

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 52-0098 | PERIOD FROM 7/1/2009 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: 11/29/2010 TIME 7:28

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: UNIVERSITY OF WI HOSPITAL & CLINICS 52-0098 FOR THE COST REPORTING PERIOD BEGINNING 7/1/2009 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

Table with 4 columns: TITLE V, TITLE XVIII (A, B), TITLE XIX. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, HOSPITAL-BASED HHA, and TOTAL.

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

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



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. 15-1, 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. 15-1, 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	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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)? N

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









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	363,735,946	191,065	363,927,011	12,361,365.00	29.44	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	20,044,015		20,044,015	763,868.00	26.24	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	25,016,258	1,038,451	26,054,709	782,011.00	33.32	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	678,642		678,642	12,900.00	52.61	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	520,292		520,292	2,705.00	192.34	
10 CONTRACT LABOR: PHYS PART A	13,452,452		13,452,452	105,416.00	127.61	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	2,565,624		2,565,624	48,596.00	52.79	
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)	134,341,445		134,341,445			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	10,530,623		10,530,623			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	8,243,018		8,243,018			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	4,238,101		4,238,101	142,767.00	29.69	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	41,733,089	-128,992	41,604,097	1,309,870.00	31.76	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	4,095,275	7	4,095,282	162,613.00	25.18	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	48,876		48,876	3,849.00	12.70	
26 HOUSEKEEPING	7,528,741		7,528,741	522,009.00	14.42	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	5,932,156	-878,953	5,053,203	360,220.00	14.03	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	13,557,568		13,557,568	357,147.00	37.96	
31 CENTRAL SERVICE AND SUPPLY	5,130,504	-1,795,339	3,335,165	325,933.00	10.23	
32 PHARMACY	15,965,378	13	15,965,391	458,748.00	34.80	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	8,686,637		8,686,637	413,696.00	21.00	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE	774,562		774,562	26,089.00	29.69	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	343,691,931	191,065	343,882,996	11,597,497.00	29.65	
2 EXCLUDED AREA SALARIES	25,016,258	1,038,451	26,054,709	782,011.00	33.32	
3 SUBTOTAL SALARIES	318,675,673	-847,386	317,828,287	10,815,486.00	29.39	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	17,217,010		17,217,010	169,617.00	101.51	
5 SUBTOTAL WAGE-RELATED COSTS	134,341,445		134,341,445		42.27	
6 TOTAL	470,234,128	-847,386	469,386,742	10,985,103.00	42.73	
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	107,690,887	-2,803,264	104,887,623	4,082,941.00	25.69	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	693	0	191
2 UNDUPLICATED CENSUS COUNT		437.00		
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	884			
2 UNDUPLICATED CENSUS COUNT	997.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				
	40.00			
HHA NO. OF FTE EMPLOYEES (2080 HRS)				
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.10		.10	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	5.31		5.31	
5 OTHER ADMINISTRATIVE PERSONEL				
6 DIRECTING NURSING SERVICE				
7 NURSING SUPERVISOR	.92		.92	
8 PHYSICAL THERAPY SERVICE	5.56		5.56	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	1.57		1.57	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE	.05		.05	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE	.60		.60	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	1.43		1.43	
17 HOME HEALTH AIDE SUPERVISOR				
18				
HOME HEALTH AGENCY MSA CODES				
	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	2	4		
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9952	99952		
20.01	4720	31540		
20.02		50160		
20.03		50274		

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	3,806	889	175	71
22 SKILLED NURSING VISIT CHARGES	745,154	172,594	35,358	13,904
23 PHYSICAL THERAPY VISITS	1,950	34	110	13
24 PHYSICAL THERAPY VISIT CHARGES	389,108	6,740	23,077	2,600
25 OCCUPATIONAL THERAPY VISITS	540	17	5	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	106,455	3,355	985	0
27 SPEECH PATHOLOGY VISITS	19	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,005	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	168	16	5	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	39,516	3,790	1,190	238
31 HOME HEALTH AIDE VISITS	610	83	0	0
32 HOME HEALTH AIDE VISIT CHARGES	61,726	8,405	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	7,093	1,039	295	85
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,345,964	194,884	60,610	16,742
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	441	0	113	7
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	18	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	46,349	7,398	6,935	251

