIENTS	98,010,930		98,010,930		98,010,930
57	RENAL DIALYSIS	7,529,098		7,529,098		7,529,098
58	ASC (NON-DISTINCT PART)	16,129,059		16,129,059		16,129,059
59	IVF/CULTURE LAB	2,888,789		2,888,789		2,888,789
59	02 URODYNAMICS	676,543		676,543		676,543
59	03 SPINE TREATMENT CENTER	1,760,323		1,760,323		1,760,323
59	04 OPHTHALMOLOGY SPECIALTY L	1,959,015		1,959,015		1,959,015
59	05 DIGESTIVE DISEASE CNTR	6,141,533		6,141,533		6,141,533
59	06 RECREATION THERAPY					
59	07 CDC - REHAB	824,603		824,603		824,603
59	08 DIABETES EDUCATION	441,917		441,917		441,917
59	97 CARDIAC REHABILITATION	1,220,676		1,220,676		1,220,676
59	98 HYPERBARIC OXYGEN THERAPY	558,159		558,159		558,159
59	99 LITHOTRIPSY	844,815		844,815		844,815
	OUTPAT SERVICE COST CNTRS					
60	01 ANESTHESIA PAIN CLINIC	903,416		903,416		903,416
60	02 DERMATOLOGY CLINIC	3,130,230		3,130,230		3,130,230
60	03 ORAL SURGERY CLINIC	1,959,319		1,959,319		1,959,319
60	04 INTERNAL MEDICINE CLINIC	12,433,226		12,433,226		12,433,226
60	05 NEUROLOGY CLINIC	2,542,810		2,542,810		2,542,810
60	06 OB-GYN CLINIC	8,149,374		8,149,374		8,149,374
60	07 OPHTHALMOLOGY CLINIC	7,475,696		7,475,696		7,475,696
60	08 ORTHOPAEDICS CLINIC	6,514,270		6,514,270		6,514,270
60	09 OTOLARYNGOLOGY CLINIC	6,818,574		6,818,574		6,818,574
60	10 PEDIATRIC CLINIC	12,627,330		12,627,330		12,627,330
60	11 SURGERY CLINIC	5,391,409		5,391,409		5,391,409
60	12 UROLOGY CLINIC	2,609,707		2,609,707		2,609,707
60	13 PSYCHIATRIC CLINIC	4,272,808		4,272,808		4,272,808
60	14 CANCER CLINIC	7,783,489		7,783,489		7,783,489
60	15 FAMILY CARE CLINIC	10,539,572		10,539,572		10,539,572
61	EMERGENCY	12,214,571		12,214,571		12,214,571
62	OBSERVATION BEDS (NON-DIS	2,926,343		2,926,343		2,926,343
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	608,222		608,222		608,222
65	AMBULANCE SERVICES	5,134,100		5,134,100		5,134,100
101	SUBTOTAL	751,951,613		751,951,613	646,430	752,598,043
102	LESS OBSERVATION BEDS	2,926,343		2,926,343		2,926,343
103	TOTAL	749,025,270		749,025,270	646,430	749,671,700

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 | WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	197,000,557		197,000,557			
26 01	MEDICAL INTENSIVE CARE UN	19,992,595		19,992,595			
27	CORONARY CARE UNIT	9,931,995		9,931,995			
28	BURN INTENSIVE CARE UNIT	11,019,714		11,019,714			
29	SURGICAL INTENSIVE CARE U	40,187,265		40,187,265			
30	NEONATAL INTENSIVE CARE U	63,729,940		63,729,940			
31	SUBPROVIDER I	26,408,255		26,408,255			
33	NURSERY	3,196,119		3,196,119			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	165,905,531	76,486,899	242,392,430	.261401	.261401	.261401
39	DELIVERY ROOM & LABOR ROO	11,717,446	876,166	12,593,612	.471969	.471969	.471969
40	ANESTHESIOLOGY	20,251,919	13,972,543	34,224,462	.212688	.212688	.212688
41	RADIOLOGY-DIAGNOSTIC	68,974,862	143,494,384	212,469,246	.175185	.175185	.175185
42	RADIOLOGY-THERAPEUTIC	2,730,406	50,079,903	52,810,309	.232800	.232800	.232800
42 01	ULTRASOUND	3,935,001	13,369,719	17,304,720	.171471	.171471	.171471
42 02	RADIOLOGY - PET SCAN	1,097,227	13,123,836	14,221,063	.321422	.321422	.321422
44	LABORATORY	104,329,932	104,297,743	208,627,675	.180214	.180214	.181512
44 01	ANATOMICAL LABORATORY	6,855,958	16,393,434	23,249,392	.276718	.276718	.292872
44 02	CARDIOLOGY	36,441,430	42,196,881	78,638,311	.154422	.154422	.154422
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	20,973,023	3,765,511	24,738,534	.350819	.350819	.350819
47 01	ORTHOTIC SERVICES	1,771,464	1,723,644	3,495,108	.503456	.503456	.503456
49	RESPIRATORY THERAPY	29,310,504	521,658	29,832,162	.264956	.264956	.264956
50	PHYSICAL THERAPY	7,141,189	5,214,310	12,355,499	.451318	.451318	.451318
51	OCCUPATIONAL THERAPY	3,696,074	1,189,284	4,885,358	.460147	.460147	.460147
53	ELECTROCARDIOLOGY	2,195,290	2,627,551	4,822,841	.173295	.173295	.173295
54	ELECTROENCEPHALOGRAPHY	3,491,004	6,040,275	9,531,279	.272319	.272319	.272319
55	MEDICAL SUPPLIES CHARGED	35,142,534	9,846,140	44,988,674	.456313	.456313	.456313
55 30	IMPL. DEV. CHARGED TO PAT	83,360,553	34,716,270	118,076,823	.502743	.502743	.502743
56	DRUGS CHARGED TO PATIENTS	81,697,687	86,959,568	168,657,255	.581125	.581125	.581125
57	RENAL DIALYSIS	8,434,478	18,478,322	26,912,800	.279759	.279759	.279759
58	ASC (NON-DISTINCT PART)	481,452	40,726,244	41,207,696	.391409	.391409	.391409
59	IVF/CULTURE LAB	3,462	3,251,905	3,255,367	.887393	.887393	.887393
59 02	URODYNAMICS	2,954	1,738,755	1,741,709	.388436	.388436	.388436
59 03	SPINE TREATMENT CENTER	160	580,149	580,309	3.033424	3.033424	3.033424
59 04	OPHTHALMOLOGY SPECIALTY L	83,475	5,224,617	5,308,092	.369062	.369062	.369062
59 05	DIGESTIVE DISEASE CNTR	4,474,510	22,714,353	27,188,863	.225884	.225884	.225884
59 06	RECREATION THERAPY						
59 07	CDC - REHAB		933,010	933,010	.883809	.883809	.883809
59 08	DIABETES EDUCATION		64,874	64,874	6.811928	6.811928	6.811928
59 97	CARDIAC REHABILITATION	2,025,874	849,608	2,875,482	.424512	.424512	.424512
59 98	HYPERBARIC OXYGEN THERAPY	820,023	1,857,658	2,677,681	.208449	.208449	.208449
59 99	LITHOTRIPSY	583,320	4,024,969	4,608,289	.183325	.183325	.183325
	OUTPAT SERVICE COST CNTRS						
60 01	ANESTHESIA PAIN CLINIC	1,464,373	4,045,350	5,509,723	.163968	.163968	.163968
60 02	DERMATOLOGY CLINIC	4,541	6,518,229	6,522,770	.479893	.479893	.479893
60 03	ORAL SURGERY CLINIC	455	2,192,639	2,193,094	.893404	.893404	.893404
60 04	INTERNAL MEDICINE CLINIC	46,694	11,104,125	11,150,819	1.115006	1.115006	1.115006
60 05	NEUROLOGY CLINIC	6,055	2,436,166	2,442,221	1.041188	1.041188	1.041188
60 06	OB-GYN CLINIC	21,509	8,312,657	8,334,166	.977827	.977827	.977827
60 07	OPHTHALMOLOGY CLINIC	27,524	11,078,423	11,105,947	.673125	.673125	.673125
60 08	ORTHOPAEDICS CLINIC	40,246	8,625,484	8,665,730	.751728	.751728	.751728
60 09	OTOLARYNGOLOGY CLINIC	961,786	7,270,763	8,232,549	.828246	.828246	.828246
60 10	PEDIATRIC CLINIC	68,505	8,015,626	8,084,131	1.561990	1.561990	1.561990
60 11	SURGERY CLINIC	81,980	2,683,032	2,765,012	1.949868	1.949868	1.949868
60 12	UROLOGY CLINIC	237,686	5,499,010	5,736,696	.454915	.454915	.454915
60 13	PSYCHIATRIC CLINIC	91,611	4,019,278	4,110,889	1.039388	1.039388	1.039388
60 14	CANCER CLINIC	29,591	14,306,250	14,335,841	.542939	.542939	.542939
60 15	FAMILY CARE CLINIC	38,411	14,401,125	14,439,536	.729911	.729911	.729911
61	EMERGENCY	20,521,052	43,502,123	64,023,175	.190784	.190784	.190784
62	OBSERVATION BEDS (NON-DIS	81,349	8,609,515	8,690,864	.336715	.336715	.336715
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		2,650,293	2,650,293	.229492	.229492	.229492
65	AMBULANCE SERVICES		14,526,272	14,526,272	.353435	.353435	.353435
101	SUBTOTAL	1103,118,550	907,136,543	2010,255,093			
102	LESS OBSERVATION BEDS						
103	TOTAL	1103,118,550	907,136,543	2010,255,093			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010

PREPARED 11/30/2010
WORKSHEET C
PART I

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	125,456,579		125,456,579		125,456,579
26	01 MEDICAL INTENSIVE CARE UN	10,093,657		10,093,657		10,093,657
27	CORONARY CARE UNIT	5,297,436		5,297,436		5,297,436
28	BURN INTENSIVE CARE UNIT	7,478,596		7,478,596		7,478,596
29	SURGICAL INTENSIVE CARE U	17,468,419		17,468,419		17,468,419
30	NEONATAL INTENSIVE CARE U	24,657,891		24,657,891		24,657,891
31	SUBPROVIDER I	20,063,329		20,063,329		20,063,329
33	NURSERY	2,406,153		2,406,153		2,406,153
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	68,862,435		68,862,435		68,862,435
39	DELIVERY ROOM & LABOR ROO	6,621,467		6,621,467		6,621,467
40	ANESTHESIOLOGY	15,023,598		15,023,598		15,023,598
41	RADIOLOGY-DIAGNOSTIC	41,312,795		41,312,795		41,312,795
42	RADIOLOGY-THERAPEUTIC	13,039,600		13,039,600		13,039,600
42	01 ULTRASOUND	3,434,684		3,434,684		3,434,684
42	02 RADIOLOGY - PET SCAN	4,717,473		4,717,473		4,717,473
44	LABORATORY	38,574,164		38,574,164	270,866	38,845,030
44	01 ANATOMICAL LABORATORY	8,313,926		8,313,926	375,564	8,689,490
44	02 CARDIOLOGY	12,153,370		12,153,370		12,153,370
46	30 BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	8,678,742		8,678,742		8,678,742
47	01 ORTHOTIC SERVICES	1,759,633		1,759,633		1,759,633
49	RESPIRATORY THERAPY	7,904,215		7,904,215		7,904,215
50	PHYSICAL THERAPY	5,576,263		5,576,263		5,576,263
51	OCCUPATIONAL THERAPY	2,247,981		2,247,981		2,247,981
53	ELECTROCARDIOLOGY	847,208		847,208		847,208
54	ELECTROENCEPHALOGRAPHY	2,822,248		2,822,248		2,822,248
55	MEDICAL SUPPLIES CHARGED	20,528,901		20,528,901		20,528,901
55	30 IMPL. DEV. CHARGED TO PAT	59,362,280		59,362,280		59,362,280
56	DRUGS CHARGED TO PATIENTS	98,010,930		98,010,930		98,010,930
57	RENAL DIALYSIS	7,531,995		7,531,995		7,531,995
58	ASC (NON-DISTINCT PART)	16,129,059		16,129,059		16,129,059
59	IVF/CULTURE LAB	2,888,789		2,888,789		2,888,789
59	02 URODYNAMICS	686,148		686,148		686,148
59	03 SPINE TREATMENT CENTER	1,760,323		1,760,323		1,760,323
59	04 OPHTHALMOLOGY SPECIALTY L	1,959,015		1,959,015		1,959,015
59	05 DIGESTIVE DISEASE CNTR	6,205,870		6,205,870		6,205,870
59	06 RECREATION THERAPY					
59	07 CDC - REHAB	951,599		951,599		951,599
59	08 DIABETES EDUCATION	441,917		441,917		441,917
59	97 CARDIAC REHABILITATION	1,220,676		1,220,676		1,220,676
59	98 HYPERBARIC OXYGEN THERAPY	558,159		558,159		558,159
59	99 LITHOTRIPSY	844,815		844,815		844,815
	OUTPAT SERVICE COST CNTRS					
60	01 ANESTHESIA PAIN CLINIC	903,416		903,416		903,416
60	02 DERMATOLOGY CLINIC	4,492,577		4,492,577		4,492,577
60	03 ORAL SURGERY CLINIC	2,865,823		2,865,823		2,865,823
60	04 INTERNAL MEDICINE CLINIC	14,920,089		14,920,089		14,920,089
60	05 NEUROLOGY CLINIC	3,487,733		3,487,733		3,487,733
60	06 OB-GYN CLINIC	9,005,110		9,005,110		9,005,110
60	07 OPHTHALMOLOGY CLINIC	8,589,845		8,589,845		8,589,845
60	08 ORTHOPAEDICS CLINIC	7,644,426		7,644,426		7,644,426
60	09 OTOLARYNGOLOGY CLINIC	7,797,189		7,797,189		7,797,189
60	10 PEDIATRIC CLINIC	14,575,108		14,575,108		14,575,108
60	11 SURGERY CLINIC	6,594,134		6,594,134		6,594,134
60	12 UROLOGY CLINIC	3,042,834		3,042,834		3,042,834
60	13 PSYCHIATRIC CLINIC	6,730,398		6,730,398		6,730,398
60	14 CANCER CLINIC	8,113,556		8,113,556		8,113,556
60	15 FAMILY CARE CLINIC	14,708,786		14,708,786		14,708,786
61	EMERGENCY	14,968,537		14,968,537		14,968,537
62	OBSERVATION BEDS (NON-DIS	2,926,343		2,926,343		2,926,343
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	608,222		608,222		608,222
65	AMBULANCE SERVICES	5,134,100		5,134,100		5,134,100
101	SUBTOTAL	811,000,564		811,000,564	646,430	811,646,994
102	LESS OBSERVATION BEDS	2,926,343		2,926,343		2,926,343
103	TOTAL	808,074,221		808,074,221	646,430	808,720,651

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	197,000,557		197,000,557			
26	01 MEDICAL INTENSIVE CARE UN	19,992,595		19,992,595			
27	CORONARY CARE UNIT	9,931,995		9,931,995			
28	BURN INTENSIVE CARE UNIT	11,019,714		11,019,714			
29	SURGICAL INTENSIVE CARE U	40,187,265		40,187,265			
30	NEONATAL INTENSIVE CARE U	63,729,940		63,729,940			
31	SUBPROVIDER I	26,408,255		26,408,255			
33	NURSERY	3,196,119		3,196,119			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	165,905,531	76,486,899	242,392,430	.284095	.284095	.284095
39	DELIVERY ROOM & LABOR ROO	11,717,446	876,166	12,593,612	.525780	.525780	.525780
40	ANESTHESIOLOGY	20,251,919	13,972,543	34,224,462	.438973	.438973	.438973
41	RADIOLOGY-DIAGNOSTIC	68,974,862	143,494,384	212,469,246	.194441	.194441	.194441
42	RADIOLOGY-THERAPEUTIC	2,730,406	50,079,903	52,810,309	.246914	.246914	.246914
42	01 ULTRASOUND	3,935,001	13,369,719	17,304,720	.198482	.198482	.198482
42	02 RADIOLOGY - PET SCAN	1,097,227	13,123,836	14,221,063	.331724	.331724	.331724
44	LABORATORY	104,329,932	104,297,743	208,627,675	.184895	.184895	.186193
44	01 ANATOMICAL LABORATORY	6,855,958	16,393,434	23,249,392	.357598	.357598	.373751
44	02 CARDIOLOGY	36,441,430	42,196,881	78,638,311	.154548	.154548	.154548
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	20,973,023	3,765,511	24,738,534	.350819	.350819	.350819
47	01 ORTHOTIC SERVICES	1,771,464	1,723,644	3,495,108	.503456	.503456	.503456
49	RESPIRATORY THERAPY	29,310,504	521,658	29,832,162	.264956	.264956	.264956
50	PHYSICAL THERAPY	7,141,189	5,214,310	12,355,499	.451318	.451318	.451318
51	OCCUPATIONAL THERAPY	3,696,074	1,189,284	4,885,358	.460147	.460147	.460147
53	ELECTROCARDIOLOGY	2,195,290	2,627,551	4,822,841	.175666	.175666	.175666
54	ELECTROENCEPHALOGRAPHY	3,491,004	6,040,275	9,531,279	.296104	.296104	.296104
55	MEDICAL SUPPLIES CHARGED	35,142,534	9,846,140	44,988,674	.456313	.456313	.456313
55	30 IMPL. DEV. CHARGED TO PAT	83,360,553	34,716,270	118,076,823	.502743	.502743	.502743
56	DRUGS CHARGED TO PATIENTS	81,697,687	86,959,568	168,657,255	.581125	.581125	.581125
57	RENAL DIALYSIS	8,434,478	18,478,322	26,912,800	.279867	.279867	.279867
58	ASC (NON-DISTINCT PART)	481,452	40,726,244	41,207,696	.391409	.391409	.391409
59	IVF/CULTURE LAB	3,462	3,251,905	3,255,367	.887393	.887393	.887393
59	02 URODYNAMICS	2,954	1,738,755	1,741,709	.393951	.393951	.393951
59	03 SPINE TREATMENT CENTER	160	580,149	580,309	3.033424	3.033424	3.033424
59	04 OPHTHALMOLOGY SPECIALTY L	83,475	5,224,617	5,308,092	.369062	.369062	.369062
59	05 DIGESTIVE DISEASE CNTR	4,474,510	22,714,353	27,188,863	.228250	.228250	.228250
59	06 RECREATION THERAPY						
59	07 CDC - REHAB		933,010	933,010	1.019924	1.019924	1.019924
59	08 DIABETES EDUCATION		64,874	64,874	6.811928	6.811928	6.811928
59	97 CARDIAC REHABILITATION	2,025,874	849,608	2,875,482	.424512	.424512	.424512
59	98 HYPERBARIC OXYGEN THERAPY	820,023	1,857,658	2,677,681	.208449	.208449	.208449
59	99 LITHOTRIPSY	583,320	4,024,969	4,608,289	.183325	.183325	.183325
	OUTPAT SERVICE COST CNTRS						
60	01 ANESTHESIA PAIN CLINIC	1,464,373	4,045,350	5,509,723	.163968	.163968	.163968
60	02 DERMATOLOGY CLINIC	4,541	6,518,229	6,522,770	.688753	.688753	.688753
60	03 ORAL SURGERY CLINIC	455	2,192,639	2,193,094	1.306749	1.306749	1.306749
60	04 INTERNAL MEDICINE CLINIC	46,694	11,104,125	11,150,819	1.338026	1.338026	1.338026
60	05 NEUROLOGY CLINIC	6,055	2,436,166	2,442,221	1.428099	1.428099	1.428099
60	06 OB-GYN CLINIC	21,509	8,312,657	8,334,166	1.080505	1.080505	1.080505
60	07 OPHTHALMOLOGY CLINIC	27,524	11,078,423	11,105,947	.773446	.773446	.773446
60	08 ORTHOPAEDICS CLINIC	40,246	8,625,484	8,665,730	.882144	.882144	.882144
60	09 OTOLARYNGOLOGY CLINIC	961,786	7,270,763	8,232,549	.947117	.947117	.947117
60	10 PEDIATRIC CLINIC	68,505	8,015,626	8,084,131	1.802928	1.802928	1.802928
60	11 SURGERY CLINIC	81,980	2,683,032	2,765,012	2.384848	2.384848	2.384848
60	12 UROLOGY CLINIC	237,686	5,499,010	5,736,696	.530416	.530416	.530416
60	13 PSYCHIATRIC CLINIC	91,611	4,019,278	4,110,889	1.637212	1.637212	1.637212
60	14 CANCER CLINIC	29,591	14,306,250	14,335,841	.565963	.565963	.565963
60	15 FAMILY CARE CLINIC	38,411	14,401,125	14,439,536	1.018647	1.018647	1.018647
61	EMERGENCY	20,521,052	43,502,123	64,023,175	.233799	.233799	.233799
62	OBSERVATION BEDS (NON-DIS	81,349	8,609,515	8,690,864	.336715	.336715	.336715
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		2,650,293	2,650,293	.229492	.229492	.229492
65	AMBULANCE SERVICES		14,526,272	14,526,272	.353435	.353435	.353435
101	SUBTOTAL	1103,118,550	907,136,543	2010,255,093			
102	LESS OBSERVATION BEDS						
103	TOTAL	1103,118,550	907,136,543	2010,255,093			