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	4,941
22 SKILLED NURSING VISIT CHARGES	0	0	967,010
23 PHYSICAL THERAPY VISITS	0	0	2,107
24 PHYSICAL THERAPY VISIT CHARGES	0	0	421,525
25 OCCUPATIONAL THERAPY VISITS	0	0	562
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	110,795
27 SPEECH PATHOLOGY VISITS	0	0	19
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	4,005
29 MEDICAL SOCIAL SERVICE VISITS	0	0	190
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	44,734
31 HOME HEALTH AIDE VISITS	0	0	693
32 HOME HEALTH AIDE VISIT CHARGES	0	0	70,131
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	8,512
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,618,200
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	561
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	18
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	60,933

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	67,952,323
17.01	GROSS MEDICAID REVENUES	136,749,323
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	858,515
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	81,642,286
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	287,202,447
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	858,515
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.442041
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	379,499
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	136,749,323

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	60,448,807
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	67,952,323
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	30,037,713
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	60,828,306

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-0098  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-RESEARCH PARK				679,372	679,372
3.02	0302 NEW CAP REL COSTS-WEST CLINIC				498,503	498,503
3.03	0303 NEW CAP REL COSTS-EAST CLINIC				403,653	403,653
3.04	0304 NEW CAP REL COSTS-600 HIGHLAND				24,524,242	24,524,242
3.05	0305 NEW CAP REL COSTS-WAISMAN				761,900	761,900
3.06	0306 NEW CAP REL COSTS-USTATION				561,298	561,298
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	4,238,101	4,686,170	8,924,271	128,376	9,052,647
6	0600 ADMINISTRATIVE & GENERAL	41,733,089	155,630,395	197,363,484	-31,087,578	166,275,906
7	0700 MAINTENANCE & REPAIRS	4,095,275	17,078,625	21,173,900	-6	21,173,894
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE	48,876	41,496	90,372	3,169,267	3,259,639
10	1000 HOUSEKEEPING	7,528,741	5,327,827	12,856,568	-212,267	12,644,301
11	1100 DIETARY	5,932,156	8,657,077	14,589,233	-1,460,154	13,129,079
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	13,557,568	8,838,923	22,396,491	-17,564	22,378,927
15	1500 CENTRAL SERVICES & SUPPLY	5,130,504	4,728,539	9,859,043	-3,694,812	6,164,231
16	1600 PHARMACY	15,965,378	103,858,578	119,823,956	-107,606,719	12,217,237
17	1700 MEDICAL RECORDS & LIBRARY	8,686,637	6,525,425	15,212,062	-3	15,212,059
18	1800 SOCIAL SERVICE					
19	1950 CLINICAL OFFICES	25,115	51,104	76,219		76,219
19.01	1951 HISTOCOMPATIBILITY	749,447	1,569,223	2,318,670	-983	2,317,687
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	20,044,015	5,425,154	25,469,169	2,544,345	28,013,514