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	63,361,671	5,188,828	58,172,843			63,361,671
39		DELIVERY ROOM & LABOR ROO	5,943,800	519,480	5,424,320			5,943,800
40		ANESTHESIOLOGY	7,279,139	841,719	6,437,420			7,279,139
41		RADIOLOGY-DIAGNOSTIC	37,221,485	8,336,544	28,884,941			37,221,485
42		RADIOLOGY-THERAPEUTIC	12,294,243	2,856,521	9,437,722			12,294,243
42	01	ULTRASOUND	2,967,254	371,574	2,595,680			2,967,254
42	02	RADIOLOGY - PET SCAN	4,570,962	802,071	3,768,891			4,570,962
44		LABORATORY	37,597,531	2,562,729	35,034,802			37,597,531
44	01	ANATOMICAL LABORATORY	6,433,534	784,344	5,649,190			6,433,534
44	02	CARDIOLOGY	12,143,461	2,605,730	9,537,731			12,143,461
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING	8,678,742	585,320	8,093,422			8,678,742
47	01	ORTHOTIC SERVICES	1,759,633	66,034	1,693,599			1,759,633
49		RESPIRATORY THERAPY	7,904,215	767,642	7,136,573			7,904,215
50		PHYSICAL THERAPY	5,576,263	313,899	5,262,364			5,576,263
51		OCCUPATIONAL THERAPY	2,247,981	106,117	2,141,864			2,247,981
53		ELECTROCARDIOLOGY	835,773	70,568	765,205			835,773
54		ELECTROENCEPHALOGRAPHY	2,595,545	389,377	2,206,168			2,595,545
55		MEDICAL SUPPLIES CHARGED	20,528,901	636,765	19,892,136			20,528,901
55	30	IMPL. DEV. CHARGED TO PAT	59,362,280	1,775,822	57,586,458			59,362,280
56		DRUGS CHARGED TO PATIENTS	98,010,930	3,135,178	94,875,752			98,010,930
57		RENAL DIALYSIS	7,529,098	596,309	6,932,789			7,529,098
58		ASC (NON-DISTINCT PART)	16,129,059	2,568,399	13,560,660			16,129,059
59		IVF/CULTURE LAB	2,888,789	335,028	2,553,761			2,888,789
59	02	URODYNAMICS	676,543	31,278	645,265			676,543
59	03	SPINE TREATMENT CENTER	1,760,323	125,439	1,634,884			1,760,323
59	04	OPHTHALMOLOGY SPECIALTY L	1,959,015	241,336	1,717,679			1,959,015
59	05	DIGESTIVE DISEASE CNTR	6,141,533	886,782	5,254,751			6,141,533
59	06	RECREATION THERAPY						
59	07	CDC - REHAB	824,603	67,652	756,951			824,603
59	08	DIABETES EDUCATION	441,917	45,884	396,033			441,917
59	97	CARDIAC REHABILITATION	1,220,676	111,265	1,109,411			1,220,676
59	98	HYPERBARIC OXYGEN THERAPY	558,159	67,933	490,226			558,159
59	99	LITHOTRIPSY	844,815	84,523	760,292			844,815
		OUTPAT SERVICE COST CNTRS						
60	01	ANESTHESIA PAIN CLINIC	903,416	167,820	735,596			903,416
60	02	DERMATOLOGY CLINIC	3,130,230	412,949	2,717,281			3,130,230
60	03	ORAL SURGERY CLINIC	1,959,319	345,710	1,613,609			1,959,319
60	04	INTERNAL MEDICINE CLINIC	12,433,226	1,493,910	10,939,316			12,433,226
60	05	NEUROLOGY CLINIC	2,542,810	441,309	2,101,501			2,542,810
60	06	OB-GYN CLINIC	8,149,374	1,198,585	6,950,789			8,149,374
60	07	OPHTHALMOLOGY CLINIC	7,475,696	1,086,610	6,389,086			7,475,696
60	08	ORTHOPAEDICS CLINIC	6,514,270	734,561	5,779,709			6,514,270
60	09	OTOLARYNGOLOGY CLINIC	6,818,574	1,107,275	5,711,299			6,818,574
60	10	PEDIATRIC CLINIC	12,627,330	1,183,769	11,443,561			12,627,330
60	11	SURGERY CLINIC	5,391,409	863,448	4,527,961			5,391,409
60	12	UROLOGY CLINIC	2,609,707	521,808	2,087,899			2,609,707
60	13	PSYCHIATRIC CLINIC	4,272,808	591,418	3,681,390			4,272,808
60	14	CANCER CLINIC	7,783,489	750,206	7,033,283			7,783,489
60	15	FAMILY CARE CLINIC	10,539,572	1,093,311	9,446,261			10,539,572
61		EMERGENCY	12,214,571	1,533,929	10,680,642			12,214,571
62		OBSERVATION BEDS (NON-DIS	2,926,343	280,683	2,645,660			2,926,343
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	608,222	24,642	583,580			608,222
65		AMBULANCE SERVICES	5,134,100	278,166	4,855,934			5,134,100
101		SUBTOTAL	552,322,339	51,988,199	500,334,140			552,322,339
102		LESS OBSERVATION BEDS	2,926,343	280,683	2,645,660			2,926,343
103		TOTAL	549,395,996	51,707,516	497,688,480			549,395,996

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 | WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	242,392,430	.261401	.261401
39		DELIVERY ROOM & LABOR ROO	12,593,612	.471969	.471969
40		ANESTHESIOLOGY	34,224,462	.212688	.212688
41		RADIOLOGY-DIAGNOSTIC	212,469,246	.175185	.175185
42		RADIOLOGY-THERAPEUTIC	52,810,309	.232800	.232800
42	01	ULTRASOUND	17,304,720	.171471	.171471
42	02	RADIOLOGY - PET SCAN	14,221,063	.321422	.321422
44		LABORATORY	208,627,675	.180214	.180214
44	01	ANATOMICAL LABORATORY	23,249,392	.276718	.276718
44	02	CARDIOLOGY	78,638,311	.154422	.154422
46	30	BLOOD CLOTTING FACTORS AD			
47		BLOOD STORING, PROCESSING	24,738,534	.350819	.350819
47	01	ORTHOTIC SERVICES	3,495,108	.503456	.503456
49		RESPIRATORY THERAPY	29,832,162	.264956	.264956
50		PHYSICAL THERAPY	12,355,499	.451318	.451318
51		OCCUPATIONAL THERAPY	4,885,358	.460147	.460147
53		ELECTROCARDIOLOGY	4,822,841	.173295	.173295
54		ELECTROENCEPHALOGRAPHY	9,531,279	.272319	.272319
55		MEDICAL SUPPLIES CHARGED	44,988,674	.456313	.456313
55	30	IMPL. DEV. CHARGED TO PAT	118,076,823	.502743	.502743
56		DRUGS CHARGED TO PATIENTS	168,657,255	.581125	.581125
57		RENAL DIALYSIS	26,912,800	.279759	.279759
58		ASC (NON-DISTINCT PART)	41,207,696	.391409	.391409
59		IVF/CULTURE LAB	3,255,367	.887393	.887393
59	02	URODYNAMICS	1,741,709	.388436	.388436
59	03	SPINE TREATMENT CENTER	580,309	3.033424	3.033424
59	04	OPHTHALMOLOGY SPECIALTY L	5,308,092	.369062	.369062
59	05	DIGESTIVE DISEASE CNTR	27,188,863	.225884	.225884
59	06	RECREATION THERAPY			
59	07	CDC - REHAB	933,010	.883809	.883809
59	08	DIABETES EDUCATION	64,874	6.811928	6.811928
59	97	CARDIAC REHABILITATION	2,875,482	.424512	.424512
59	98	HYPERBARIC OXYGEN THERAPY	2,677,681	.208449	.208449
59	99	LITHOTRIPSY	4,608,289	.183325	.183325
		OUTPAT SERVICE COST CNTRS			
60	01	ANESTHESIA PAIN CLINIC	5,509,723	.163968	.163968
60	02	DERMATOLOGY CLINIC	6,522,770	.479893	.479893
60	03	ORAL SURGERY CLINIC	2,193,094	.893404	.893404
60	04	INTERNAL MEDICINE CLINIC	11,150,819	1.115006	1.115006
60	05	NEUROLOGY CLINIC	2,442,221	1.041188	1.041188
60	06	OB-GYN CLINIC	8,334,166	.977827	.977827
60	07	OPHTHALMOLOGY CLINIC	11,105,947	.673125	.673125
60	08	ORTHOPAEDICS CLINIC	8,665,730	.751728	.751728
60	09	OTOLARYNGOLOGY CLINIC	8,232,549	.828246	.828246
60	10	PEDIATRIC CLINIC	8,084,131	1.561990	1.561990
60	11	SURGERY CLINIC	2,765,012	1.949868	1.949868
60	12	UROLOGY CLINIC	5,736,696	.454915	.454915
60	13	PSYCHIATRIC CLINIC	4,110,889	1.039388	1.039388
60	14	CANCER CLINIC	14,335,841	.542939	.542939
60	15	FAMILY CARE CLINIC	14,439,536	.729911	.729911
61		EMERGENCY	64,023,175	.190784	.190784
62		OBSERVATION BEDS (NON-DIS	8,690,864	.336715	.336715
63	50	RHC			
63	60	FQHC			
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	2,650,293	.229492	.229492
65		AMBULANCE SERVICES	14,526,272	.353435	.353435
101		SUBTOTAL	1638,788,653		
102		LESS OBSERVATION BEDS	8,690,864		
103		TOTAL	1630,097,789		

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET C
PART II

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	68,862,435	5,188,828	63,673,607	518,883	3,693,069	64,650,483
39		DELIVERY ROOM & LABOR ROO	6,621,467	519,480	6,101,987	51,948	353,915	6,215,604
40		ANESTHESIOLOGY	15,023,598	841,719	14,181,879	84,172	822,549	14,116,877
41		RADIOLOGY-DIAGNOSTIC	41,312,795	8,336,544	32,976,251	833,654	1,912,623	38,566,518
42		RADIOLOGY-THERAPEUTIC	13,039,600	2,856,521	10,183,079	285,652	590,619	12,163,329
42	01	ULTRASOUND	3,434,684	371,574	3,063,110	37,157	177,660	3,219,867
42	02	RADIOLOGY - PET SCAN	4,717,473	802,071	3,915,402	80,207	227,093	4,410,173
44		LABORATORY	38,574,164	2,562,729	36,011,435	256,273	2,088,663	36,229,228
44	01	ANATOMICAL LABORATORY	8,313,926	784,344	7,529,582	78,434	436,716	7,798,776
44	02	CARDIOLOGY	12,153,370	2,605,730	9,547,640	260,573	553,763	11,339,034
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING	8,678,742	585,320	8,093,422	58,532	469,418	8,150,792
47	01	ORTHOTIC SERVICES	1,759,633	66,034	1,693,599	6,603	98,229	1,654,801
49		RESPIRATORY THERAPY	7,904,215	767,642	7,136,573	76,764	413,921	7,413,530
50		PHYSICAL THERAPY	5,576,263	313,899	5,262,364	31,390	305,217	5,239,656
51		OCCUPATIONAL THERAPY	2,247,981	106,117	2,141,864	10,612	124,228	2,113,141
53		ELECTROCARDIOLOGY	847,208	70,568	776,640	7,057	45,045	795,106
54		ELECTROENCEPHALOGRAPHY	2,822,248	389,377	2,432,871	38,938	141,107	2,642,203
55		MEDICAL SUPPLIES CHARGED	20,528,901	636,765	19,892,136	63,677	1,153,744	19,311,480
55	30	IMPL. DEV. CHARGED TO PAT	59,362,280	1,775,822	57,586,458	177,582	3,340,015	55,844,683
56		DRUGS CHARGED TO PATIENTS	98,010,930	3,135,178	94,875,752	313,518	5,502,794	92,194,618
57		RENAL DIALYSIS	7,531,995	596,309	6,935,686	59,631	402,270	7,070,094
58		ASC (NON-DISTINCT PART)	16,129,059	2,568,399	13,560,660	256,840	786,518	15,085,701
59		IVF/CULTURE LAB	2,888,789	335,028	2,553,761	33,503	148,118	2,707,168
59	02	URODYNAMICS	686,148	31,278	654,870	3,128	37,982	645,038
59	03	SPINE TREATMENT CENTER	1,760,323	125,439	1,634,884	12,544	94,823	1,652,956
59	04	OPHTHALMOLOGY SPECIALTY L	1,959,015	241,336	1,717,679	24,134	99,625	1,835,256
59	05	DIGESTIVE DISEASE CNTR	6,205,870	886,782	5,319,088	88,678	308,507	5,808,685
59	06	RECREATION THERAPY						
59	07	CDC - REHAB	951,599	67,652	883,947	6,765	51,269	893,565
59	08	DIABETES EDUCATION	441,917	45,884	396,033	4,588	22,970	414,359
59	97	CARDIAC REHABILITATION	1,220,676	111,265	1,109,411	11,127	64,346	1,145,203
59	98	HYPERBARIC OXYGEN THERAPY	558,159	67,933	490,226	6,793	28,433	522,933
59	99	LITHOTRIPSY	844,815	84,523	760,292	8,452	44,097	792,266
		OUTPAT SERVICE COST CNTRS						
60	01	ANESTHESIA PAIN CLINIC	903,416	167,820	735,596	16,782	42,665	843,969
60	02	DERMATOLOGY CLINIC	4,492,577	412,949	4,079,628	41,295	236,618	4,214,664
60	03	ORAL SURGERY CLINIC	2,865,823	345,710	2,520,113	34,571	146,167	2,685,085
60	04	INTERNAL MEDICINE CLINIC	14,920,089	1,493,910	13,426,179	149,391	778,718	13,991,980
60	05	NEUROLOGY CLINIC	3,487,733	441,309	3,046,424	44,131	176,693	3,266,909
60	06	OB-GYN CLINIC	9,005,110	1,198,585	7,806,525	119,859	452,778	8,432,473
60	07	OPHTHALMOLOGY CLINIC	8,589,845	1,086,610	7,503,235	108,661	435,188	8,045,996
60	08	ORTHOPAEDICS CLINIC	7,644,426	734,561	6,909,865	73,456	400,772	7,170,198
60	09	OTOLARYNGOLOGY CLINIC	7,797,189	1,107,275	6,689,914	110,728	388,015	7,298,446
60	10	PEDIATRIC CLINIC	14,575,108	1,183,769	13,391,339	118,377	776,698	13,680,033
60	11	SURGERY CLINIC	6,594,134	863,448	5,730,686	86,345	332,380	6,175,409
60	12	UROLOGY CLINIC	3,042,834	521,808	2,521,026	52,181	146,220	2,844,433
60	13	PSYCHIATRIC CLINIC	6,730,398	591,418	6,138,980	59,142	356,061	6,315,195
60	14	CANCER CLINIC	8,113,556	750,206	7,363,350	75,021	427,074	7,611,461
60	15	FAMILY CARE CLINIC	14,708,786	1,093,311	13,615,475	109,331	789,698	13,809,757
61		EMERGENCY	14,968,537	1,533,929	13,434,608	153,393	779,207	14,035,937
62		OBSERVATION BEDS (NON-DIS	2,926,343	280,683	2,645,660	28,068	153,448	2,744,827
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	608,222	24,642	583,580	2,464	33,848	571,910
65		AMBULANCE SERVICES	5,134,100	278,166	4,855,934	27,817	281,644	4,824,639
101		SUBTOTAL	598,078,504	51,988,199	546,090,305	5,198,822	31,673,238	561,206,444
102		LESS OBSERVATION BEDS	2,926,343	280,683	2,645,660	28,068	153,448	2,744,827
103		TOTAL	595,152,161	51,707,516	543,444,645	5,170,754	31,519,790	558,461,617

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET C
PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	242,392,430	.266718	.281954
39		DELIVERY ROOM & LABOR ROO	12,593,612	.493552	.521655
40		ANESTHESIOLOGY	34,224,462	.412479	.436513
41		RADIOLOGY-DIAGNOSTIC	212,469,246	.181516	.190518
42		RADIOLOGY-THERAPEUTIC	52,810,309	.230321	.241505
42	01	ULTRASOUND	17,304,720	.186069	.196335
42	02	RADIOLOGY - PET SCAN	14,221,063	.310116	.326084
44		LABORATORY	208,627,675	.173655	.183666
44	01	ANATOMICAL LABORATORY	23,249,392	.335440	.354224
44	02	CARDIOLOGY	78,638,311	.144192	.151234
46	30	BLOOD CLOTTING FACTORS AD			
47		BLOOD STORING, PROCESSING	24,738,534	.329478	.348453
47	01	ORTHOTIC SERVICES	3,495,108	.473462	.501567
49		RESPIRATORY THERAPY	29,832,162	.248508	.262383
50		PHYSICAL THERAPY	12,355,499	.424075	.448778
51		OCCUPATIONAL THERAPY	4,885,358	.432546	.457974
53		ELECTROCARDIOLOGY	4,822,841	.164863	.174203
54		ELECTROENCEPHALOGRAPHY	9,531,279	.277214	.292019
55		MEDICAL SUPPLIES CHARGED	44,988,674	.429252	.454897
55	30	IMPL. DEV. CHARGED TO PAT	118,076,823	.472952	.501239
56		DRUGS CHARGED TO PATIENTS	168,657,255	.546639	.579266
57		RENAL DIALYSIS	26,912,800	.262704	.277651
58		ASC (NON-DISTINCT PART)	41,207,696	.366089	.385176
59		IVF/CULTURE LAB	3,255,367	.831601	.877101
59	02	URODYNAMICS	1,741,709	.370348	.392155
59	03	SPINE TREATMENT CENTER	580,309	2.848407	3.011808
59	04	OPHTHALMOLOGY SPECIALTY L	5,308,092	.345747	.364515
59	05	DIGESTIVE DISEASE CNTR	27,188,863	.213642	.224989
59	06	RECREATION THERAPY			
59	07	CDC - REHAB	933,010	.957723	1.012673
59	08	DIABETES EDUCATION	64,874	6.387135	6.741206
59	97	CARDIAC REHABILITATION	2,875,482	.398265	.420642
59	98	HYPERBARIC OXYGEN THERAPY	2,677,681	.195293	.205912
59	99	LITHOTRIPSY	4,608,289	.171922	.181491
		OUTPAT SERVICE COST CNTRS			
60	01	ANESTHESIA PAIN CLINIC	5,509,723	.153178	.160922
60	02	DERMATOLOGY CLINIC	6,522,770	.646146	.682422
60	03	ORAL SURGERY CLINIC	2,193,094	1.224336	1.290985
60	04	INTERNAL MEDICINE CLINIC	11,150,819	1.254794	1.324629
60	05	NEUROLOGY CLINIC	2,442,221	1.337680	1.410029
60	06	OB-GYN CLINIC	8,334,166	1.011796	1.066124
60	07	OPHTHALMOLOGY CLINIC	11,105,947	.724476	.763661
60	08	ORTHOPAEDICS CLINIC	8,665,730	.827420	.873668
60	09	OTOLARYNGOLOGY CLINIC	8,232,549	.886535	.933667
60	10	PEDIATRIC CLINIC	8,084,131	1.692208	1.788285
60	11	SURGERY CLINIC	2,765,012	2.233411	2.353621
60	12	UROLOGY CLINIC	5,736,696	.495831	.521320
60	13	PSYCHIATRIC CLINIC	4,110,889	1.536212	1.622826
60	14	CANCER CLINIC	14,335,841	.530939	.560730
60	15	FAMILY CARE CLINIC	14,439,536	.956385	1.011075
61		EMERGENCY	64,023,175	.219232	.231403
62		OBSERVATION BEDS (NON-DIS	8,690,864	.315829	.333485
63	50	RHC			
63	60	FQHC			
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	2,650,293	.215791	.228563
65		AMBULANCE SERVICES	14,526,272	.332132	.351521
101		SUBTOTAL	1638,788,653		
102		LESS OBSERVATION BEDS	8,690,864		
103		TOTAL	1630,097,789		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 16-0058 PERIOD: FROM 7/ 1/2009 TO 6/30/2010 PREPARED 11/30/2010

WORKSHEET D PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS				11,187,531		11,187,531
26	01	MEDICAL INTENSIVE CARE UN				1,000,839		1,000,839
27		CORONARY CARE UNIT				426,095		426,095
28		BURN INTENSIVE CARE UNIT				792,690		792,690
29		SURGICAL INTENSIVE CARE U				1,117,686		1,117,686
30		NEONATAL INTENSIVE CARE U				1,657,012		1,657,012
31		SUBPROVIDER I				1,377,499		1,377,499
33		NURSERY				74,800		74,800
101		TOTAL				17,634,152		17,634,152

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 16-0058 PERIOD: FROM 7/ 1/2009 TO 6/30/2010 PREPARED 11/30/2010

WORKSHEET D PART I

PPS

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
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	119,416	36,562			93.69	3,425,494
26	01	MEDICAL INTENSIVE CARE UN	5,354	2,019			186.93	377,412
27		CORONARY CARE UNIT	2,645	1,337			161.09	215,377
28		BURN INTENSIVE CARE UNIT	4,551	37			174.18	6,445
29		SURGICAL INTENSIVE CARE U	10,548	4,352			105.96	461,138
30		NEONATAL INTENSIVE CARE U	19,386				85.47	
31		SUBPROVIDER I	23,916	6,261			57.60	360,634
33		NURSERY	3,025				24.73	
101		TOTAL	188,841	50,568				4,846,500

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I COMPONENT NO: 16-0058 I PREPARED 11/30/2010 I WORKSHEET D I PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		5,188,828	242,392,430	44,829,329		
39		DELIVERY ROOM & LABOR ROO		519,480	12,593,612	53,231		
40		ANESTHESIOLOGY		841,719	34,224,462	5,243,240		
41		RADIOLOGY-DIAGNOSTIC		8,336,544	212,469,246	22,871,907		
42		RADIOLOGY-THERAPEUTIC		2,856,521	52,810,309	984,162		
42	01	ULTRASOUND		371,574	17,304,720	1,140,684		
42	02	RADIOLOGY - PET SCAN		802,071	14,221,063	696,584		
44		LABORATORY		2,562,729	208,627,675	35,016,070		
44	01	ANATOMICAL LABORATORY		784,344	23,249,392	1,900,626		
44	02	CARDIOLOGY		2,605,730	78,638,311	12,387,427		
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING		585,320	24,738,534	6,330,058		
47	01	ORTHOTIC SERVICES		66,034	3,495,108			
49		RESPIRATORY THERAPY		767,642	29,832,162	8,289,055		
50		PHYSICAL THERAPY		313,899	12,355,499	3,339,791		
51		OCCUPATIONAL THERAPY		106,117	4,885,358	1,115,001		
53		ELECTROCARDIOLOGY		70,568	4,822,841	958,271		
54		ELECTROENCEPHALOGRAPHY		389,377	9,531,279	888,158		
55		MEDICAL SUPPLIES CHARGED		636,765	44,988,674	10,481,431		
55	30	IMPL. DEV. CHARGED TO PAT		1,775,822	118,076,823	26,898,369		
56		DRUGS CHARGED TO PATIENTS		3,135,178	168,657,255	23,133,551		
57		RENAL DIALYSIS		596,309	26,912,800	3,861,143		
58		ASC (NON-DISTINCT PART)		2,568,399	41,207,696	52,057		
59		IVF/CULTURE LAB		335,028	3,255,367			
59	02	URODYNAMICS		31,278	1,741,709	2,672		
59	03	SPINE TREATMENT CENTER		125,439	580,309	160		
59	04	OPHTHALMOLOGY SPECIALTY L		241,336	5,308,092	18,367		
59	05	DIGESTIVE DISEASE CNTR		886,782	27,188,863	2,193,151		
59	06	RECREATION THERAPY						
59	07	CDC - REHAB		67,652	933,010			
59	08	DIABETES EDUCATION		45,884	64,874			
59	97	CARDIAC REHABILITATION		111,265	2,875,482	311,992		
59	98	HYPERBARIC OXYGEN THERAPY		67,933	2,677,681	271,532		
59	99	LITHOTRIPSY		84,523	4,608,289	190,951		
		OUTPAT SERVICE COST CNTRS						
60	01	ANESTHESIA PAIN CLINIC		167,820	5,509,723	394,654		
60	02	DERMATOLOGY CLINIC		412,949	6,522,770	4,541		
60	03	ORAL SURGERY CLINIC		345,710	2,193,094	455		
60	04	INTERNAL MEDICINE CLINIC		1,493,910	11,150,819	23,524		
60	05	NEUROLOGY CLINIC		441,309	2,442,221	6,055		
60	06	OB-GYN CLINIC		1,198,585	8,334,166	18,482		
60	07	OPHTHALMOLOGY CLINIC		1,086,610	11,105,947	27,524		
60	08	ORTHOPAEDICS CLINIC		734,561	8,665,730	24,062		
60	09	OTOLARYNGOLOGY CLINIC		1,107,275	8,232,549	360,753		
60	10	PEDIATRIC CLINIC		1,183,769	8,084,131	11,938		
60	11	SURGERY CLINIC		863,448	2,765,012	33,191		
60	12	UROLOGY CLINIC		521,808	5,736,696	98,501		
60	13	PSYCHIATRIC CLINIC		591,418	4,110,889	17,192		
60	14	CANCER CLINIC		750,206	14,335,841	29,591		
60	15	FAMILY CARE CLINIC		1,093,311	14,439,536	38,411		
61		EMERGENCY		1,533,929	64,023,175	6,327,674		
62		OBSERVATION BEDS (NON-DIS		280,683	8,690,864			
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		24,642	2,650,293			
65		AMBULANCE SERVICES						
101		TOTAL		51,710,033	1624,262,381	220,875,518		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0058
COMPONENT NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET D
PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.021407	959,661
39		DELIVERY ROOM & LABOR ROO	.041249	2,196
40		ANESTHESIOLOGY	.024594	128,952
41		RADIOLOGY-DIAGNOSTIC	.039236	897,402
42		RADIOLOGY-THERAPEUTIC	.054090	53,233
42	01	ULTRASOUND	.021472	24,493
42	02	RADIOLOGY - PET SCAN	.056400	39,287
44		LABORATORY	.012284	430,137
44	01	ANATOMICAL LABORATORY	.033736	64,120
44	02	CARDIOLOGY	.033136	410,470
46	30	BLOOD CLOTTING FACTORS AD		
47		BLOOD STORING, PROCESSING	.023660	149,769
47	01	ORTHOTIC SERVICES	.018893	
49		RESPIRATORY THERAPY	.025732	213,294
50		PHYSICAL THERAPY	.025406	84,851
51		OCCUPATIONAL THERAPY	.021721	24,219
53		ELECTROCARDIOLOGY	.014632	14,021
54		ELECTROENCEPHALOGRAPHY	.040853	36,284
55		MEDICAL SUPPLIES CHARGED	.014154	148,354
55	30	IMPL. DEV. CHARGED TO PAT	.015040	404,551
56		DRUGS CHARGED TO PATIENTS	.018589	430,030
57		RENAL DIALYSIS	.022157	85,551
58		ASC (NON-DISTINCT PART)	.062328	3,245
59		IVF/CULTURE LAB	.102916	
59	02	URODYNAMICS	.017958	48
59	03	SPINE TREATMENT CENTER	.216159	35
59	04	OPHTHALMOLOGY SPECIALTY L	.045466	835
59	05	DIGESTIVE DISEASE CNTR	.032616	71,532
59	06	RECREATION THERAPY		
59	07	CDC - REHAB	.072509	
59	08	DIABETES EDUCATION	.707279	
59	97	CARDIAC REHABILITATION	.038694	12,072
59	98	HYPERBARIC OXYGEN THERAPY	.025370	6,889
59	99	LITHOTRIPSY	.018342	3,502
		OUTPAT SERVICE COST CNTRS		
60	01	ANESTHESIA PAIN CLINIC	.030459	12,021
60	02	DERMATOLOGY CLINIC	.063309	287
60	03	ORAL SURGERY CLINIC	.157636	72
60	04	INTERNAL MEDICINE CLINIC	.133973	3,152
60	05	NEUROLOGY CLINIC	.180700	1,094
60	06	OB-GYN CLINIC	.143816	2,658
60	07	OPHTHALMOLOGY CLINIC	.097840	2,693
60	08	ORTHOPAEDICS CLINIC	.084766	2,040
60	09	OTOLARYNGOLOGY CLINIC	.134500	48,521
60	10	PEDIATRIC CLINIC	.146431	1,748
60	11	SURGERY CLINIC	.312276	10,365
60	12	UROLOGY CLINIC	.090960	8,960
60	13	PSYCHIATRIC CLINIC	.143866	2,473
60	14	CANCER CLINIC	.052331	1,549
60	15	FAMILY CARE CLINIC	.075716	2,908
61		EMERGENCY	.023959	151,605
62		OBSERVATION BEDS (NON-DIS	.032296	
63	50	RHC		
63	60	FQHC		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.009298	
65		AMBULANCE SERVICES		
101		TOTAL		4,951,179

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

PROVIDER NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET D PART III
PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS			285,798			285,798
26	01	MEDICAL INTENSIVE CARE UN			49,938			49,938
27		CORONARY CARE UNIT			59,109			59,109
28		BURN INTENSIVE CARE UNIT			28,563			28,563
29		SURGICAL INTENSIVE CARE U			2,744			2,744
30		NEONATAL INTENSIVE CARE U			45,872			45,872
31		SUBPROVIDER I			47,328			47,328
33		NURSERY						
101		TOTAL			519,352			519,352

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

PROVIDER NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET D
PART III

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
			5	6	7	8
25		ADULTS & PEDIATRICS	119,416	2.39	36,562	87,383
26	01	MEDICAL INTENSIVE CARE UN	5,354	9.33	2,019	18,837
27		CORONARY CARE UNIT	2,645	22.35	1,337	29,882
28		BURN INTENSIVE CARE UNIT	4,551	6.28	37	232
29		SURGICAL INTENSIVE CARE U	10,548	.26	4,352	1,132
30		NEONATAL INTENSIVE CARE U	19,386	2.37		
31		SUBPROVIDER I	23,916	1.98	6,261	12,397
33		NURSERY	3,025			
101		TOTAL	188,841		50,568	149,863

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 16-0058
COMPONENT NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC				816,006		
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRASOUND						
42	02	RADIOLOGY - PET SCAN						
44		LABORATORY				549,932		
44	01	ANATOMICAL LABORATORY						
44	02	CARDIOLOGY				10,922		
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING						
47	01	ORTHOTIC SERVICES						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS				67,716		
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		IVF/CULTURE LAB						
59	02	URODYNAMICS						
59	03	SPINE TREATMENT CENTER						
59	04	OPHTHALMOLOGY SPECIALTY L						
59	05	DIGESTIVE DISEASE CNTR						
59	06	RECREATION THERAPY						
59	07	CDC - REHAB				2,744		
59	08	DIABETES EDUCATION						
59	97	CARDIAC REHABILITATION						
59	98	HYPERBARIC OXYGEN THERAPY						
59	99	LITHOTRIPSY						
		OUTPAT SERVICE COST CNTRS						
60	01	ANESTHESIA PAIN CLINIC						
60	02	DERMATOLOGY CLINIC						
60	03	ORAL SURGERY CLINIC						
60	04	INTERNAL MEDICINE CLINIC				8,737		
60	05	NEUROLOGY CLINIC						
60	06	OB-GYN CLINIC						
60	07	OPHTHALMOLOGY CLINIC						
60	08	ORTHOPAEDICS CLINIC						
60	09	OTOLARYNGOLOGY CLINIC						
60	10	PEDIATRIC CLINIC						
60	11	SURGERY CLINIC						
60	12	UROLOGY CLINIC						
60	13	PSYCHIATRIC CLINIC						
60	14	CANCER CLINIC						
60	15	FAMILY CARE CLINIC				37,134		
61		EMERGENCY				8,737		
62		OBSERVATION BEDS (NON-DIS				7,170		
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
101		TOTAL				1,509,098		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | COMPONENT NO: 16-0058 | PREPARED 11/30/2010 | WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			242,392,430			44,829,329	
39	DELIVERY ROOM & LABOR ROO			12,593,612			53,231	
40	ANESTHESIOLOGY			34,224,462			5,243,240	
41	RADIOLOGY-DIAGNOSTIC	816,006	816,006	212,469,246	.003841	.003841	22,871,907	87,851
42	RADIOLOGY-THERAPEUTIC			52,810,309			984,162	
42 01	ULTRASOUND			17,304,720			1,140,684	
42 02	RADIOLOGY - PET SCAN			14,221,063			696,584	
44	LABORATORY	549,932	549,932	208,627,675	.002636	.002636	35,016,070	92,302
44 01	ANATOMICAL LABORATORY			23,249,392			1,900,626	
44 02	CARDIOLOGY	10,922	10,922	78,638,311	.000139	.000139	12,387,427	1,722
46 30	BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING			24,738,534			6,330,058	
47 01	ORTHOTIC SERVICES			3,495,108				
49	RESPIRATORY THERAPY			29,832,162			8,289,055	
50	PHYSICAL THERAPY			12,355,499			3,339,791	
51	OCCUPATIONAL THERAPY			4,885,358			1,115,001	
53	ELECTROCARDIOLOGY			4,822,841			958,271	
54	ELECTROENCEPHALOGRAPHY			9,531,279			888,158	
55	MEDICAL SUPPLIES CHARGED			44,988,674			10,481,431	
55 30	IMPL. DEV. CHARGED TO PAT			118,076,823			26,898,369	
56	DRUGS CHARGED TO PATIENTS	67,716	67,716	168,657,255	.000402	.000402	23,133,551	9,300
57	RENAL DIALYSIS			26,912,800			3,861,143	
58	ASC (NON-DISTINCT PART)			41,207,696			52,057	
59	IVF/CULTURE LAB			3,255,367				
59 02	URODYNAMICS			1,741,709			2,672	
59 03	SPINE TREATMENT CENTER			580,309			160	
59 04	OPHTHALMOLOGY SPECIALTY L			5,308,092			18,367	
59 05	DIGESTIVE DISEASE CNTR			27,188,863			2,193,151	
59 06	RECREATION THERAPY							
59 07	CDC - REHAB	2,744	2,744	933,010	.002941	.002941		
59 08	DIABETES EDUCATION			64,874				
59 97	CARDIAC REHABILITATION			2,875,482			311,992	
59 98	HYPERBARIC OXYGEN THERAPY			2,677,681			271,532	
59 99	LITHOTRIPSY			4,608,289			190,951	
	OUTPAT SERVICE COST CNTRS							
60 01	ANESTHESIA PAIN CLINIC			5,509,723			394,654	
60 02	DERMATOLOGY CLINIC			6,522,770			4,541	
60 03	ORAL SURGERY CLINIC			2,193,094			455	
60 04	INTERNAL MEDICINE CLINIC	8,737	8,737	11,150,819	.000784	.000784	23,524	18
60 05	NEUROLOGY CLINIC			2,442,221			6,055	
60 06	OB-GYN CLINIC			8,334,166			18,482	
60 07	OPHTHALMOLOGY CLINIC			11,105,947			27,524	
60 08	ORTHOPAEDICS CLINIC			8,665,730			24,062	
60 09	OTOLARYNGOLOGY CLINIC			8,232,549			360,753	
60 10	PEDIATRIC CLINIC			8,084,131			11,938	
60 11	SURGERY CLINIC			2,765,012			33,191	
60 12	UROLOGY CLINIC			5,736,696			98,501	
60 13	PSYCHIATRIC CLINIC			4,110,889			17,192	
60 14	CANCER CLINIC			14,335,841			29,591	
60 15	FAMILY CARE CLINIC	37,134	37,134	14,439,536	.002572	.002572	38,411	99
61	EMERGENCY	8,737	8,737	64,023,175	.000136	.000136	6,327,674	861
62	OBSERVATION BEDS (NON-DIS	7,170	7,170	8,690,864	.000825	.000825		
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,650,293				
65	AMBULANCE SERVICES							
101	TOTAL	1,509,098	1,509,098	1624,262,381			220,875,518	192,153