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
24.01	2401 PARAMED ED PRGM-PHARMACY	571,353	204,082	775,435		775,435
24.02	2402 PARAMED ED PRGM-EMERGENCY MEDICAL SE	498,107	268,538	766,645		766,645
24.03	2403 PARAMED ED PRGM-DIETARY	94,665	60,575	155,240		155,240
24.04	2404 PARAMED ED PRGM-DIAGNOSTIC RADIOLOGY	308,941	127,996	436,937		436,937
24.05	2405 PARAMED ED PRGM-ULTRASOUND TRAINING	304,938	72,020	376,958		376,958
24.06	2406 PARAMED ED PRGM-RADIOTHERAPY	49,586	-1,968	47,618		47,618
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	50,004,044	24,559,362	74,563,406	827,961	75,391,367
26.01	2601 INTENSIVE CARE UNIT					
26.02	2602 TRAUMA INTENSIVE CARE UNIT	7,432,389	5,902,025	13,334,414	-82,726	13,251,688
26.03	2603 BURN INTENSIVE CARE UNIT	2,119,361	1,095,227	3,214,588	-41,588	3,173,000
26.04	2604 SURGICAL INTENSIVE CARE UNIT	4,819,275	3,171,658	7,990,933	-43,501	7,947,432
26.05	2605 MEDICAL INTENSIVE CARE UNIT	2,002,846	1,099,751	3,102,597	-19,660	3,082,937
26.06	2606 PEDIATRIC INTENSIVE CARE UNIT	4,655,197	2,285,938	6,941,135	-32,592	6,908,543
27	2700 NEURO INTENSIVE CARE UNIT	3,980,578	2,049,238	6,029,816	-39,296	5,990,520
28	2800 CORONARY CARE UNIT					
29	2900 BURN INTENSIVE CARE UNIT					
30	3000 SURGICAL INTENSIVE CARE UNIT					
31	3100 PSYCHIATRIC INTENSIVE CARE UNIT					
31.01	3101 SUBPROVIDER	2,116,343	910,749	3,027,092	-7,299	3,019,793
31.01	3101 SUBPROVIDER-REHAB	2,795,892	1,386,339	4,182,231	-6,309	4,175,922
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
37	3700 ANCILLARY SRVC COST CNTRS					
38	3800 OPERATING ROOM	22,889,064	55,032,922	77,921,986	-16,195,139	61,726,847
39	3900 RECOVERY ROOM					
40	4000 DELIVERY ROOM & LABOR ROOM					
41	4100 ANESTHESIOLOGY	1,225,567	5,183,858	6,409,425	-28,668	6,380,757
42	4200 RADIOLOGY-DIAGNOSTIC	14,787,276	20,552,403	35,339,679	-1,052,232	34,287,447
43	4300 RADIOLOGY-THERAPEUTIC	2,524,120	3,814,337	6,338,457	-7,175	6,331,282
44	4400 RADIOISOTOPE	1,111,205	1,965,668	3,076,873	4,767	3,081,640
45	4500 LABORATORY	13,945,345	26,378,235	40,323,580	-1,374,710	38,948,870
46	4600 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47	4700 WHOLE BLOOD & PACKED RED BLOOD CELLS					
48	4800 BLOOD STORING, PROCESSING & TRANS.					
49	4900 INTRAVENOUS THERAPY					
49.01	4901 RESPIRATORY THERAPY	6,432,064	5,580,667	12,012,731	26,090	12,038,821
50	5000 NEURO PSYCH TESTING	211,476	121,592	333,068		333,068
51	5100 PHYSICAL THERAPY	11,014,514	6,094,338	17,108,852	-19,116	17,089,736
52	5200 OCCUPATIONAL THERAPY					
53	5300 SPEECH PATHOLOGY					
54	5400 ELECTROCARDIOLOGY	5,214,341	14,977,096	20,191,437	-1,651,628	18,539,809
55	5500 ELECTROENCEPHALOGRAPHY	992,219	579,578	1,571,797	-2,719	1,569,078
55.30	5530 MEDICAL SUPPLIES CHARGED TO PATIENTS				662,855	662,855
56	5600 IMPL. DEV. CHARGED TO PATIENT				21,107,521	21,107,521
57	5700 DRUGS CHARGED TO PATIENTS				107,597,091	107,597,091
58	5800 RENAL DIALYSIS	1,460,285	1,043,183	2,503,468	-9,406	2,494,062
58.01	5801 ASC (NON-DISTINCT PART)					
58.01	5801 PULMONARY FUNCTION TESTING	305,745	159,525	465,270	4,709	469,979
58.02	5802 ORTHOTICS LAB	653,664	975,606	1,629,270	-424	1,628,846
59	5900 OTHER ANCILLARY SERVICE COST CENTERS					
59.97	3997 CARDIAC REHABILITATION	658,591	255,486	914,077	-78,638	835,439