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 16-0058
COMPONENT NO: 16-0058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,822,526					
39	DELIVERY ROOM & LABOR ROO	2,455					
40	ANESTHESIOLOGY	2,235,793					
41	RADIOLOGY-DIAGNOSTIC	32,582,373			125,149		
42	RADIOLOGY-THERAPEUTIC	12,480,548					
42 01	ULTRASOUND	1,391,030					
42 02	RADIOLOGY - PET SCAN	3,653,180					
44	LABORATORY	4,167,093			10,984		
44 01	ANATOMICAL LABORATORY	2,716,805					
44 02	CARDIOLOGY	7,923,594			1,101		
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	673,530					
47 01	ORTHOTIC SERVICES						
49	RESPIRATORY THERAPY	65,441					
50	PHYSICAL THERAPY	193,008					
51	OCCUPATIONAL THERAPY	20,125					
53	ELECTROCARDIOLOGY	649,990					
54	ELECTROENCEPHALOGRAPHY	1,022,312					
55	MEDICAL SUPPLIES CHARGED	2,437,282					
55 30	IMPL. DEV. CHARGED TO PAT	8,980,553					
56	DRUGS CHARGED TO PATIENTS	22,661,086			9,110		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	6,643,865					
59	IVF/CULTURE LAB	1,091					
59 02	URODYNAMICS	500,609					
59 03	SPINE TREATMENT CENTER	45,451					
59 04	OPHTHALMOLOGY SPECIALTY L	1,693,942					
59 05	DIGESTIVE DISEASE CNTR	6,160,077					
59 06	RECREATION THERAPY						
59 07	CDC - REHAB	76,601			225		
59 08	DIABETES EDUCATION	3,792					
59 97	CARDIAC REHABILITATION	329,873					
59 98	HYPERBARIC OXYGEN THERAPY	466,560					
59 99	LITHOTRIPSY	1,049,411					
	OUTPAT SERVICE COST CNTRS						
60 01	ANESTHESIA PAIN CLINIC	766,777					
60 02	DERMATOLOGY CLINIC	2,071,466					
60 03	ORAL SURGERY CLINIC	92,827					
60 04	INTERNAL MEDICINE CLINIC	2,859,498			2,242		
60 05	NEUROLOGY CLINIC	827,859					
60 06	OB-GYN CLINIC	819,862					
60 07	OPHTHALMOLOGY CLINIC	4,318,857					
60 08	ORTHOPAEDICS CLINIC	1,498,221					
60 09	OTOLARYNGOLOGY CLINIC	1,541,709					
60 10	PEDIATRIC CLINIC	910,719					
60 11	SURGERY CLINIC	722,098					
60 12	UROLOGY CLINIC	1,962,965					
60 13	PSYCHIATRIC CLINIC	476,683					
60 14	CANCER CLINIC	2,443,630					
60 15	FAMILY CARE CLINIC	3,522,589			9,060		
61	EMERGENCY	4,150,839			565		
62	OBSERVATION BEDS (NON-DIS	1,167,949			964		
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL	163,804,544			159,400		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010

COMPONENT NO: 16-0058

WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.261401	.261401			
39		DELIVERY ROOM & LABOR ROOM	.471969	.471969			
40		ANESTHESIOLOGY	.212688	.212688			
41		RADIOLOGY-DIAGNOSTIC	.175185	.175185			
42		RADIOLOGY-THERAPEUTIC	.232800	.232800			
42	01	ULTRASOUND	.171471	.171471			
42	02	RADIOLOGY - PET SCAN	.321422	.321422			
44		LABORATORY	.180214	.180214			
44	01	ANATOMICAL LABORATORY	.276718	.276718			
44	02	CARDIOLOGY	.154422	.154422			
46	30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47		BLOOD STORING, PROCESSING & TRANS.	.350819	.350819			
47	01	ORTHOTIC SERVICES	.503456	.503456			
49		RESPIRATORY THERAPY	.264956	.264956			
50		PHYSICAL THERAPY	.451318	.451318			
51		OCCUPATIONAL THERAPY	.460147	.460147			
53		ELECTROCARDIOLOGY	.173295	.173295			
54		ELECTROENCEPHALOGRAPHY	.272319	.272319			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.456313	.456313			
55	30	IMPL. DEV. CHARGED TO PATIENT	.502743	.502743			
56		DRUGS CHARGED TO PATIENTS	.581125	.581125			
57		RENAL DIALYSIS	.279759	.279759			
58		ASC (NON-DISTINCT PART)	.391409	.391409			
59		IVF/CULTURE LAB	.887393	.887393			
59	02	URODYNAMICS	.388436	.388436			
59	03	SPINE TREATMENT CENTER	3.033424	3.033424			
59	04	OPHTHALMOLOGY SPECIALTY LABS	.369062	.369062			
59	05	DIGESTIVE DISEASE CNTR	.225884	.225884			
59	06	RECREATION THERAPY					
59	07	CDC - REHAB	.883809	.883809			
59	08	DIABETES EDUCATION	6.811928	6.811928			
59	97	CARDIAC REHABILITATION	.424512	.424512			
59	98	HYPERBARIC OXYGEN THERAPY	.208449	.208449			
59	99	LITHOTRIPSY	.183325	.183325			
		OUTPAT SERVICE COST CNTRS					
60	01	ANESTHESIA PAIN CLINIC	.163968	.163968			
60	02	DERMATOLOGY CLINIC	.479893	.479893			
60	03	ORAL SURGERY CLINIC	.893404	.893404			
60	04	INTERNAL MEDICINE CLINIC	1.115006	1.115006			
60	05	NEUROLOGY CLINIC	1.041188	1.041188			
60	06	OB-GYN CLINIC	.977827	.977827			
60	07	OPHTHALMOLOGY CLINIC	.673125	.673125			
60	08	ORTHOPAEDICS CLINIC	.751728	.751728			
60	09	OTOLARYNGOLOGY CLINIC	.828246	.828246			
60	10	PEDIATRIC CLINIC	1.561990	1.561990			
60	11	SURGERY CLINIC	1.949868	1.949868			
60	12	UROLOGY CLINIC	.454915	.454915			
60	13	PSYCHIATRIC CLINIC	1.039388	1.039388			
60	14	CANCER CLINIC	.542939	.542939			
60	15	FAMILY CARE CLINIC	.729911	.729911			
61		EMERGENCY	.190784	.190784			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.336715	.336715			
63	50	RHC					
63	60	FQHC					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.229492	.229492			
65		AMBULANCE SERVICES	.353435	.353435			
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 | WORKSHEET D PART V

COMPONENT NO: 16-0058

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		12,822,526	887,380		
39		DELIVERY ROOM & LABOR ROOM		2,455			
40		ANESTHESIOLOGY		2,235,793			
41		RADIOLOGY-DIAGNOSTIC		32,582,373	202		
42		RADIOLOGY-THERAPEUTIC		12,480,548			
42	01	ULTRASOUND		1,391,030			
42	02	RADIOLOGY - PET SCAN		3,653,180			
44		LABORATORY		4,167,093	3,054		
44	01	ANATOMICAL LABORATORY		2,716,805			
44	02	CARDIOLOGY		7,923,594			
46	30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47		BLOOD STORING, PROCESSING & TRANS.		673,530	4,824		
47	01	ORTHOTIC SERVICES					
49		RESPIRATORY THERAPY		65,441			
50		PHYSICAL THERAPY		193,008			
51		OCCUPATIONAL THERAPY		20,125			
53		ELECTROCARDIOLOGY		649,990			
54		ELECTROENCEPHALOGRAPHY		1,022,312			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		2,437,282	12,681		
55	30	IMPL. DEV. CHARGED TO PATIENT		8,980,553			
56		DRUGS CHARGED TO PATIENTS		22,661,086	122,836		
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)		6,643,865			
59		IVF/CULTURE LAB		1,091			
59	02	URODYNAMICS		500,609			
59	03	SPINE TREATMENT CENTER		45,451			
59	04	OPHTHALMOLOGY SPECIALTY LABS		1,693,942			
59	05	DIGESTIVE DISEASE CNTR		6,160,077			
59	06	RECREATION THERAPY					
59	07	CDC - REHAB		76,601			
59	08	DIABETES EDUCATION		3,792			
59	97	CARDIAC REHABILITATION		329,873			
59	98	HYPERBARIC OXYGEN THERAPY		466,560			
59	99	LITHOTRIPSY		1,049,411			
		OUTPAT SERVICE COST CNTRS					
60	01	ANESTHESIA PAIN CLINIC		766,777			
60	02	DERMATOLOGY CLINIC		2,071,466			
60	03	ORAL SURGERY CLINIC		92,827			
60	04	INTERNAL MEDICINE CLINIC		2,859,498			
60	05	NEUROLOGY CLINIC		827,859			
60	06	OB-GYN CLINIC		819,862			
60	07	OPHTHALMOLOGY CLINIC		4,318,857			
60	08	ORTHOPAEDICS CLINIC		1,498,221			
60	09	OTOLARYNGOLOGY CLINIC		1,541,709			
60	10	PEDIATRIC CLINIC		910,719			
60	11	SURGERY CLINIC		722,098			
60	12	UROLOGY CLINIC		1,962,965			
60	13	PSYCHIATRIC CLINIC		476,683			
60	14	CANCER CLINIC		2,443,630			
60	15	FAMILY CARE CLINIC		3,522,589			
61		EMERGENCY		4,150,839			
62		OBSERVATION BEDS (NON-DISTINCT PART)		1,167,949			
63	50	RHC					
63	60	FQHC					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
101		SUBTOTAL		163,804,544	1,030,977		
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES		163,804,544	1,030,977		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010
COMPONENT NO: 16-0058 | WORKSHEET D PART V

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				3,351,821	231,962
39	DELIVERY ROOM & LABOR ROOM				1,159	
40	ANESTHESIOLOGY				475,526	
41	RADIOLOGY-DIAGNOSTIC				5,707,943	35
42	RADIOLOGY-THERAPEUTIC				2,905,472	
42 01	ULTRASOUND				238,521	
42 02	RADIOLOGY - PET SCAN				1,174,212	
44	LABORATORY				750,968	550
44 01	ANATOMICAL LABORATORY				751,789	
44 02	CARDIOLOGY				1,223,577	
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.				236,287	1,692
47 01	ORTHOTIC SERVICES					
49	RESPIRATORY THERAPY				17,339	
50	PHYSICAL THERAPY				87,108	
51	OCCUPATIONAL THERAPY				9,260	
53	ELECTROCARDIOLOGY				112,640	
54	ELECTROENCEPHALOGRAPHY				278,395	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,112,163	5,787
55 30	IMPL. DEV. CHARGED TO PATIENT				4,514,910	
56	DRUGS CHARGED TO PATIENTS				13,168,924	71,383
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)				2,600,469	
59	IVF/CULTURE LAB				968	
59 02	URODYNAMICS				194,455	
59 03	SPINE TREATMENT CENTER				137,872	
59 04	OPHTHALMOLOGY SPECIALTY LABS				625,170	
59 05	DIGESTIVE DISEASE CNTR				1,391,463	
59 06	RECREATION THERAPY					
59 07	CDC - REHAB				67,701	
59 08	DIABETES EDUCATION				25,831	
59 97	CARDIAC REHABILITATION				140,035	
59 98	HYPERBARIC OXYGEN THERAPY				97,254	
59 99	LITHOTRIPSY				192,383	
	OUTPAT SERVICE COST CNTRS					
60 01	ANESTHESIA PAIN CLINIC				125,727	
60 02	DERMATOLOGY CLINIC				994,082	
60 03	ORAL SURGERY CLINIC				82,932	
60 04	INTERNAL MEDICINE CLINIC				3,188,357	
60 05	NEUROLOGY CLINIC				861,957	
60 06	OB-GYN CLINIC				801,683	
60 07	OPHTHALMOLOGY CLINIC				2,907,131	
60 08	ORTHOPAEDICS CLINIC				1,126,255	
60 09	OTOLARYNGOLOGY CLINIC				1,276,914	
60 10	PEDIATRIC CLINIC				1,422,534	
60 11	SURGERY CLINIC				1,407,996	
60 12	UROLOGY CLINIC				892,982	
60 13	PSYCHIATRIC CLINIC				495,459	
60 14	CANCER CLINIC				1,326,742	
60 15	FAMILY CARE CLINIC				2,571,176	
61	EMERGENCY				791,914	
62	OBSERVATION BEDS (NON-DISTINCT PART)				393,266	
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				62,258,722	311,409
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				62,258,722	311,409

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART V
16-0058		

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
42 01	ULTRASOUND			
42 02	RADIOLOGY - PET SCAN			
44	LABORATORY			
44 01	ANATOMICAL LABORATORY			
44 02	CARDIOLOGY			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.			
47 01	ORTHOTIC SERVICES			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	IVF/CULTURE LAB			
59 02	URODYNAMICS			
59 03	SPINE TREATMENT CENTER			
59 04	OPHTHALMOLOGY SPECIALTY LABS			
59 05	DIGESTIVE DISEASE CNTR			
59 06	RECREATION THERAPY			
59 07	CDC - REHAB			
59 08	DIABETES EDUCATION			
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARIC OXYGEN THERAPY			
59 99	LITHOTRIPSY			
	OUTPAT SERVICE COST CNTRS			
60 01	ANESTHESIA PAIN CLINIC			
60 02	DERMATOLOGY CLINIC			
60 03	ORAL SURGERY CLINIC			
60 04	INTERNAL MEDICINE CLINIC			
60 05	NEUROLOGY CLINIC			
60 06	OB-GYN CLINIC			
60 07	OPHTHALMOLOGY CLINIC			
60 08	ORTHOPAEDICS CLINIC			
60 09	OTOLARYNGOLOGY CLINIC			
60 10	PEDIATRIC CLINIC			
60 11	SURGERY CLINIC			
60 12	UROLOGY CLINIC			
60 13	PSYCHIATRIC CLINIC			
60 14	CANCER CLINIC			
60 15	FAMILY CARE CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I COMPONENT NO: 16-S058 I PREPARED 11/30/2010 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		5,188,828	242,392,430	278,164		
39		DELIVERY ROOM & LABOR ROO		519,480	12,593,612			
40		ANESTHESIOLOGY		841,719	34,224,462	112,075		
41		RADIOLOGY-DIAGNOSTIC		8,336,544	212,469,246	205,277		
42		RADIOLOGY-THERAPEUTIC		2,856,521	52,810,309	19,359		
42	01	ULTRASOUND		371,574	17,304,720	6,243		
42	02	RADIOLOGY - PET SCAN		802,071	14,221,063			
44		LABORATORY		2,562,729	208,627,675	457,085		
44	01	ANATOMICAL LABORATORY		784,344	23,249,392	1,806		
44	02	CARDIOLOGY		2,605,730	78,638,311	14,680		
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING		585,320	24,738,534	730		
47	01	ORTHOTIC SERVICES		66,034	3,495,108	30		
49		RESPIRATORY THERAPY		767,642	29,832,162	17,630		
50		PHYSICAL THERAPY		313,899	12,355,499	20,211		
51		OCCUPATIONAL THERAPY		106,117	4,885,358	167,117		
53		ELECTROCARDIOLOGY		70,568	4,822,841	29,109		
54		ELECTROENCEPHALOGRAPHY		389,377	9,531,279	15,088		
55		MEDICAL SUPPLIES CHARGED		636,765	44,988,674	62,661		
55	30	IMPL. DEV. CHARGED TO PAT		1,775,822	118,076,823	2,098		
56		DRUGS CHARGED TO PATIENTS		3,135,178	168,657,255	396,875		
57		RENAL DIALYSIS		596,309	26,912,800			
58		ASC (NON-DISTINCT PART)		2,568,399	41,207,696			
59		IVF/CULTURE LAB		335,028	3,255,367			
59	02	URODYNAMICS		31,278	1,741,709			
59	03	SPINE TREATMENT CENTER		125,439	580,309			
59	04	OPHTHALMOLOGY SPECIALTY L		241,336	5,308,092			
59	05	DIGESTIVE DISEASE CNTR		886,782	27,188,863			
59	06	RECREATION THERAPY						
59	07	CDC - REHAB		67,652	933,010			
59	08	DIABETES EDUCATION		45,884	64,874			
59	97	CARDIAC REHABILITATION		111,265	2,875,482	442		
59	98	HYPERBARIC OXYGEN THERAPY		67,933	2,677,681			
59	99	LITHOTRIPSY		84,523	4,608,289			
		OUTPAT SERVICE COST CNTRS						
60	01	ANESTHESIA PAIN CLINIC		167,820	5,509,723			
60	02	DERMATOLOGY CLINIC		412,949	6,522,770			
60	03	ORAL SURGERY CLINIC		345,710	2,193,094			
60	04	INTERNAL MEDICINE CLINIC		1,493,910	11,150,819	3,609		
60	05	NEUROLOGY CLINIC		441,309	2,442,221			
60	06	OB-GYN CLINIC		1,198,585	8,334,166			
60	07	OPHTHALMOLOGY CLINIC		1,086,610	11,105,947			
60	08	ORTHOPAEDICS CLINIC		734,561	8,665,730			
60	09	OTOLARYNGOLOGY CLINIC		1,107,275	8,232,549	904		
60	10	PEDIATRIC CLINIC		1,183,769	8,084,131			
60	11	SURGERY CLINIC		863,448	2,765,012			
60	12	UROLOGY CLINIC		521,808	5,736,696			
60	13	PSYCHIATRIC CLINIC		591,418	4,110,889	35,530		
60	14	CANCER CLINIC		750,206	14,335,841			
60	15	FAMILY CARE CLINIC		1,093,311	14,439,536			
61		EMERGENCY		1,533,929	64,023,175	469,970		
62		OBSERVATION BEDS (NON-DIS		280,683	8,690,864			
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		24,642	2,650,293			
65		AMBULANCE SERVICES						
101		TOTAL		51,710,033	1624,262,381	2,316,693		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART II
16-S058		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.021407	5,955
39		DELIVERY ROOM & LABOR ROO	.041249	
40		ANESTHESIOLOGY	.024594	2,756
41		RADIOLOGY-DIAGNOSTIC	.039236	8,054
42		RADIOLOGY-THERAPEUTIC	.054090	1,047
42	01	ULTRASOUND	.021472	134
42	02	RADIOLOGY - PET SCAN	.056400	
44		LABORATORY	.012284	5,615
44	01	ANATOMICAL LABORATORY	.033736	61
44	02	CARDIOLOGY	.033136	486
46	30	BLOOD CLOTTING FACTORS AD		
47		BLOOD STORING, PROCESSING	.023660	17
47	01	ORTHOTIC SERVICES	.018893	1
49		RESPIRATORY THERAPY	.025732	454
50		PHYSICAL THERAPY	.025406	513
51		OCCUPATIONAL THERAPY	.021721	3,630
53		ELECTROCARDIOLOGY	.014632	426
54		ELECTROENCEPHALOGRAPHY	.040853	616
55		MEDICAL SUPPLIES CHARGED	.014154	887
55	30	IMPL. DEV. CHARGED TO PAT	.015040	32
56		DRUGS CHARGED TO PATIENTS	.018589	7,378
57		RENAL DIALYSIS	.022157	
58		ASC (NON-DISTINCT PART)	.062328	
59		IVF/CULTURE LAB	.102916	
59	02	URODYNAMICS	.017958	
59	03	SPINE TREATMENT CENTER	.216159	
59	04	OPHTHALMOLOGY SPECIALTY L	.045466	
59	05	DIGESTIVE DISEASE CNTR	.032616	
59	06	RECREATION THERAPY		
59	07	CDC - REHAB	.072509	
59	08	DIABETES EDUCATION	.707279	
59	97	CARDIAC REHABILITATION	.038694	17
59	98	HYPERBARIC OXYGEN THERAPY	.025370	
59	99	LITHOTRIPSY	.018342	
		OUTPAT SERVICE COST CNTRS		
60	01	ANESTHESIA PAIN CLINIC	.030459	
60	02	DERMATOLOGY CLINIC	.063309	
60	03	ORAL SURGERY CLINIC	.157636	
60	04	INTERNAL MEDICINE CLINIC	.133973	484
60	05	NEUROLOGY CLINIC	.180700	
60	06	OB-GYN CLINIC	.143816	
60	07	OPHTHALMOLOGY CLINIC	.097840	
60	08	ORTHOPAEDICS CLINIC	.084766	
60	09	OTOLARYNGOLOGY CLINIC	.134500	122
60	10	PEDIATRIC CLINIC	.146431	
60	11	SURGERY CLINIC	.312276	
60	12	UROLOGY CLINIC	.090960	
60	13	PSYCHIATRIC CLINIC	.143866	5,112
60	14	CANCER CLINIC	.052331	
60	15	FAMILY CARE CLINIC	.075716	
61		EMERGENCY	.023959	11,260
62		OBSERVATION BEDS (NON-DIS	.032296	
63	50	RHC		
63	60	FQHC		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.009298	
65		AMBULANCE SERVICES		
101		TOTAL		55,057

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 16-0058
COMPONENT NO: 16-S058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				816,006		
42	RADIOLOGY-THERAPEUTIC						
42 01	ULTRASOUND						
42 02	RADIOLOGY - PET SCAN						
44	LABORATORY				549,932		
44 01	ANATOMICAL LABORATORY						
44 02	CARDIOLOGY				10,922		
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
47 01	ORTHOTIC SERVICES						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS				67,716		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	IVF/CULTURE LAB						
59 02	URODYNAMICS						
59 03	SPINE TREATMENT CENTER						
59 04	OPHTHALMOLOGY SPECIALTY L						
59 05	DIGESTIVE DISEASE CNTR						
59 06	RECREATION THERAPY						
59 07	CDC - REHAB				2,744		
59 08	DIABETES EDUCATION						
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARIC OXYGEN THERAPY						
59 99	LITHOTRIPSY						
	OUTPAT SERVICE COST CNTRS						
60 01	ANESTHESIA PAIN CLINIC						
60 02	DERMATOLOGY CLINIC						
60 03	ORAL SURGERY CLINIC						
60 04	INTERNAL MEDICINE CLINIC				8,737		
60 05	NEUROLOGY CLINIC						
60 06	OB-GYN CLINIC						
60 07	OPHTHALMOLOGY CLINIC						
60 08	ORTHOPAEDICS CLINIC						
60 09	OTOLARYNGOLOGY CLINIC						
60 10	PEDIATRIC CLINIC						
60 11	SURGERY CLINIC						
60 12	UROLOGY CLINIC						
60 13	PSYCHIATRIC CLINIC						
60 14	CANCER CLINIC						
60 15	FAMILY CARE CLINIC				37,134		
61	EMERGENCY				8,737		
62	OBSERVATION BEDS (NON-DIS				7,170		
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL				1,509,098		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 16-0058
COMPONENT NO: 16-S058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			242,392,430			278,164	
39	DELIVERY ROOM & LABOR ROO			12,593,612				
40	ANESTHESIOLOGY			34,224,462			112,075	
41	RADIOLOGY-DIAGNOSTIC	816,006	816,006	212,469,246	.003841	.003841	205,277	788
42	RADIOLOGY-THERAPEUTIC			52,810,309			19,359	
42 01	ULTRASOUND			17,304,720			6,243	
42 02	RADIOLOGY - PET SCAN			14,221,063				
44	LABORATORY	549,932	549,932	208,627,675	.002636	.002636	457,085	1,205
44 01	ANATOMICAL LABORATORY			23,249,392			1,806	
44 02	CARDIOLOGY	10,922	10,922	78,638,311	.000139	.000139	14,680	2
46 30	BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING			24,738,534			730	
47 01	ORTHOTIC SERVICES			3,495,108			30	
49	RESPIRATORY THERAPY			29,832,162			17,630	
50	PHYSICAL THERAPY			12,355,499			20,211	
51	OCCUPATIONAL THERAPY			4,885,358			167,117	
53	ELECTROCARDIOLOGY			4,822,841			29,109	
54	ELECTROENCEPHALOGRAPHY			9,531,279			15,088	
55	MEDICAL SUPPLIES CHARGED			44,988,674			62,661	
55 30	IMPL. DEV. CHARGED TO PAT			118,076,823			2,098	
56	DRUGS CHARGED TO PATIENTS	67,716	67,716	168,657,255	.000402	.000402	396,875	160
57	RENAL DIALYSIS			26,912,800				
58	ASC (NON-DISTINCT PART)			41,207,696				
59	IVF/CULTURE LAB			3,255,367				
59 02	URODYNAMICS			1,741,709				
59 03	SPINE TREATMENT CENTER			580,309				
59 04	OPHTHALMOLOGY SPECIALTY L			5,308,092				
59 05	DIGESTIVE DISEASE CNTR			27,188,863				
59 06	RECREATION THERAPY							
59 07	CDC - REHAB	2,744	2,744	933,010	.002941	.002941		
59 08	DIABETES EDUCATION			64,874				
59 97	CARDIAC REHABILITATION			2,875,482			442	
59 98	HYPERBARIC OXYGEN THERAPY			2,677,681				
59 99	LITHOTRIPSY			4,608,289				
	OUTPAT SERVICE COST CNTRS							
60 01	ANESTHESIA PAIN CLINIC			5,509,723				
60 02	DERMATOLOGY CLINIC			6,522,770				
60 03	ORAL SURGERY CLINIC			2,193,094				
60 04	INTERNAL MEDICINE CLINIC	8,737	8,737	11,150,819	.000784	.000784	3,609	3
60 05	NEUROLOGY CLINIC			2,442,221				
60 06	OB-GYN CLINIC			8,334,166				
60 07	OPHTHALMOLOGY CLINIC			11,105,947				
60 08	ORTHOPAEDICS CLINIC			8,665,730				
60 09	OTOLARYNGOLOGY CLINIC			8,232,549			904	
60 10	PEDIATRIC CLINIC			8,084,131				
60 11	SURGERY CLINIC			2,765,012				
60 12	UROLOGY CLINIC			5,736,696				
60 13	PSYCHIATRIC CLINIC			4,110,889			35,530	
60 14	CANCER CLINIC			14,335,841				
60 15	FAMILY CARE CLINIC	37,134	37,134	14,439,536	.002572	.002572		
61	EMERGENCY	8,737	8,737	64,023,175	.000136	.000136	469,970	64
62	OBSERVATION BEDS (NON-DIS	7,170	7,170	8,690,864	.000825	.000825		
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,650,293				
65	AMBULANCE SERVICES							
101	TOTAL	1,509,098	1,509,098	1624,262,381			2,316,693	2,222

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 16-0058
COMPONENT NO: 16-S058
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	225			1		
42	RADIOLOGY-THERAPEUTIC						
42 01	ULTRASOUND						
42 02	RADIOLOGY - PET SCAN						
44	LABORATORY						
44 01	ANATOMICAL LABORATORY						
44 02	CARDIOLOGY						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
47 01	ORTHOTIC SERVICES						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY	140					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	28					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	IVF/CULTURE LAB						
59 02	URODYNAMICS						
59 03	SPINE TREATMENT CENTER						
59 04	OPHTHALMOLOGY SPECIALTY L						
59 05	DIGESTIVE DISEASE CNTR						
59 06	RECREATION THERAPY						
59 07	CDC - REHAB						
59 08	DIABETES EDUCATION						
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARIC OXYGEN THERAPY						
59 99	LITHOTRIPSY						
	OUTPAT SERVICE COST CNTRS						
60 01	ANESTHESIA PAIN CLINIC						
60 02	DERMATOLOGY CLINIC						
60 03	ORAL SURGERY CLINIC						
60 04	INTERNAL MEDICINE CLINIC						
60 05	NEUROLOGY CLINIC						
60 06	OB-GYN CLINIC						
60 07	OPHTHALMOLOGY CLINIC						
60 08	ORTHOPAEDICS CLINIC						
60 09	OTOLARYNGOLOGY CLINIC						
60 10	PEDIATRIC CLINIC						
60 11	SURGERY CLINIC						
60 12	UROLOGY CLINIC						
60 13	PSYCHIATRIC CLINIC						
60 14	CANCER CLINIC						
60 15	FAMILY CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL	393			1		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010

COMPONENT NO: 16-S058 | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.261401	.261401			
39		DELIVERY ROOM & LABOR ROOM	.471969	.471969			
40		ANESTHESIOLOGY	.212688	.212688			
41		RADIOLOGY-DIAGNOSTIC	.175185	.175185			
42		RADIOLOGY-THERAPEUTIC	.232800	.232800			
42	01	ULTRASOUND	.171471	.171471			
42	02	RADIOLOGY - PET SCAN	.321422	.321422			
44		LABORATORY	.180214	.180214			
44	01	ANATOMICAL LABORATORY	.276718	.276718			
44	02	CARDIOLOGY	.154422	.154422			
46	30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47		BLOOD STORING, PROCESSING & TRANS.	.350819	.350819			
47	01	ORTHOTIC SERVICES	.503456	.503456			
49		RESPIRATORY THERAPY	.264956	.264956			
50		PHYSICAL THERAPY	.451318	.451318			
51		OCCUPATIONAL THERAPY	.460147	.460147			
53		ELECTROCARDIOLOGY	.173295	.173295			
54		ELECTROENCEPHALOGRAPHY	.272319	.272319			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.456313	.456313			
55	30	IMPL. DEV. CHARGED TO PATIENT	.502743	.502743			
56		DRUGS CHARGED TO PATIENTS	.581125	.581125			
57		RENAL DIALYSIS	.279759	.279759			
58		ASC (NON-DISTINCT PART)	.391409	.391409			
59		IVF/CULTURE LAB	.887393	.887393			
59	02	URODYNAMICS	.388436	.388436			
59	03	SPINE TREATMENT CENTER	3.033424	3.033424			
59	04	OPHTHALMOLOGY SPECIALTY LABS	.369062	.369062			
59	05	DIGESTIVE DISEASE CNTR	.225884	.225884			
59	06	RECREATION THERAPY					
59	07	CDC - REHAB	.883809	.883809			
59	08	DIABETES EDUCATION	6.811928	6.811928			
59	97	CARDIAC REHABILITATION	.424512	.424512			
59	98	HYPERBARIC OXYGEN THERAPY	.208449	.208449			
59	99	LITHOTRIPSY	.183325	.183325			
		OUTPAT SERVICE COST CNTRS					
60	01	ANESTHESIA PAIN CLINIC	.163968	.163968			
60	02	DERMATOLOGY CLINIC	.479893	.479893			
60	03	ORAL SURGERY CLINIC	.893404	.893404			
60	04	INTERNAL MEDICINE CLINIC	1.115006	1.115006			
60	05	NEUROLOGY CLINIC	1.041188	1.041188			
60	06	OB-GYN CLINIC	.977827	.977827			
60	07	OPHTHALMOLOGY CLINIC	.673125	.673125			
60	08	ORTHOPAEDICS CLINIC	.751728	.751728			
60	09	OTOLARYNGOLOGY CLINIC	.828246	.828246			
60	10	PEDIATRIC CLINIC	1.561990	1.561990			
60	11	SURGERY CLINIC	1.949868	1.949868			
60	12	UROLOGY CLINIC	.454915	.454915			
60	13	PSYCHIATRIC CLINIC	1.039388	1.039388			
60	14	CANCER CLINIC	.542939	.542939			
60	15	FAMILY CARE CLINIC	.729911	.729911			
61		EMERGENCY	.190784	.190784			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.336715	.336715			
63	50	RHC					
63	60	FQHC					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.229492	.229492			
65		AMBULANCE SERVICES	.353435	.353435			
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010
COMPONENT NO: 16-S058 | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		225			
42	RADIOLOGY-THERAPEUTIC					
42 01	ULTRASOUND					
42 02	RADIOLOGY - PET SCAN					
44	LABORATORY					
44 01	ANATOMICAL LABORATORY					
44 02	CARDIOLOGY					
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.					
47 01	ORTHOTIC SERVICES					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
53	ELECTROCARDIOLOGY		140			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS		28			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	IVF/CULTURE LAB					
59 02	URODYNAMICS					
59 03	SPINE TREATMENT CENTER					
59 04	OPHTHALMOLOGY SPECIALTY LABS					
59 05	DIGESTIVE DISEASE CNTR					
59 06	RECREATION THERAPY					
59 07	CDC - REHAB					
59 08	DIABETES EDUCATION					
59 97	CARDIAC REHABILITATION					
59 98	HYPERBARIC OXYGEN THERAPY					
59 99	LITHOTRIPSY					
	OUTPAT SERVICE COST CNTRS					
60 01	ANESTHESIA PAIN CLINIC					
60 02	DERMATOLOGY CLINIC					
60 03	ORAL SURGERY CLINIC					
60 04	INTERNAL MEDICINE CLINIC					
60 05	NEUROLOGY CLINIC					
60 06	OB-GYN CLINIC					
60 07	OPHTHALMOLOGY CLINIC					
60 08	ORTHOPAEDICS CLINIC					
60 09	OTOLARYNGOLOGY CLINIC					
60 10	PEDIATRIC CLINIC					
60 11	SURGERY CLINIC					
60 12	UROLOGY CLINIC					
60 13	PSYCHIATRIC CLINIC					
60 14	CANCER CLINIC					
60 15	FAMILY CARE CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		393			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		393			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010
COMPONENT NO: 16-S058

WORKSHEET D
PART V

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				39	
42	RADIOLOGY-THERAPEUTIC					
42 01	ULTRASOUND					
42 02	RADIOLOGY - PET SCAN					
44	LABORATORY					
44 01	ANATOMICAL LABORATORY					
44 02	CARDIOLOGY					
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.					
47 01	ORTHOTIC SERVICES					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
53	ELECTROCARDIOLOGY				24	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS				16	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	IVF/CULTURE LAB					
59 02	URODYNAMICS					
59 03	SPINE TREATMENT CENTER					
59 04	OPHTHALMOLOGY SPECIALTY LABS					
59 05	DIGESTIVE DISEASE CNTR					
59 06	RECREATION THERAPY					
59 07	CDC - REHAB					
59 08	DIABETES EDUCATION					
59 97	CARDIAC REHABILITATION					
59 98	HYPERBARIC OXYGEN THERAPY					
59 99	LITHOTRIPSY					
	OUTPAT SERVICE COST CNTRS					
60 01	ANESTHESIA PAIN CLINIC					
60 02	DERMATOLOGY CLINIC					
60 03	ORAL SURGERY CLINIC					
60 04	INTERNAL MEDICINE CLINIC					
60 05	NEUROLOGY CLINIC					
60 06	OB-GYN CLINIC					
60 07	OPHTHALMOLOGY CLINIC					
60 08	ORTHOPAEDICS CLINIC					
60 09	OTOLARYNGOLOGY CLINIC					
60 10	PEDIATRIC CLINIC					
60 11	SURGERY CLINIC					
60 12	UROLOGY CLINIC					
60 13	PSYCHIATRIC CLINIC					
60 14	CANCER CLINIC					
60 15	FAMILY CARE CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				79	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				79	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART V
16-S058		

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
42 01	ULTRASOUND			
42 02	RADIOLOGY - PET SCAN			
44	LABORATORY			
44 01	ANATOMICAL LABORATORY			
44 02	CARDIOLOGY			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.			
47 01	ORTHOTIC SERVICES			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	IVF/CULTURE LAB			
59 02	URODYNAMICS			
59 03	SPINE TREATMENT CENTER			
59 04	OPHTHALMOLOGY SPECIALTY LABS			
59 05	DIGESTIVE DISEASE CNTR			
59 06	RECREATION THERAPY			
59 07	CDC - REHAB			
59 08	DIABETES EDUCATION			
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARIC OXYGEN THERAPY			
59 99	LITHOTRIPSY			
	OUTPAT SERVICE COST CNTRS			
60 01	ANESTHESIA PAIN CLINIC			
60 02	DERMATOLOGY CLINIC			
60 03	ORAL SURGERY CLINIC			
60 04	INTERNAL MEDICINE CLINIC			
60 05	NEUROLOGY CLINIC			
60 06	OB-GYN CLINIC			
60 07	OPHTHALMOLOGY CLINIC			
60 08	ORTHOPAEDICS CLINIC			
60 09	OTOLARYNGOLOGY CLINIC			
60 10	PEDIATRIC CLINIC			
60 11	SURGERY CLINIC			
60 12	UROLOGY CLINIC			
60 13	PSYCHIATRIC CLINIC			
60 14	CANCER CLINIC			
60 15	FAMILY CARE CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
16-0058		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	119,416
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	119,416
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	119,416
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)	36,562
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	116,638,984
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	116,638,984
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	200,196,676
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	200,196,676
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.582622
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,676.46
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	116,638,984

TITLE XVIII PART A HOSPITAL PPS

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	976.75
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	35,711,934
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	35,711,934

		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					
43.01	MEDICAL INTENSIVE CARE UNIT	9,554,268	5,354	1,784.51	2,019	3,602,926
44	CORONARY CARE UNIT	4,589,735	2,645	1,735.25	1,337	2,320,029
45	BURN INTENSIVE CARE UNIT	7,268,970	4,551	1,597.22	37	59,097
46	SURGICAL INTENSIVE CARE UNIT	16,759,804	10,548	1,588.91	4,352	6,914,936
47	NEONATAL INTENSIVE CARE UNIT	24,036,938	19,386	1,239.91		

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	68,613,009
49	TOTAL PROGRAM INPATIENT COSTS	117,221,931
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4,623,332
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5,143,332
52	TOTAL PROGRAM EXCLUDABLE COST	9,766,664
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	107,455,267
	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 XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	2,996
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	976.75
85	OBSERVATION BED COST	2,926,343

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		116,638,984		2,926,343	
87	NEW CAPITAL-RELATED COST	11,187,531	116,638,984	.095916	2,926,343	280,683
88	NON PHYSICIAN ANESTHETIST		116,638,984		2,926,343	
89	MEDICAL EDUCATION		116,638,984		2,926,343	
89.01	MEDICAL EDUCATION - ALLIED HEA	285,798	116,638,984	.002450	2,926,343	7,170
89.02	MEDICAL EDUCATION - ALL OTHER		116,638,984		2,926,343	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
16-S058		

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,916
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,916
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,916
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)	6,261
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	18,529,165
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	18,529,165
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	26,408,255
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	26,408,255
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.701643
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,104.21
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	18,529,165

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	774.76
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,850,772
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,850,772