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-0098  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	ANCILLARY SRVC COST CNTRS					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	2,807,341	1,737,316	4,544,657	11	4,544,668
60.01	6001 CLINIC CSC	24,585,946	15,140,144	39,726,090	-188,002	39,538,088
60.02	6002 CLINIC UNIVERSITY STATION	5,478,028	3,486,385	8,964,413	21,904	8,986,317
60.03	6003 CLINIC WAI SMAN	401,926	188,677	590,603	-118	590,485
60.04	6004 CLINIC WEST	8,533,348	5,367,404	13,900,752	-25,986	13,874,766
60.05	6005 CLINIC EAST	4,051,923	2,602,452	6,654,375	-7,704	6,646,671
60.06	6006 CLINIC RESEARCH PARK	1,356,125	1,692,964	3,049,089	-681	3,048,408
61	6100 EMERGENCY	5,330,983	3,481,635	8,812,618	-71,040	8,741,578
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES	1,258,176	1,161,267	2,419,443	-2,577	2,416,866
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 OTHER REIMBURSABLE COST CENTERS					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	2,189,998	1,066,375	3,256,373		3,256,373
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION		1,137,996	1,137,996	959,998	2,097,994
83	8300 KIDNEY ACQUISITION	5,470,400	5,066,737	10,537,137	-4,830,123	5,707,014
84	8400 LIVER ACQUISITION		888,751	888,751	1,753,283	2,642,034
85	8500 HEART ACQUISITION	645,210	585,891	1,231,101	-391,140	839,961
85.01	8510 PANCREAS ACQUISITION		632,429	632,429	652,794	1,285,223
86	8600 OTHER ORGAN ACQUISITION		-61,253	-61,253		-61,253
86.01	8601 TRANSPLANT COST - PRE TRANSPLANT					
86.02	8602 TRANSPLANT COST - POST TRANSPLANT				3,318,429	3,318,429
86.03	8603 OPO ADMIN COST					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)					
95	SUBTOTALS	355,023,297	552,499,730	907,523,027	-81,914	907,441,113
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,608	401,593	532,201		532,201
97	9700 RESEARCH					
97.01	9701 OTHER AUXILIARY SERVICES	2,010,485	2,090,157	4,100,642	85,863	4,186,505
97.02	9702 CLINICAL RESEARCH CENTER	1,496,009	667,286	2,163,295	-3,420	2,159,875
97.03	9703 FAMILY MEDICINE					
97.04	9704 COMMUNICATION AIDS		390,749	390,749		390,749
97.05	9705 INVESTIGATIONAL PHARMACY	1,196,506	169,944	1,366,450	-529	1,365,921
97.06	9706 RONALD MCDONALD CARE MOBILE	101,324	128,024	229,348		229,348
97.07	9707 PUBLIC AFFAIRS	1,614,825	3,207,655	4,822,480		4,822,480
97.08	9708 RETAIL PHARMACIES	2,162,892	14,068,068	16,230,960		16,230,960
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	363,735,946	573,623,206	937,359,152	-0-	937,359,152

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-0098  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01 0301	NEW CAP REL COSTS-RESEARCH PARK		679,372
3.02 0302	NEW CAP REL COSTS-WEST CLINIC		498,503
3.03 0303	NEW CAP REL COSTS-EAST CLINIC		403,653
3.04 0304	NEW CAP REL COSTS-600 HIGHLAND	-8,736,898	15,787,344
3.05 0305	NEW CAP REL COSTS-WAISMAN		761,900
3.06 0306	NEW CAP REL COSTS-USTATION	206,162	767,460
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS		9,052,647
6 0600	ADMINISTRATIVE & GENERAL	22,862,602	189,138,508
7 0700	MAINTENANCE & REPAIRS	14,113,743	35,287,637
8 0800	OPERATION OF PLANT		
9 0900	LAUNDRY & LINEN SERVICE	-265,259	2,994,380
10 1000	HOUSEKEEPING		12,644,301
11 1100	DIETARY	-7,016,729	6,112,350
12 1200	CAFETERIA		
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		22,378,927
15 1500	CENTRAL SERVICES & SUPPLY		6,164,231
16 1600	PHARMACY		12,217,237
17 1700	MEDICAL RECORDS & LIBRARY		15,212,059
18 1800	SOCIAL SERVICE		
19 1950	CLINICAL OFFICES		76,219
19.01 1951	HISTOCOMPATIBILITY		2,317,687
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		28,013,514
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM		
24.01 2401	PARAMED ED PRGM-PHARMACY		775,435
24.02 2402	PARAMED ED PRGM-EMERGENCY MEDICAL SE		766,645
24.03 2403	PARAMED ED PRGM-DIETARY	-3,735	151,505
24.04 2404	PARAMED ED PRGM-DIAGNOSTIC RADIOLOGY		436,937
24.05 2405	PARAMED ED PRGM-ULTRASOUND TRAINING		376,958
24.06 2406	PARAMED ED PRGM-RADIOTHERAPY		47,618
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICALS		75,391,367
26 2600	INTENSIVE CARE UNIT		
26.01 2180	TRAUMA INTENSIVE CARE UNIT		13,251,688
26.02 2601	BURN INTENSIVE CARE UNIT		3,173,000
26.03 2602	SURGICAL INTENSIVE CARE UNIT		7,947,432
26.04 2603	MEDICAL INTENSIVE CARE UNIT		3,082,937
26.05 2080	PEDIATRIC INTENSIVE CARE UNIT		6,908,543
26.06 2604	NEURO INTENSIVE CARE UNIT		5,990,520
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
30 2140	PSYCHIATRIC INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		3,019,793
31.01 3101	SUBPROVIDER-REHAB		4,175,922
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
37 3700	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		61,726,847
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		6,380,757
41 4100	RADIOLOGY-DIAGNOSTIC		34,287,447
42 4200	RADIOLOGY-THERAPEUTIC		6,331,282
43 4300	RADIOISOTOPE		3,081,640
44 4400	LABORATORY		38,948,870
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		12,038,821
49.01 3550	NEURO PSYCH TESTING		333,068
50 5000	PHYSICAL THERAPY	-43,531	17,046,205
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		18,539,809
54 5400	ELECTROENCEPHALOGRAPHY		1,569,078
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		662,855
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		21,107,521
56 5600	DRUGS CHARGED TO PATIENTS		107,597,091
57 5700	RENAL DIALYSIS		2,494,062
58 5800	ASC (NON-DISTINCT PART)		
58.01 3560	PULMONARY FUNCTION TESTING		469,979
58.02 3540	ORTHOTICS LAB		1,628,846
59 3950	OTHER ANCILLARY SERVICE COST CENTERS		
59.97 3997	CARDIAC REHABILITATION		835,439

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-0098  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/29/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	ANCILLARY SRVC COST CNTRS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		4,544,668
60.01	6001 CLINIC CSC		39,538,088
60.02	6002 CLINIC UNIVERSITY STATION		8,986,317
60.03	6003 CLINIC WAI SMAN		590,485
60.04	6004 CLINIC WEST		13,874,766
60.05	6005 CLINIC EAST		6,646,671
60.06	6006 CLINIC RESEARCH PARK		3,048,408
61	6100 EMERGENCY		8,741,578
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		2,416,866
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
68	5950 OTHER REIMBURSABLE COST CENTERS		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		3,256,373
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION	121,326	2,219,320
83	8300 KIDNEY ACQUISITION	731,074	6,438,088
84	8400 LIVER ACQUISITION	472,791	3,114,825
85	8500 HEART ACQUISITION	557,854	1,397,815
85.01	8510 PANCREAS ACQUISITION	65,944	1,351,167
86	8600 OTHER ORGAN ACQUISITION		-61,253
86.01	8601 TRANSPLANT COST - PRE TRANSPLANT		
86.02	8602 TRANSPLANT COST - POST TRANSPLANT		3,318,429
86.03	8603 OPO ADMIN COST		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)		
95	SUBTOTALS	23,065,344	930,506,457
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		532,201
97	9700 RESEARCH		
97.01	9701 OTHER AUXILIARY SERVICES		4,186,505
97.02	9702 CLINICAL RESEARCH CENTER		2,159,875
97.03	9703 FAMILY MEDICINE	155,143	155,143
97.04	9704 COMMUNICATION AIDS		390,749
97.05	9705 INVESTIGATIONAL PHARMACY		1,365,921
97.06	9706 RONALD MCDONALD CARE MOBILE	95,850	325,198
97.07	9707 PUBLIC AFFAIRS		4,822,480
97.08	9708 RETAIL PHARMACIES		16,230,960
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	23,316,337	960,675,489