		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					
43.01	MEDICAL INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	715,799
49	TOTAL PROGRAM INPATIENT COSTS	5,566,571
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	373,031
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	57,279
52	TOTAL PROGRAM EXCLUDABLE COST	430,310
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	5,136,261
	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 XVIII PART A SUBPROVIDER I PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	774.76
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		18,529,165			
87	NEW CAPITAL-RELATED COST	1,377,499	18,529,165	.074342		
88	NON PHYSICIAN ANESTHETIST		18,529,165			
89	MEDICAL EDUCATION		18,529,165			
89.01	MEDICAL EDUCATION - ALLIED HEA	47,328	18,529,165	.002554		
89.02	MEDICAL EDUCATION - ALL OTHER		18,529,165			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | COMPONENT NO: 16-0058 | PREPARED 11/30/2010 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		63,871,487	
26	01 MEDICAL INTENSIVE CARE UNIT		16,479,022	
27	CORONARY CARE UNIT		7,610,140	
28	BURN INTENSIVE CARE UNIT		141,536	
29	SURGICAL INTENSIVE CARE UNIT		5,089,550	
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER I			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.261401	44,829,329	11,718,431
39	DELIVERY ROOM & LABOR ROOM	.471969	53,231	25,123
40	ANESTHESIOLOGY	.212688	5,243,240	1,115,174
41	RADIOLOGY-DIAGNOSTIC	.175185	22,871,907	4,006,815
42	RADIOLOGY-THERAPEUTIC	.232800	984,162	229,113
42	01 ULTRASOUND	.171471	1,140,684	195,594
42	02 RADIOLOGY - PET SCAN	.321422	696,584	223,897
44	LABORATORY	.181512	35,016,070	6,355,837
44	01 ANATOMICAL LABORATORY	.292872	1,900,626	556,640
44	02 CARDIOLOGY	.154422	12,387,427	1,912,891
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.350819	6,330,058	2,220,705
47	01 ORTHOTIC SERVICES	.503456		
49	RESPIRATORY THERAPY	.264956	8,289,055	2,196,235
50	PHYSICAL THERAPY	.451318	3,339,791	1,507,308
51	OCCUPATIONAL THERAPY	.460147	1,115,001	513,064
53	ELECTROCARDIOLOGY	.173295	958,271	166,064
54	ELECTROENCEPHALOGRAPHY	.272319	888,158	241,862
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.456313	10,481,431	4,782,813
55	30 IMPL. DEV. CHARGED TO PATIENT	.502743	26,898,369	13,522,967
56	DRUGS CHARGED TO PATIENTS	.581125	23,133,551	13,443,485
57	RENAL DIALYSIS	.279759	3,861,143	1,080,190
58	ASC (NON-DISTINCT PART)	.391409	52,057	20,376
59	IVF/CULTURE LAB	.887393		
59	02 URODYNAMICS	.388436	2,672	1,038
59	03 SPINE TREATMENT CENTER	3.033424	160	485
59	04 OPHTHALMOLOGY SPECIALTY LABS	.369062	18,367	6,779
59	05 DIGESTIVE DISEASE CNTR	.225884	2,193,151	495,398
59	06 RECREATION THERAPY			
59	07 CDC - REHAB	.883809		
59	08 DIABETES EDUCATION	6.811928		
59	97 CARDIAC REHABILITATION	.424512	311,992	132,444
59	98 HYPERBARIC OXYGEN THERAPY	.208449	271,532	56,601
59	99 LITHOTRIPSY	.183325	190,951	35,006
	OUTPAT SERVICE COST CNTRS			
60	01 ANESTHESIA PAIN CLINIC	.163968	394,654	64,711
60	02 DERMATOLOGY CLINIC	.479893	4,541	2,179
60	03 ORAL SURGERY CLINIC	.893404	455	406
60	04 INTERNAL MEDICINE CLINIC	1.115006	23,524	26,229
60	05 NEUROLOGY CLINIC	1.041188	6,055	6,304
60	06 OB-GYN CLINIC	.977827	18,482	18,072
60	07 OPHTHALMOLOGY CLINIC	.673125	27,524	18,527
60	08 ORTHOPAEDICS CLINIC	.751728	24,062	18,088
60	09 OTOLARYNGOLOGY CLINIC	.828246	360,753	298,792
60	10 PEDIATRIC CLINIC	1.561990	11,938	18,647
60	11 SURGERY CLINIC	1.949868	33,191	64,718
60	12 UROLOGY CLINIC	.454915	98,501	44,810
60	13 PSYCHIATRIC CLINIC	1.039388	17,192	17,869
60	14 CANCER CLINIC	.542939	29,591	16,066
60	15 FAMILY CARE CLINIC	.729911	38,411	28,037
61	EMERGENCY	.190784	6,327,674	1,207,219
62	OBSERVATION BEDS (NON-DISTINCT PART)	.336715		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.229492		
65	AMBULANCE SERVICES			
101	TOTAL		220,875,518	68,613,009
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		220,875,518	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I COMPONENT NO: 16-S058 I PREPARED 11/30/2010 I WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	01 MEDICAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER I		6,636,660	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.261401	278,164	72,712
39	DELIVERY ROOM & LABOR ROOM	.471969		
40	ANESTHESIOLOGY	.212688	112,075	23,837
41	RADIOLOGY-DIAGNOSTIC	.175185	205,277	35,961
42	RADIOLOGY-THERAPEUTIC	.232800	19,359	4,507
42	01 ULTRASOUND	.171471	6,243	1,070
42	02 RADIOLOGY - PET SCAN	.321422		
44	LABORATORY	.181512	457,085	82,966
44	01 ANATOMICAL LABORATORY	.292872	1,806	529
44	02 CARDIOLOGY	.154422	14,680	2,267
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.350819	730	256
47	01 ORTHOTIC SERVICES	.503456	30	15
49	RESPIRATORY THERAPY	.264956	17,630	4,671
50	PHYSICAL THERAPY	.451318	20,211	9,122
51	OCCUPATIONAL THERAPY	.460147	167,117	76,898
53	ELECTROCARDIOLOGY	.173295	29,109	5,044
54	ELECTROENCEPHALOGRAPHY	.272319	15,088	4,109
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.456313	62,661	28,593
55	30 IMPL. DEV. CHARGED TO PATIENT	.502743	2,098	1,055
56	DRUGS CHARGED TO PATIENTS	.581125	396,875	230,634
57	RENAL DIALYSIS	.279759		
58	ASC (NON-DISTINCT PART)	.391409		
59	IVF/CULTURE LAB	.887393		
59	02 URODYNAMICS	.388436		
59	03 SPINE TREATMENT CENTER	3.033424		
59	04 OPHTHALMOLOGY SPECIALTY LABS	.369062		
59	05 DIGESTIVE DISEASE CNTR	.225884		
59	06 RECREATION THERAPY			
59	07 CDC - REHAB	.883809		
59	08 DIABETES EDUCATION	6.811928		
59	97 CARDIAC REHABILITATION	.424512	442	188
59	98 HYPERBARIC OXYGEN THERAPY	.208449		
59	99 LITHOTRIPSY	.183325		
	OUTPAT SERVICE COST CNTRS			
60	01 ANESTHESIA PAIN CLINIC	.163968		
60	02 DERMATOLOGY CLINIC	.479893		
60	03 ORAL SURGERY CLINIC	.893404		
60	04 INTERNAL MEDICINE CLINIC	1.115006	3,609	4,024
60	05 NEUROLOGY CLINIC	1.041188		
60	06 OB-GYN CLINIC	.977827		
60	07 OPHTHALMOLOGY CLINIC	.673125		
60	08 ORTHOPAEDICS CLINIC	.751728		
60	09 OTOLARYNGOLOGY CLINIC	.828246	904	749
60	10 PEDIATRIC CLINIC	1.561990		
60	11 SURGERY CLINIC	1.949868		
60	12 UROLOGY CLINIC	.454915		
60	13 PSYCHIATRIC CLINIC	1.039388	35,530	36,929
60	14 CANCER CLINIC	.542939		
60	15 FAMILY CARE CLINIC	.729911		
61	EMERGENCY	.190784	469,970	89,663
62	OBSERVATION BEDS (NON-DISTINCT PART)	.336715		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.229492		
65	AMBULANCE SERVICES			
101	TOTAL		2,316,693	715,799
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,316,693	

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	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	131,173	38	976.75	95	92,791
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1,784.51		
3	CORONARY CARE UNIT		44	1,735.25		
4	BURN INTENSIVE CARE UNIT		45	1,597.22		
5	SURGICAL INTENSIVE CARE UNIT	93,963	46	1,588.91	31	49,256
6	NEONATAL INTENSIVE CARE UNIT		47	1,239.91		
7	TOTAL (SUM OF LINES 1-6)	225,136			126	142,047

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.261401	668,214	174,672
10	DELIVERY ROOM & LABOR ROO	39	.471969		
11	ANESTHESIOLOGY	40	.212688	74,773	15,903
12	RADIOLOGY-DIAGNOSTIC	41	.175185	1,172,556	205,414
13	RADIOLOGY-THERAPEUTIC	42	.232800		
13.01	ULTRASOUND	42.01	.171471	7,734	1,326
13.02	RADIOLOGY - PET SCAN	42.02	.321422		
15	LABORATORY	44	.180214	784,163	141,317
15.01	ANATOMICAL LABORATORY	44.01	.276718		
15.02	CARDIOLOGY	44.02	.154422	212,015	32,740
17.30	BLOOD CLOTTING FACTORS AD	46.30			
18	BLOOD STORING, PROCESSING	47	.350819	5,004	1,755
18.01	ORTHOTIC SERVICES	47.01	.503456		
20	RESPIRATORY THERAPY	49	.264956	26,225	6,948
21	PHYSICAL THERAPY	50	.451318		
22	OCCUPATIONAL THERAPY	51	.460147		
24	ELECTROCARDIOLOGY	53	.173295	44,085	7,640
25	ELECTROENCEPHALOGRAPHY	54	.272319		
26	MEDICAL SUPPLIES CHARGED	55	.456313	150,811	68,817
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.502743		
27	DRUGS CHARGED TO PATIENTS	56	.581125	162,034	94,162
28	RENAL DIALYSIS	57	.279759	7,962	2,227
29	ASC (NON-DISTINCT PART)	58	.391409		
30	IVF/CULTURE LAB	59	.887393		
30.02	URODYNAMICS	59.02	.388436		
30.03	SPINE TREATMENT CENTER	59.03	3.033424		
30.04	OPHTHALMOLOGY SPECIALTY L	59.04	.369062		
30.05	DIGESTIVE DISEASE CNTR	59.05	.225884	9,190	2,076
30.06	RECREATION THERAPY	59.06			
30.07	CDC - REHAB	59.07	.883809		
30.08	DIABETES EDUCATION	59.08	6.811928		
30.97	CARDIAC REHABILITATION	59.97	.424512		
30.98	HYPERBARIC OXYGEN THERAPY	59.98	.208449		
30.99	LITHOTRIPSY	59.99	.183325		
31.01	ANESTHESIA PAIN CLINIC	60.01	.163968		
31.02	DERMATOLOGY CLINIC	60.02	.479893		
31.03	ORAL SURGERY CLINIC	60.03	.893404		
31.04	INTERNAL MEDICINE CLINIC	60.04	1.115006		
31.05	NEUROLOGY CLINIC	60.05	1.041188		
31.06	OB-GYN CLINIC	60.06	.977827		
31.07	OPHTHALMOLOGY CLINIC	60.07	.673125		
31.08	ORTHOPAEDICS CLINIC	60.08	.751728		
31.09	OTOLARYNGOLOGY CLINIC	60.09	.828246		
31.10	PEDIATRIC CLINIC	60.10	1.561990		
31.11	SURGERY CLINIC	60.11	1.949868	123,662	241,125
31.12	UROLOGY CLINIC	60.12	.454915		
31.13	PSYCHIATRIC CLINIC	60.13	1.039388		
31.14	CANCER CLINIC	60.14	.542939		
31.15	FAMILY CARE CLINIC	60.15	.729911		
32	EMERGENCY	61	.190784		
33	OBSERVATION BEDS (NON-DIS	62	.336715		
34.50	RHC	63.50			
34.60	FQHC	63.60			
35	TOTAL (SUM OF LINES 8-34)			3,448,428	996,122

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	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		95	
37.01	MEDICAL INTENSIVE CARE UNIT	3.01			
38	CORONARY CARE UNIT	4			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6		31	
41	NEONATAL INTENSIVE CARE UNIT	7			
42	TOTAL (SUM OF LINES 36-41			126	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43.01	ANESTHESIA PAIN CLINIC		20.01		
43.02	DERMATOLOGY CLINIC		20.02		
43.03	ORAL SURGERY CLINIC		20.03		
43.04	INTERNAL MEDICINE CLINIC		20.04		
43.05	NEUROLOGY CLINIC		20.05		
43.06	OB-GYN CLINIC		20.06		
43.07	OPHTHALMOLOGY CLINIC		20.07		
43.08	ORTHOPAEDICS CLINIC		20.08		
43.09	OTOLARYNGOLOGY CLINIC		20.09		
43.10	PEDIATRIC CLINIC		20.10		
43.11	SURGERY CLINIC	123,662	20.11		
43.12	UROLOGY CLINIC		20.12		
43.13	PSYCHIATRIC CLINIC		20.13		
43.14	CANCER CLINIC		20.14		
43.15	FAMILY CARE CLINIC		20.15		
44	EMERGENCY		21		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46.50	RHC		23.50		
46.60	FQHC		23.60		
47	TOTAL (SUM OF LINES 43-46)	123,662			

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	1,138,169		3,673,564	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	4,658,212		8,057,258	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	5,796,381		11,730,822	
54	TOTAL USABLE ORGANS		114		
55	MEDICARE USABLE ORGANS		72		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.631579		
57	MEDICARE COST/CHARGES	3,660,873		7,408,941	
58	REVENUE FOR ORGANS SOLD	77,643		155,286	
59	SUBTOTAL (LN 57 MINUS LN 58)	3,583,230		7,253,655	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	3,583,230		7,253,655	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)	19	17	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		78	
66	TOTAL (SUM OF LINES 62-65)	19	95	
67	ORGANS TRANSPLANTED	19	78	8,057,258
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		17	77,643
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)	19	95	

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

LIVER

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	88,040	38	976.75	25	24,419
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1,784.51		
3	CORONARY CARE UNIT	13,230	44	1,735.25	6	10,412
4	BURN INTENSIVE CARE UNIT		45	1,597.22		
5	SURGICAL INTENSIVE CARE UNIT	40,683	46	1,588.91	24	38,134
6	NEONATAL INTENSIVE CARE UNIT		47	1,239.91		
7	TOTAL (SUM OF LINES 1-6)	141,953			55	72,965

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.261401	43,541	11,382
10	DELIVERY ROOM & LABOR ROO	39	.471969		
11	ANESTHESIOLOGY	40	.212688	4,218	897
12	RADIOLOGY-DIAGNOSTIC	41	.175185	446,241	78,175
13	RADIOLOGY-THERAPEUTIC	42	.232800		
13.01	ULTRASOUND	42.01	.171471	36,821	6,314
13.02	RADIOLOGY - PET SCAN	42.02	.321422		
15	LABORATORY	44	.180214	527,361	95,038
15.01	ANATOMICAL LABORATORY	44.01	.276718		
15.02	CARDIOLOGY	44.02	.154422	196,115	30,284
17.30	BLOOD CLOTTING FACTORS AD	46.30			
18	BLOOD STORING, PROCESSING	47	.350819	5,792	2,032
18.01	ORTHOTIC SERVICES	47.01	.503456		
20	RESPIRATORY THERAPY	49	.264956	16,490	4,369
21	PHYSICAL THERAPY	50	.451318		
22	OCCUPATIONAL THERAPY	51	.460147	1,712	788
24	ELECTROCARDIOLOGY	53	.173295	16,765	2,905
25	ELECTROENCEPHALOGRAPHY	54	.272319		
26	MEDICAL SUPPLIES CHARGED	55	.456313	4,748	2,167
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.502743		
27	DRUGS CHARGED TO PATIENTS	56	.581125	94,596	54,972
28	RENAL DIALYSIS	57	.279759		
29	ASC (NON-DISTINCT PART)	58	.391409		
30	IVF/CULTURE LAB	59	.887393		
30.02	URODYNAMICS	59.02	.388436		
30.03	SPINE TREATMENT CENTER	59.03	3.033424		
30.04	OPHTHALMOLOGY SPECIALTY L	59.04	.369062		
30.05	DIGESTIVE DISEASE CNTR	59.05	.225884	8,568	1,935
30.06	RECREATION THERAPY	59.06			
30.07	CDC - REHAB	59.07	.883809		
30.08	DIABETES EDUCATION	59.08	6.811928		
30.97	CARDIAC REHABILITATION	59.97	.424512		
30.98	HYPERBARIC OXYGEN THERAPY	59.98	.208449		
30.99	LITHOTRIPSY	59.99	.183325		
31.01	ANESTHESIA PAIN CLINIC	60.01	.163968		
31.02	DERMATOLOGY CLINIC	60.02	.479893		
31.03	ORAL SURGERY CLINIC	60.03	.893404		
31.04	INTERNAL MEDICINE CLINIC	60.04	1.115006		
31.05	NEUROLOGY CLINIC	60.05	1.041188		
31.06	OB-GYN CLINIC	60.06	.977827		
31.07	OPHTHALMOLOGY CLINIC	60.07	.673125		
31.08	ORTHOPAEDICS CLINIC	60.08	.751728		
31.09	OTOLARYNGOLOGY CLINIC	60.09	.828246		
31.10	PEDIATRIC CLINIC	60.10	1.561990		
31.11	SURGERY CLINIC	60.11	1.949868	34,774	67,805
31.12	UROLOGY CLINIC	60.12	.454915		
31.13	PSYCHIATRIC CLINIC	60.13	1.039388		
31.14	CANCER CLINIC	60.14	.542939		
31.15	FAMILY CARE CLINIC	60.15	.729911		
32	EMERGENCY	61	.190784		
33	OBSERVATION BEDS (NON-DIS	62	.336715		
34.50	RHC	63.50			
34.60	FQHC	63.60			
35	TOTAL (SUM OF LINES 8-34)			1,437,742	359,063

LIVER

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		25	
37.01	MEDICAL INTENSIVE CARE UNIT	3.01			
38	CORONARY CARE UNIT	4		6	
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6		24	
41	NEONATAL INTENSIVE CARE UNIT	7			
42	TOTAL (SUM OF LINES 36-41			55	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43.01	ANESTHESIA PAIN CLINIC		20.01		
43.02	DERMATOLOGY CLINIC		20.02		
43.03	ORAL SURGERY CLINIC		20.03		
43.04	INTERNAL MEDICINE CLINIC		20.04		
43.05	NEUROLOGY CLINIC		20.05		
43.06	OB-GYN CLINIC		20.06		
43.07	OPHTHALMOLOGY CLINIC		20.07		
43.08	ORTHOPAEDICS CLINIC		20.08		
43.09	OTOLARYNGOLOGY CLINIC		20.09		
43.10	PEDIATRIC CLINIC		20.10		
43.11	SURGERY CLINIC	34,774	20.11		
43.12	UROLOGY CLINIC		20.12		
43.13	PSYCHIATRIC CLINIC		20.13		
43.14	CANCER CLINIC		20.14		
43.15	FAMILY CARE CLINIC		20.15		
44	EMERGENCY		21		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46.50	RHC		23.50		
46.60	FQHC		23.60		
47	TOTAL (SUM OF LINES 43-46)	34,774			

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	432,028		1,579,695	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,902,843		3,384,000	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	2,334,871		4,963,695	
54	TOTAL USABLE ORGANS		44		
55	MEDICARE USABLE ORGANS		22		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.500000		
57	MEDICARE COST/CHARGES	1,167,436		2,481,848	
58	REVENUE FOR ORGANS SOLD	40,229		80,458	
59	SUBTOTAL (LN 57 MINUS LN 58)	1,127,207		2,401,390	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,127,207		2,401,390	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		8	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		36	
66	TOTAL (SUM OF LINES 62-65)		44	
67	ORGANS TRANSPLANTED		36	3,384,000
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		8	40,229
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)		44	

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

HEART

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	6,388	38	976.75	4	3,907
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1,784.51		
3	CORONARY CARE UNIT	36,870	44	1,735.25	11	19,088
4	BURN INTENSIVE CARE UNIT		45	1,597.22		
5	SURGICAL INTENSIVE CARE UNIT	33,075	46	1,588.91	15	23,834
6	NEONATAL INTENSIVE CARE UNIT		47	1,239.91		
7	TOTAL (SUM OF LINES 1-6)	76,333			30	46,829

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.261401	62,076	16,227
10	DELIVERY ROOM & LABOR ROO	39	.471969		
11	ANESTHESIOLOGY	40	.212688	6,603	1,404
12	RADIOLOGY-DIAGNOSTIC	41	.175185	62,048	10,870
13	RADIOLOGY-THERAPEUTIC	42	.232800		
13.01	ULTRASOUND	42.01	.171471	16,068	2,755
13.02	RADIOLOGY - PET SCAN	42.02	.321422		
15	LABORATORY	44	.180214	402,262	72,493
15.01	ANATOMICAL LABORATORY	44.01	.276718		
15.02	CARDIOLOGY	44.02	.154422	235,964	36,438
17.30	BLOOD CLOTTING FACTORS AD	46.30			
18	BLOOD STORING, PROCESSING	47	.350819	3,146	1,104
18.01	ORTHOTIC SERVICES	47.01	.503456		
20	RESPIRATORY THERAPY	49	.264956	25,783	6,831
21	PHYSICAL THERAPY	50	.451318		
22	OCCUPATIONAL THERAPY	51	.460147		
24	ELECTROCARDIOLOGY	53	.173295	6,565	1,138
25	ELECTROENCEPHALOGRAPHY	54	.272319	140	38
26	MEDICAL SUPPLIES CHARGED	55	.456313	74,016	33,774
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.502743		
27	DRUGS CHARGED TO PATIENTS	56	.581125	88,256	51,288
28	RENAL DIALYSIS	57	.279759		
29	ASC (NON-DISTINCT PART)	58	.391409		
30	IVF/CULTURE LAB	59	.887393		
30.02	URODYNAMICS	59.02	.388436		
30.03	SPINE TREATMENT CENTER	59.03	3.033424		
30.04	OPHTHALMOLOGY SPECIALTY L	59.04	.369062		
30.05	DIGESTIVE DISEASE CNTR	59.05	.225884	16,841	3,804
30.06	RECREATION THERAPY	59.06			
30.07	CDC - REHAB	59.07	.883809		
30.08	DIABETES EDUCATION	59.08	6.811928		
30.97	CARDIAC REHABILITATION	59.97	.424512		
30.98	HYPERBARIC OXYGEN THERAPY	59.98	.208449		
30.99	LITHOTRIPSY	59.99	.183325		
31.01	ANESTHESIA PAIN CLINIC	60.01	.163968		
31.02	DERMATOLOGY CLINIC	60.02	.479893		
31.03	ORAL SURGERY CLINIC	60.03	.893404		
31.04	INTERNAL MEDICINE CLINIC	60.04	1.115006		
31.05	NEUROLOGY CLINIC	60.05	1.041188		
31.06	OB-GYN CLINIC	60.06	.977827		
31.07	OPHTHALMOLOGY CLINIC	60.07	.673125		
31.08	ORTHOPAEDICS CLINIC	60.08	.751728		
31.09	OTOLARYNGOLOGY CLINIC	60.09	.828246		
31.10	PEDIATRIC CLINIC	60.10	1.561990		
31.11	SURGERY CLINIC	60.11	1.949868	7,618	14,854
31.12	UROLOGY CLINIC	60.12	.454915		
31.13	PSYCHIATRIC CLINIC	60.13	1.039388		
31.14	CANCER CLINIC	60.14	.542939		
31.15	FAMILY CARE CLINIC	60.15	.729911		
32	EMERGENCY	61	.190784		
33	OBSERVATION BEDS (NON-DIS	62	.336715		
34.50	RHC	63.50			
34.60	FQHC	63.60			
35	TOTAL (SUM OF LINES 8-34)			1,007,386	253,018

HEART

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		4	
37.01	MEDICAL INTENSIVE CARE UNIT	3.01			
38	CORONARY CARE UNIT	4		11	
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6		15	
41	NEONATAL INTENSIVE CARE UNIT	7			
42	TOTAL (SUM OF LINES 36-41			30	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43.01	ANESTHESIA PAIN CLINIC		20.01		
43.02	DERMATOLOGY CLINIC		20.02		
43.03	ORAL SURGERY CLINIC		20.03		
43.04	INTERNAL MEDICINE CLINIC		20.04		
43.05	NEUROLOGY CLINIC		20.05		
43.06	OB-GYN CLINIC		20.06		
43.07	OPHTHALMOLOGY CLINIC		20.07		
43.08	ORTHOPAEDICS CLINIC		20.08		
43.09	OTOLARYNGOLOGY CLINIC		20.09		
43.10	PEDIATRIC CLINIC		20.10		
43.11	SURGERY CLINIC	7,618	20.11		
43.12	UROLOGY CLINIC		20.12		
43.13	PSYCHIATRIC CLINIC		20.13		
43.14	CANCER CLINIC		20.14		
43.15	FAMILY CARE CLINIC		20.15		
44	EMERGENCY		21		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46.50	RHC		23.50		
46.60	FQHC		23.60		
47	TOTAL (SUM OF LINES 43-46)	7,618			

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES	
		PART A 1	PART B 2	PART A 3	PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	299,847		1,083,719	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,774,779		1,960,000	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	2,074,626		3,043,719	
54	TOTAL USABLE ORGANS		17		
55	MEDICARE USABLE ORGANS		9		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.529412		
57	MEDICARE COST/CHARGES	1,098,332		1,611,381	
58	REVENUE FOR ORGANS SOLD	55,331		110,662	
59	SUBTOTAL (LN 57 MINUS LN 58)	1,043,001		1,500,719	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,043,001		1,500,719	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		3	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)		14	
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			
66	TOTAL (SUM OF LINES 62-65)		17	
67	ORGANS TRANSPLANTED		14	1,960,000
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		3	55,331
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)		17	

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

LUNG

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	101,550	38	976.75	59	57,628
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1,784.51		
3	CORONARY CARE UNIT		44	1,735.25		
4	BURN INTENSIVE CARE UNIT		45	1,597.22		
5	SURGICAL INTENSIVE CARE UNIT	38,536	46	1,588.91	14	22,245
6	NEONATAL INTENSIVE CARE UNIT		47	1,239.91		
7	TOTAL (SUM OF LINES 1-6)	140,086			73	79,873

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.261401	43,027	11,247
10	DELIVERY ROOM & LABOR ROO	39	.471969		
11	ANESTHESIOLOGY	40	.212688	6,125	1,303
12	RADIOLOGY-DIAGNOSTIC	41	.175185	115,979	20,318
13	RADIOLOGY-THERAPEUTIC	42	.232800		
13.01	ULTRASOUND	42.01	.171471	1,630	279
13.02	RADIOLOGY - PET SCAN	42.02	.321422		
15	LABORATORY	44	.180214	350,339	63,136
15.01	ANATOMICAL LABORATORY	44.01	.276718		
15.02	CARDIOLOGY	44.02	.154422	124,073	19,160
17.30	BLOOD CLOTTING FACTORS AD	46.30			
18	BLOOD STORING, PROCESSING	47	.350819	2,760	968
18.01	ORTHOTIC SERVICES	47.01	.503456		
20	RESPIRATORY THERAPY	49	.264956	673,525	178,454
21	PHYSICAL THERAPY	50	.451318		
22	OCCUPATIONAL THERAPY	51	.460147		
24	ELECTROCARDIOLOGY	53	.173295	3,037	526
25	ELECTROENCEPHALOGRAPHY	54	.272319		
26	MEDICAL SUPPLIES CHARGED	55	.456313	117,151	53,458
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.502743		
27	DRUGS CHARGED TO PATIENTS	56	.581125	692,542	402,453
28	RENAL DIALYSIS	57	.279759		
29	ASC (NON-DISTINCT PART)	58	.391409		
30	IVF/CULTURE LAB	59	.887393		
30.02	URODYNAMICS	59.02	.388436		
30.03	SPINE TREATMENT CENTER	59.03	3.033424		
30.04	OPHTHALMOLOGY SPECIALTY L	59.04	.369062		
30.05	DIGESTIVE DISEASE CNTR	59.05	.225884		
30.06	RECREATION THERAPY	59.06			
30.07	CDC - REHAB	59.07	.883809		
30.08	DIABETES EDUCATION	59.08	6.811928		
30.97	CARDIAC REHABILITATION	59.97	.424512		
30.98	HYPERBARIC OXYGEN THERAPY	59.98	.208449		
30.99	LITHOTRIPSY	59.99	.183325		
31.01	ANESTHESIA PAIN CLINIC	60.01	.163968		
31.02	DERMATOLOGY CLINIC	60.02	.479893		
31.03	ORAL SURGERY CLINIC	60.03	.893404		
31.04	INTERNAL MEDICINE CLINIC	60.04	1.115006		
31.05	NEUROLOGY CLINIC	60.05	1.041188		
31.06	OB-GYN CLINIC	60.06	.977827		
31.07	OPHTHALMOLOGY CLINIC	60.07	.673125		
31.08	ORTHOPAEDICS CLINIC	60.08	.751728		
31.09	OTOLARYNGOLOGY CLINIC	60.09	.828246		
31.10	PEDIATRIC CLINIC	60.10	1.561990		
31.11	SURGERY CLINIC	60.11	1.949868	18,773	36,605
31.12	UROLOGY CLINIC	60.12	.454915		
31.13	PSYCHIATRIC CLINIC	60.13	1.039388		
31.14	CANCER CLINIC	60.14	.542939		
31.15	FAMILY CARE CLINIC	60.15	.729911		
32	EMERGENCY	61	.190784		
33	OBSERVATION BEDS (NON-DIS	62	.336715		
34.50	RHC	63.50			
34.60	FQHC	63.60			
35	TOTAL (SUM OF LINES 8-34)			2,148,961	787,907

LUNG

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		59	
37.01	MEDICAL INTENSIVE CARE UNIT	3.01			
38	CORONARY CARE UNIT	4			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6		14	
41	NEONATAL INTENSIVE CARE UNIT	7			
42	TOTAL (SUM OF LINES 36-41			73	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43.01	ANESTHESIA PAIN CLINIC		20.01		
43.02	DERMATOLOGY CLINIC		20.02		
43.03	ORAL SURGERY CLINIC		20.03		
43.04	INTERNAL MEDICINE CLINIC		20.04		
43.05	NEUROLOGY CLINIC		20.05		
43.06	OB-GYN CLINIC		20.06		
43.07	OPHTHALMOLOGY CLINIC		20.07		
43.08	ORTHOPAEDICS CLINIC		20.08		
43.09	OTOLARYNGOLOGY CLINIC		20.09		
43.10	PEDIATRIC CLINIC		20.10		
43.11	SURGERY CLINIC	18,773	20.11		
43.12	UROLOGY CLINIC		20.12		
43.13	PSYCHIATRIC CLINIC		20.13		
43.14	CANCER CLINIC		20.14		
43.15	FAMILY CARE CLINIC		20.15		
44	EMERGENCY		21		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46.50	RHC		23.50		
46.60	FQHC		23.60		
47	TOTAL (SUM OF LINES 43-46)	18,773			

LUNG

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	867,780		2,289,047	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	877,749		1,396,200	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,745,529		3,685,247	
54	TOTAL USABLE ORGANS		17		
55	MEDICARE USABLE ORGANS		13		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.764706		
57	MEDICARE COST/CHARGES	1,334,816		2,818,130	
58	REVENUE FOR ORGANS SOLD	26,294		52,588	
59	SUBTOTAL (LN 57 MINUS LN 58)	1,308,522		2,765,542	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,308,522		2,765,542	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		4	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		13	
66	TOTAL (SUM OF LINES 62-65)		17	
67	ORGANS TRANSPLANTED		13	1,396,200
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		4	26,294
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)		17	

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

PANCREAS

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	2,794	38	976.75	3	2,930
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1,784.51		
3	CORONARY CARE UNIT		44	1,735.25		
4	BURN INTENSIVE CARE UNIT		45	1,597.22		
5	SURGICAL INTENSIVE CARE UNIT		46	1,588.91		
6	NEONATAL INTENSIVE CARE UNIT		47	1,239.91		
7	TOTAL (SUM OF LINES 1-6)	2,794			3	2,930

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.261401	8,264	2,160
10	DELIVERY ROOM & LABOR ROO	39	.471969		
11	ANESTHESIOLOGY	40	.212688	1,311	279
12	RADIOLOGY-DIAGNOSTIC	41	.175185	16,344	2,863
13	RADIOLOGY-THERAPEUTIC	42	.232800		
13.01	ULTRASOUND	42.01	.171471		
13.02	RADIOLOGY - PET SCAN	42.02	.321422		
15	LABORATORY	44	.180214	8,695	1,567
15.01	ANATOMICAL LABORATORY	44.01	.276718		
15.02	CARDIOLOGY	44.02	.154422	2,199	340
17.30	BLOOD CLOTTING FACTORS AD	46.30			
18	BLOOD STORING, PROCESSING	47	.350819		
18.01	ORTHOTIC SERVICES	47.01	.503456		
20	RESPIRATORY THERAPY	49	.264956	1,223	324
21	PHYSICAL THERAPY	50	.451318		
22	OCCUPATIONAL THERAPY	51	.460147		
24	ELECTROCARDIOLOGY	53	.173295	280	49
25	ELECTROENCEPHALOGRAPHY	54	.272319		
26	MEDICAL SUPPLIES CHARGED	55	.456313	529	241
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.502743		
27	DRUGS CHARGED TO PATIENTS	56	.581125	2,599	1,510
28	RENAL DIALYSIS	57	.279759		
29	ASC (NON-DISTINCT PART)	58	.391409		
30	IVF/CULTURE LAB	59	.887393		
30.02	URODYNAMICS	59.02	.388436		
30.03	SPINE TREATMENT CENTER	59.03	3.033424		
30.04	OPHTHALMOLOGY SPECIALTY L	59.04	.369062		
30.05	DIGESTIVE DISEASE CNTR	59.05	.225884		
30.06	RECREATION THERAPY	59.06			
30.07	CDC - REHAB	59.07	.883809		
30.08	DIABETES EDUCATION	59.08	6.811928		
30.97	CARDIAC REHABILITATION	59.97	.424512		
30.98	HYPERBARIC OXYGEN THERAPY	59.98	.208449		
30.99	LITHOTRIPSY	59.99	.183325		
31.01	ANESTHESIA PAIN CLINIC	60.01	.163968		
31.02	DERMATOLOGY CLINIC	60.02	.479893		
31.03	ORAL SURGERY CLINIC	60.03	.893404		
31.04	INTERNAL MEDICINE CLINIC	60.04	1.115006		
31.05	NEUROLOGY CLINIC	60.05	1.041188		
31.06	OB-GYN CLINIC	60.06	.977827		
31.07	OPHTHALMOLOGY CLINIC	60.07	.673125		
31.08	ORTHOPAEDICS CLINIC	60.08	.751728		
31.09	OTOLARYNGOLOGY CLINIC	60.09	.828246		
31.10	PEDIATRIC CLINIC	60.10	1.561990		
31.11	SURGERY CLINIC	60.11	1.949868	1,491	2,907
31.12	UROLOGY CLINIC	60.12	.454915		
31.13	PSYCHIATRIC CLINIC	60.13	1.039388		
31.14	CANCER CLINIC	60.14	.542939		
31.15	FAMILY CARE CLINIC	60.15	.729911		
32	EMERGENCY	61	.190784		
33	OBSERVATION BEDS (NON-DIS	62	.336715		
34.50	RHC	63.50			
34.60	FQHC	63.60			
35	TOTAL (SUM OF LINES 8-34)			42,935	12,240

PANCREAS

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		3	
37.01	MEDICAL INTENSIVE CARE UNIT	3.01			
38	CORONARY CARE UNIT	4			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
41	NEONATAL INTENSIVE CARE UNIT	7			
42	TOTAL (SUM OF LINES 36-41			3	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43.01	ANESTHESIA PAIN CLINIC		20.01		
43.02	DERMATOLOGY CLINIC		20.02		
43.03	ORAL SURGERY CLINIC		20.03		
43.04	INTERNAL MEDICINE CLINIC		20.04		
43.05	NEUROLOGY CLINIC		20.05		
43.06	OB-GYN CLINIC		20.06		
43.07	OPHTHALMOLOGY CLINIC		20.07		
43.08	ORTHOPAEDICS CLINIC		20.08		
43.09	OTOLARYNGOLOGY CLINIC		20.09		
43.10	PEDIATRIC CLINIC		20.10		
43.11	SURGERY CLINIC	1,491	20.11		
43.12	UROLOGY CLINIC		20.12		
43.13	PSYCHIATRIC CLINIC		20.13		
43.14	CANCER CLINIC		20.14		
43.15	FAMILY CARE CLINIC		20.15		
44	EMERGENCY		21		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46.50	RHC		23.50		
46.60	FQHC		23.60		
47	TOTAL (SUM OF LINES 43-46)	1,491			

PANCREAS

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	15,170		45,729	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	770,770		1,317,500	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	785,940		1,363,229	
54	TOTAL USABLE ORGANS		19		
55	MEDICARE USABLE ORGANS		10		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.526316		
57	MEDICARE COST/CHARGES	413,653		717,489	
58	REVENUE FOR ORGANS SOLD	9,795		19,590	
59	SUBTOTAL (LN 57 MINUS LN 58)	403,858		697,899	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	403,858		697,899	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		2	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		17	
66	TOTAL (SUM OF LINES 62-65)		19	
67	ORGANS TRANSPLANTED		17	1,317,500
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		2	9,795
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)		19	

(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

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 6/30/2010	PART A
16-0058		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION			1	1.01
	DRG AMOUNT				
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1			18,054,612	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			18,054,612	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1			36,109,225	
	MANAGED CARE PATIENTS				
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST			1,658,446	
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1			1,658,446	
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1			3,316,892	
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)				
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.				
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.				
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97				
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)			6,054,946	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD			605.67	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I				
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)				
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.			346.30	
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)			7.32	
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)				
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005			
		E-3 PT 6 LN 15	PLUS LN 3.06		
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)			353.62	
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			490.45	
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.				
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1				
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09				
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10				
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.			20.13	
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			373.75	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			370.59	
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			370.41	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).			371.58	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)			.613502	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			.614281	
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)			.613502	
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			5,689,760	
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			5,689,760	
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1			11,379,521	
		SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	22,759,041	859,568	23,618,609	
	DISPROPORTIONATE SHARE ADJUSTMENT				
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)			6.33	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I			37.03	
4.02	SUM OF LINES 4 AND 4.01			43.36	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)			24.99	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)			18,047,390	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)				
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 6/30/2010	PART A
16-0058		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION	1	1.01
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	119,939,394	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	119,939,394	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	8,806,805	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	5,709,399	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST	7,465,818	
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	137,466	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	192,153	
16	TOTAL	142,251,035	
17	PRIMARY PAYER PAYMENTS	91,735	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	142,159,300	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,805,154	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	565,848	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	119,755	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	83,829	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22	SUBTOTAL	136,872,127	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.97	HCERA PAYMENTS		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	136,872,127	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	131,014,557	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	5,857,570	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
	----- FI ONLY ----------		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	311,409
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	62,099,322
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	52,412,437
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	159,400
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	311,409
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	1,030,977
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,030,977
	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)	1,030,977
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	719,568
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	311,409
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	52,571,837
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	432,936
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	10,520,067
19	SUBTOTAL (SEE INSTRUCTIONS)	41,930,243
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,744,098
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	44,674,341
24	PRIMARY PAYER PAYMENTS	10,543
25	SUBTOTAL	44,663,798
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	177,563
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	124,294
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	44,788,092
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	44,788,092
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	44,529,684
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	258,408
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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 6/30/2010	PART B
16-S058		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	78
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	68
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	1
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)	69
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	14
19	SUBTOTAL (SEE INSTRUCTIONS)	55
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	55
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	55
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	55
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	55
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	54
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	1
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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 6/30/2010	
16-0058		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			129,859,657		44,430,584
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	2/ 3/2010	1,154,900	2/ 3/2010	99,100
	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		1,154,900		99,100
4	TOTAL INTERIM PAYMENTS			131,014,557		44,529,684
	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)	SETTLEMENT TO PROVIDER .01		5,857,570		258,408
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			136,872,127		44,788,092