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-RESEARCH PARK	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-WEST CLINIC	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-EAST CLINIC	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-600 HIGHLAND	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-WAISMAN	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-USTATION	0306	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CLINICAL OFFICES	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	HISTOCOMPATIBILITY	1951	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
24.01	PARAMED PRGM-PHARMACY	2401	PARAMED PRGM
24.02	PARAMED PRGM-EMERGENCY MEDICAL SE	2402	PARAMED PRGM
24.03	PARAMED PRGM-DIETARY	2403	PARAMED PRGM
24.04	PARAMED PRGM-DIAGNOSTIC RADIOLOGY	2404	PARAMED PRGM
24.05	PARAMED PRGM-ULTRASOUND TRAINING	2405	PARAMED PRGM
24.06	PARAMED PRGM-RADIOTHERAPY	2406	PARAMED PRGM
INPAT ROUTINE SRVC			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	TRAUMA INTENSIVE CARE UNIT	2180	TRAUMA INTENSIVE CARE UNIT
26.02	BURN INTENSIVE CARE UNIT	2601	INTENSIVE CARE UNIT
26.03	SURGICAL INTENSIVE CARE UNIT	2602	INTENSIVE CARE UNIT
26.04	MEDICAL INTENSIVE CARE UNIT	2603	INTENSIVE CARE UNIT
26.05	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
26.06	NEURO INTENSIVE CARE UNIT	2604	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	PSYCHIATRIC INTENSIVE CARE UNIT	2140	PSYCHIATRIC INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER-REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	NEURO PSYCH TESTING	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
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	
58.01	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
58.02	ORTHOTICS LAB	3540	PROSTHETIC DEVICES
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
OUTPAT SERVICE COST			
60	CLINIC	6000	



I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 52-0098 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
60.01	CLINIC CSC	6001	CLINIC
60.02	CLINIC UNIVERSITY STATION	6002	CLINIC
60.03	CLINIC WAI SMAN	6003	CLINIC
60.04	CLINIC WEST	6004	CLINIC
60.05	CLINIC EAST	6005	CLINIC
60.06	CLINIC RESEARCH PARK	6006	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	OTHER REIMBURSABLE COST CENTERS	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
86.01	TRANSPLANT COST - PRE TRANSPLANT	8601	OTHER ORGAN ACQUISITION (SPECIFY)
86.02	TRANSPLANT COST - POST TRANSPLANT	8602	OTHER ORGAN ACQUISITION (SPECIFY)
86.03	OPO ADMIN COST	8603	OTHER ORGAN ACQUISITION (SPECIFY)
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
94	OTHER SPECIAL PURPOSE (SPECIFY)	6950	OTHER SPECIAL PURPOSE (SPECIFY)
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	OTHER AUXILIARY SERVICES	9701	RESEARCH
97.02	CLINICAL RESEARCH CENTER	9702	RESEARCH
97.03	FAMILY MEDICINE	9703	RESEARCH
97.04	COMMUNICATION AIDS	9704	RESEARCH
97.05	INVESTIGATIONAL PHARMACY	9705	RESEARCH
97.06	RONALD MCDONALD CARE MOBILE	9706	RESEARCH
97.07	PUBLIC AFFAIRS	9707	RESEARCH
97.08	RETAIL PHARMACIES	9708	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
520098

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
----- INCREASE -----						
1	PROPERTY INSURANCE	A	NEW CAP REL COSTS-600 HIGHLAND	3.04		502,800
2	MEDICAL SUPPLIES SOLD TO PATIENTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		662,855
3	DRUGS SOLD TO PATIENTS	C	DRUGS CHARGED TO PATIENTS	56		107,597,091
4	REPROCESSING COSTS DEPT 1213	D				
5			TRAUMA INTENSIVE CARE UNIT	26.01	3,121	2,197
6			BURN INTENSIVE CARE UNIT	26.02	1,561	1,099
7			SURGICAL INTENSIVE CARE UNIT	26.03	3,121	2,197
8			MEDICAL INTENSIVE CARE UNIT	26.04	1,561	1,099
9			PEDIATRIC INTENSIVE CARE UNIT	26.05	3,121	2,197
10			NEURO INTENSIVE CARE UNIT	26.06	3,121	2,197
11			SUBPROVIDER	31	3,121	2,197
12			SUBPROVIDER-REHAB	31.01	15,607	10,986
13			OPERATING ROOM	37	936,407	659,145
14			RESPIRATORY THERAPY	49	15,607	10,986
15			CLINIC CSC	60.01	230,980	162,589
16			CLINIC UNIVERSITY STATION	60.02	15,607	10,986
17			EMERGENCY	61	31,214	21,972
18	PATIENT ESCORT SERVICES	E	ADMINISTRATIVE & GENERAL	6	107	60
19			MAINTENANCE & REPAIRS	7	7	4
20			CENTRAL SERVICES & SUPPLY	15	2,126	1,202
21			PHARMACY	16	13	8
22			ADULTS & PEDIATRICS	25	233,461	131,970
23			TRAUMA INTENSIVE CARE UNIT	26.01	16,216	9,166
24			BURN INTENSIVE CARE UNIT	26.02	1,311	741
25			SURGICAL INTENSIVE CARE UNIT	26.03	18,269	10,327
26			MEDICAL INTENSIVE CARE UNIT	26.04	2,561	1,448
27			PEDIATRIC INTENSIVE CARE UNIT	26.05	1,685	953
28			NEURO INTENSIVE CARE UNIT	26.06	8,078	4,566
29			SUBPROVIDER	31	1,244	703
30			SUBPROVIDER-REHAB	31.01	4,861	2,748
31			OPERATING ROOM	37	6,774	3,829
32			RADIOLOGY-DIAGNOSTIC	41	145,013	81,972
33			RADIOLOGY-THERAPEUTIC	42	10,632	6,010
34			RADIOISOTOPE	43	3,129	1,769
35			LABORATORY	44	27	15
1	PATIENT ESCORT SERVICES	E	PHYSICAL THERAPY	50	7	4
2			ELECTROCARDIOLOGY	53	36,952	20,888
3			ELECTROENCEPHALOGRAPHY	54	428	242
4			PULMONARY FUNCTION TESTING	58.01	3,022	1,709
5			CLINIC	60	7	4
6			CLINIC CSC	60.01	35,387	20,004
7			CLINIC UNIVERSITY STATION	60.02	27	15
8			CLINIC WEST	60.04	27	15
9			EMERGENCY	61	1,892	1,070
10			CLINICAL RESEARCH CENTER	97.02	53	30
11	BUILDING DEPRECIATION INTEREST	F	NEW CAP REL COSTS-RESEARCH PARK	3.01		679,372
12			NEW CAP REL COSTS-WEST CLINIC	3.02		498,503
13			NEW CAP REL COSTS-EAST CLINIC	3.03		403,653
14			NEW CAP REL COSTS-600 HIGHLAND	3.04		24,021,442
15			NEW CAP REL COSTS-WAISMAN	3.05		761,900
16			NEW CAP REL COSTS-USTATION	3.06		561,298
17	MEDICAL FACULTY COSTS	G	I&R SERVICES-SALARY & FRINGES APPRVD	22		2,565,627
18	REGIONAL PROJECT DIRECTOR	H	OTHER AUXILIARY SERVICES	97.01	108,189	35,161
19	LAUNDRY COSTS	I	LAUNDRY & LINEN SERVICE	9		3,177,287
20						
21						
22						
23						
24						
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32						
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34						
35						