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 6/30/2010	
16-S058		

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			3,917,221		54
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	2/ 3/2010	11,872		
	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		11,872		NONE
4	TOTAL INTERIM PAYMENTS			3,929,093		54
	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)	SETTLEMENT TO PROVIDER .01		223,654		1
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			4,152,747		55

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
16-S058		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	4,264,607
1.09	NET IPF PPS OUTLIER PAYMENTS	87,609
1.10	NET IPF PPS ECT PAYMENTS	88,695
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	9.74
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	14.24
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	9.74
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	65.523288
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	.073981
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	315,500
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	4,756,411
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	4,756,411
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,756,411
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,756,411
7	DEDUCTIBLES	241,340
8	SUBTOTAL	4,515,071
9	COINSURANCE	376,943
10	SUBTOTAL	4,138,128
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,138,128
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	14,619
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,152,747
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,929,093
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	223,654
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

TITLE 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				383.70
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)				8.38
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)				392.08
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS				559.41
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.				392.08
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.				117.51
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.				377.03
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.				494.54
3.10	SEE INSTRUCTIONS				346.61
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.				20.04
3.12	SEE INSTRUCTIONS				284.29
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				263.40
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				267.71
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)			RES INIT YEARS	271.80
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)				271.80
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.				73,275.07
3.18	SEE INSTRUCTIONS				19,916,164
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)				96.46
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)				100.71
3.21	SEE INSTRUCTIONS			RES INIT YEARS	93.18
3.22	SEE INSTRUCTIONS				93.18
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001				73,275.07
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001				6,827,771
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001				26,743,935

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS				50,568
5	TOTAL INPATIENT DAYS				182,820
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11			.276600
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,397,372	524,630		7,922,002
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)				3,951
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.				182,820
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.				496,297
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING 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		35,198		35,198

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	29,563,093
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)	122,788,502
13	ORGAN ACQUISITION COSTS	7,465,818
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	91,735
16	TOTAL PART A REASONABLE COST	130,162,585
	PART B REASONABLE COST	
17	REASONABLE COST	62,570,210
18	PRIMARY PAYER PAYMENTS	10,543
19	TOTAL PART B REASONABLE COST	62,559,667
20	TOTAL REASONABLE COST	192,722,252
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.675389
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.324611
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	8,453,497
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	5,709,399
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,744,098

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	25.00	
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)	167.33	
7	SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEEINSTRUCTIONS)	22.10	
8	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	85,824.00	
9	MULTIPLY LINE 7 TIMES LINE 8	1,896,710	
10	MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.276600	
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	524,630	
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	35,198	

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)(l)(iv)(C).	25.00	
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	136.83	
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)	25.00	
19	RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.041277	
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.010901	
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	72,218,449	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	6,633,784	
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	859,568	

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	974,015			
2	TEMPORARY INVESTMENTS	103,393,534			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	138,367,593			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-20,629,913			
7	INVENTORY	19,983,647			
8	PREPAID EXPENSES	6,184,403			
9	OTHER CURRENT ASSETS	26,337,928			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	274,611,207			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS	41,993,498			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	750,098,757			
14.01	LESS ACCUMULATED DEPRECIATION	-666,919,723			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	381,754,938			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	506,927,470			
	OTHER ASSETS				
22	INVESTMENTS	495,740,300			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,519,967			
26	TOTAL OTHER ASSETS	498,260,267			
27	TOTAL ASSETS	1279,798,944			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	28,587,771			
29	SALARIES, WAGES & FEES PAYABLE	71,745,205			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)				
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	26,674,346			
36	TOTAL CURRENT LIABILITIES	127,007,322			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	129,525,090			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES				
42	TOTAL LONG-TERM LIABILITIES	129,525,090			
43	TOTAL LIABILITIES	256,532,412			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	1023,266,532			
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	1023,266,532			
52	TOTAL LIABILITIES AND FUND BALANCES	1279,798,944			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 WORKSHEET G-1

		GENERAL FUND	SPECIFIC PURPOSE FUND
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD	968,583,505	
2	NET INCOME (LOSS)	57,365,862	
3	TOTAL	1,025,949,367	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
4	ADDITIONS (CREDIT ADJUSTM		
5	RESTRICTED FUND GIFTS		
6	TRANSFER FROM UNIVERSITY		
7	FIXED ASSET GIFTS		
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL	1,025,949,367	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12	DEDUCTIONS (DEBIT ADJUSTM		
13	TRANSFER TO UNIVERSITY	2,682,835	
14			
15			
16			
17			
18	TOTAL DEDUCTIONS	2,682,835	
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	1,023,266,532	

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 | WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	200,196,676		200,196,676
2	00	SUBPROVIDER I	26,408,255		26,408,255
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	226,604,931		226,604,931
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	01	MEDICAL INTENSIVE CARE UNIT	19,992,595		19,992,595
11	00	CORONARY CARE UNIT	9,931,995		9,931,995
12	00	BURN INTENSIVE CARE UNIT	11,019,714		11,019,714
13	00	SURGICAL INTENSIVE CARE UNIT	40,187,265		40,187,265
14	00	NEONATAL INTENSIVE CARE UNIT	63,729,940		63,729,940
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	144,861,509		144,861,509
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	371,466,440		371,466,440
17	00	ANCILLARY SERVICES	707,928,742	727,340,181	1435,268,923
18	00	OUTPATIENT SERVICES	23,723,368	165,270,088	188,993,456
18	50	RHC			
18	60	FQHC			
19	00	HOME HEALTH AGENCY			
20	00	AMBULANCE SERVICES		14,526,272	14,526,272
21	10	CMHC			
21	20	OUTPATIENT PHYSICAL THERAPY			
21	30	OUTPATIENT OCCUPATIONAL THERAPY			
21	40	OUTPATIENT SPEECH PATHOLOGY			
24	00	TRANSPLANTS	15,761,200		15,761,200
24	01	NONALLOWABLE CHARGES	134	15,296,558	15,296,692
24	02	FAMILY CARE PHYSICIANS		15,930,666	15,930,666
24	03	ER PHYSICIANS		25,336,391	25,336,391
24	04	IOWA CARE PHYSICIANS		3,459,328	3,459,328
24	05	ASC PHYSICIANS			
24	06	ADJUST TO LEDGER			
25	00	TOTAL PATIENT REVENUES	1118,879,884	967,159,484	2086,039,368

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		905,297,276
		ADD (SPECIFY)		
27	00	ADD (SPECIFY)		
28	00	LOSS ON EQUIPMENT DISPOSAL	966,206	
29	00	ADJUSTMENT TO EXPENSE		
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		966,206
		DEDUCT (SPECIFY)		
34	00	DEDUCT (SPECIFY)		
35	00	GAIN ON EQUIPMENT DISPOSAL		
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		
40	00	TOTAL OPERATING EXPENSES		906,263,482

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	2086,039,368
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	1194,933,763
3	NET PATIENT REVENUES	891,105,605
4	LESS: TOTAL OPERATING EXPENSES	906,263,482
5	NET INCOME FROM SERVICE TO PATIENTS	-15,157,877
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	28,607,579
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	7,160,221
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	2,500
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,955,933
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	31,134,164
24.01	OTHER EXPENSE REIMBURSEMENTS	
24.02	BUSINESS OFFICE/ADMINISTRATION	2,103,574
24.03	MISC REVENUE/NONALLOWABLE COST CTR	558,373
24.04	MISC REVENUE RADIOLOGY	1,395
25	TOTAL OTHER INCOME	72,523,739
26	TOTAL	57,365,862
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	57,365,862

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/30/2010 I WORKSHEET I-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1	REGISTERED NURSES	1,284,459	HOURS OF SERVICE	42,227.00	20.30
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3	NURSES AIDES		HOURS OF SERVICE		
4	TECHNICIANS	859,644	HOURS OF SERVICE	40,519.00	19.48
5	SOCIAL WORKERS		HOURS OF SERVICE		
6	DIETICIANS		HOURS OF SERVICE		
7	PHYSICIANS		ACCUMULATED COST		
8	NON-PATIENT CARE SALARY	313,970	ACCUMULATED COST		
9	SUBTOTAL (SUM OF LINES 1-8)	2,458,073			
10	EMPLOYEE BENEFITS	998,020	SALARY		
11	OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12	OLD & NEW CAPITAL RELATED COSTS-MOV. EQU	2,518	PERCENTAGE OF TIME		
13	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14	SUPPLIES	613,743	REQUISITIONS		
15	DRUGS	694,831	REQUISITIONS		
16	OTHER	832,884	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	5,600,069			
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	193,339	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	143,400	PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS		SALARY		
23	ADMINISTRATIVE AND GENERAL	1,216,963	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	415,707	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS				
26	CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27	PHARMACY	-628,021	REQUISITIONS		
28	OTHER ALLOCATED COST	587,641	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	7,529,098			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	7,529,098			

* 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

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010

SATELLITE NO: | WORKSHEET I-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS BUILDING	EQUIPMENT	DIRECT PATIENT CARE SALARY RNs	OTHER	EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS	609,046	145,918	1,284,459	859,644	998,020
	MAINTENANCE					
2	HEMODIALYSIS	216,132	62,302	837,627	763,834	747,753
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	80,020	2,866	32,765	33,645	33,688
5	INTERMITTENT PERITONEAL					
6	CAPD	11,930	428	1,735	1,780	5,026
7	CCDP	25,443	910	7,921	8,128	10,700
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	275,521	79,412	404,411	52,257	200,853
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	609,046	145,918	1,284,459	859,644	998,020
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS	66,810	613,743		4,577,640	2,951,458
	MAINTENANCE					
2	HEMODIALYSIS	1,039	419,966		3,048,653	1,965,637
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	553			183,537	118,336
5	INTERMITTENT PERITONEAL					
6	CAPD	83			20,982	13,528
7	CCDP	176			53,278	34,351
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	64,959	193,777		1,271,190	819,606
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	87,588				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	607,244				
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	66,810	613,743		4,577,640	2,951,458
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS	7,529,098
	MAINTENANCE	
2	HEMODIALYSIS	5,014,290
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	301,873
5	INTERMITTENT PERITONEAL	
6	CAPD	34,510
7	CCDP	87,629
	HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	2,090,796
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	7,529,098
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	7,529,098

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010

SATELLITE NO: | WORKSHEET I-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS BUILDING 1 (SQUARE FEET)	CAPITAL AND RELATED COSTS EQUIPMENT 2 (% OF TIME)	DIRECT PATIENT CARE SALARY RNs 3 (HOURS)	DIRECT PATIENT CARE SALARY OTHER 4 (HOURS)	EMPLOYEE BENEFITS 5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS		609,046	145,918	1,284,459	859,644	998,020
	MAINTENANCE						
2	HEMODIALYSIS		3,279	69,487.00	25,590.00	42,477.00	1,768,962
3	INTERMITTENT PERITONEAL						
	TRAINING						
4	HEMODIALYSIS		1,214	3,196.00	1,001.00	1,871.00	79,696
5	INTERMITTENT PERITONEAL						
6	CAPD		181	477.00	53.00	99.00	11,890
7	CCDP		386	1,015.00	242.00	452.00	25,313
	HOME						
8	HEMODIALYSIS						
9	INTERMITTENT PERITONEAL						
10	CAPD						
11	CCDP						
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	3217	4,180	88,570.00	12,355.00	2,906.00	475,158
13	METHOD II HOME PATIENT						
14	EPO						
14.01	ARANESP						
15	OTHER						
16	TOTAL STATISTICAL BASIS		9,240	162,745.00	39,241.00	47,805.00	2,361,019
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		65.914069	.896605	32.732576	17.982303	.422707

	COMPOSITE PAYMENT SERVICES		DRUGS 6 (REQUIST.)	MEDICAL SUPPLIES 7 (REQUIST.)	ROUTINE ANCILLARY SERVICES 8 (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS		66,810	613,743		4,577,640	2,951,458
	MAINTENANCE						
2	HEMODIALYSIS		11,350	369,688	14,724,469		
3	INTERMITTENT PERITONEAL						
	TRAINING						
4	HEMODIALYSIS		6,036		148,700		
5	INTERMITTENT PERITONEAL						
6	CAPD		901		22,185		
7	CCDP		1,918		47,230		
	HOME						
8	HEMODIALYSIS						
9	INTERMITTENT PERITONEAL						
10	CAPD						
11	CCDP						
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	3217	14,467	170,578	6,553,955		
13	METHOD II HOME PATIENT						
14	EPO		87,588				
14.01	ARANESP		607,244				
15	OTHER						
16	TOTAL STATISTICAL BASIS		729,504	540,266	21,496,539		4,577,640
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		.091583	1.136002			.644755

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 16-0058
SATELLITE NO:
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET I-4
RATE 0

CHECK ONE: XX 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	NOT APPLIC
		6	7	8	9	10
		1	2	3	4	4.01
1	MAINTENANCE - HEMODIALYSIS	19,572	5,014,290	256.20	15,682	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS	114	301,873	2,648.01	100	
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	17	34,510	2,030.00		
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS	33	87,629	2,655.42		
7	HOME PROGRAM - HEMODIALYSIS					
8	HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS			PATIENT WEEKS	
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	19,736	5,438,302		15,782	

		TOTAL PROGRAM EXPENSES	PAYMENT RATE	NOT APPLIC	TOTAL PROGRAM PAYMENT	
		6	7	8	9	10
		5	6	6.01	7	
1	MAINTENANCE - HEMODIALYSIS	4,017,728	163.13		2,558,205	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS	264,801	185.37		18,537	
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7	HOME PROGRAM - HEMODIALYSIS					
8	HOME PROGRAM - PERITONEAL DIALYSIS					
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	4,282,529			2,576,742	

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

I PROVIDER NO: 16-0058 I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I SATELLITE NO: I PREPARED 11/30/2010 I WORKSHEET I-1 I RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1	REGISTERED NURSES	91,686	HOURS OF SERVICE	1,296.00	.62
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3	NURSES AIDES		HOURS OF SERVICE		
4	TECHNICIANS	29,791	HOURS OF SERVICE	1,658.00	.80
5	SOCIAL WORKERS		HOURS OF SERVICE		
6	DIETICIANS		HOURS OF SERVICE		
7	PHYSICIANS		ACCUMULATED COST		
8	NON-PATIENT CARE SALARY	21,239	ACCUMULATED COST		
9	SUBTOTAL (SUM OF LINES 1-8)	142,716			
10	EMPLOYEE BENEFITS	47,220	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	210,687	REQUISITIONS		
15	DRUGS		REQUISITIONS		
16	OTHER	61,934	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	462,557			
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	7,852	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS		SALARY		
23	ADMINISTRATIVE AND GENERAL	96,427	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	16,882	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS				
26	CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27	PHARMACY	14,713	REQUISITIONS		
28	OTHER ALLOCATED COST	9,791	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	608,222			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	608,222			

* 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.

Health Financial Systems MCRIF32 FOR UNIV OF IOWA HOSP & CLINIC IN LIEU OF FORM CMS-2552-96 (5/2008)

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010

SATELLITE NO: | WORKSHEET I-2 | RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE SALARY RNs 3	OTHER 4	EMPLOYEE BENEFITS 5
1	TOTAL RENAL DEPARTMENT COSTS	24,734		91,686	29,791	47,220
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	19,112		70,816	23,013	36,479
9	INTERMITTENT PERITONEAL					
10	CAPD	1,012		3,750	1,218	1,926
11	CCDP	4,610		17,120	5,560	8,815
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	24,734		91,686	29,791	47,220
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS 6	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10
1	TOTAL RENAL DEPARTMENT COSTS	14,713	210,687		418,831	189,391
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	11,356	162,764		323,540	146,301
9	INTERMITTENT PERITONEAL					
10	CAPD	598	8,592		17,096	7,731
11	CCDP	2,759	39,331		78,195	35,359
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	14,713	210,687		418,831	189,391
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	TOTAL (COL. 9 + COL. 10) 11
1	TOTAL RENAL DEPARTMENT COSTS	608,222
	MAINTENANCE	
2	HEMODIALYSIS	
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
	HOME	
8	HEMODIALYSIS	469,841
9	INTERMITTENT PERITONEAL	
10	CAPD	24,827
11	CCDP	113,554
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	608,222
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	608,222

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0058 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/30/2010 | WORKSHEET I-3 | RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS BUILDING 1 (SQUARE FEET)	EQUIPMENT 2 (% OF TIME)	DIRECT PATIENT CARE SALARY RNs 3 (HOURS)	OTHER 4 (HOURS)	EMPLOYEE BENEFITS 5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS	24,734		91,686	29,791	47,220
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	340		1,001.00	1,871.00	90,309
9	INTERMITTENT PERITONEAL					
10	CAPD	18		53.00	99.00	4,767
11	CCDP	82		242.00	452.00	21,823
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	440		1,296.00	2,422.00	116,899
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	56.213636		70.745370	12.300165	.403938

	COMPOSITE PAYMENT SERVICES	DRUGS 6 (REQUIST.)	MEDICAL SUPPLIES 7 (REQUIST.)	ROUTINE ANCILLARY SERVICES 8 (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS	14,713	210,687		418,831	189,391
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	247	162,768	1,992,642		
9	INTERMITTENT PERITONEAL					
10	CAPD	13	8,592	105,189		
11	CCDP	60	39,332	481,512		
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	320	210,692	2,579,343		418,831
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	45.978125	.999976			.452190

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 16-0058
SATELLITE NO:
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET I-4
RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

		NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. I-2,COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	NOT APPLIC
		6	7	8	9	10
		5	6	6.01	7	
		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	HOME PROGRAM - HEMODIALYSIS	2,591	469,841	181.34	2,328	
8	HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS			PATIENT WEEKS	
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	124	24,827	200.22		
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	288	113,554	394.28	231	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	2,591	608,222		2,328	

		TOTAL PROGRAM EXPENSES	PAYMENT RATE	NOT APPLIC	TOTAL PROGRAM PAYMENT	
		6	7	8	9	10
		5	6	6.01	7	
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	HOME PROGRAM - HEMODIALYSIS	422,160	153.56		357,488	
8	HOME PROGRAM - PERITONEAL DIALYSIS					
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	91,079	532.43		122,991	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	513,239			480,479	

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO: 16-0058
SATELLITE NO:
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/30/2010
WORKSHEET I-5
RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	4,795,768
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	3,057,221
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	30
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	615,233
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)	615,263
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	2,445,753
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.)	
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
16-0058	FROM 7/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 6/30/2010	PARTS I-IV
16-0058		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	5,919,744
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	608,552
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	435.35
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	396.58
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	29.31
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	1,735,077
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	6.33
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	37.03
5 .02	SUM OF 5 AND 5.01	43.36
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	9.18
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	543,432
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8,806,805

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	