RECLASSIFICATIONS

PROVIDER NO:  
520098

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 LAUNDRY COSTS	I				
2					
3					
4					
5					
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7					
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31					
32 HOME AND CLINICAL NUTRITION	J	ADULTS & PEDIATRICS	25	817,138	379,714
33		CLINIC CSC	60.01	61,815	190,228
34 ADDITIONAL OPO COSTS	K	OPO ADMIN COST	86.03	2,247,298	1,715,867
35		TRANSPLANT COST - PRE TRANSPLANT	86.01	3,223,102	1,796,203
1 ADDITIONAL OPO COSTS	K	TRANSPLANT COST - PRE TRANSPLANT	86.01	645,210	341,112
2		TRANSPLANT COST - POST TRANSPLANT	86.02	1,714,808	955,645
3		TRANSPLANT COST - POST TRANSPLANT	86.02	414,682	219,236
4		KIDNEY ACQUISITION	83	1,055,482	588,210
5		LIVER ACQUISITION	84	412,528	229,898
6		PANCREAS ACQUISITION	85.01	40,285	22,450
7		LUNG ACQUISITION	82	172,201	91,040
8		HEART ACQUISITION	85	58,326	30,836
9		LUNG ACQUISITION	82	326,295	249,134
10		KIDNEY ACQUISITION	83	1,015,650	775,474
11		LIVER ACQUISITION	84	482,549	368,438
12		HEART ACQUISITION	85	160,850	122,813
13		PANCREAS ACQUISITION	85.01	261,954	200,008
14 DEFERRED COMP	L	ADMINISTRATIVE & GENERAL	6	190,559	
15 UW REC FEE	M	EMPLOYEE BENEFITS	5		128,378
16 TRANSPLANT EXPENSE	N	TRANSPLANT COST - POST TRANSPLANT	86.02	5,195	4,615
17		LUNG ACQUISITION	82	26,809	37,463
18		KIDNEY ACQUISITION	83	71,618	141,982
19		LIVER ACQUISITION	84	29,299	47,590
20		HEART ACQUISITION	85	9,081	12,689
21		PANCREAS ACQUISITION	85.01	11,224	22,251
22		TRANSPLANT COST - POST TRANSPLANT	86.02	3,010	1,238
23		HEART ACQUISITION	85	123,055	50,638
24 FAMILY MEDICINE	O	FAMILY MEDICINE	97.03	100,406	
25		CLINIC RESEARCH PARK	60.06		100,406
26 TRANSPLANT CLINIC	P	KIDNEY ACQUISITION	83	317,607	
27		LIVER ACQUISITION	84	99,549	
28		PANCREAS ACQUISITION	85.01	49,774	
29 PATIENT ACCOUNTING TRANS BILLING	Q	LUNG ACQUISITION	82	7,636	
30		KIDNEY ACQUISITION	83	33,008	
31		LIVER ACQUISITION	84	10,346	
32		HEART ACQUISITION	85	2,586	
33		PANCREAS ACQUISITION	85.01	5,173	
34 IMPLANTABLE SUPPLIES	R	IMPL. DEV. CHARGED TO PATIENT	55.30		21,107,521
35					

RECLASSIFICATIONS

PROVIDER NO:  
520098

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 IMPLANTABLE SUPPLIES	R				
2					
3					
4					
5					
6 TRANSPLANT SALARIES & FRINGE FROM AF	S	LUNG ACQUISITION	82		49,420
7		KIDNEY ACQUISITION	83		153,829
8		LIVER ACQUISITION	84		73,086
9		HEART ACQUISITION	85		24,362
10		PANCREAS ACQUISITION	85.01		39,675
36 TOTAL RECLASSIFICATIONS				16,111,762	172,929,757

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		502,800	12
2 MEDICAL SUPPLIES SOLD TO PATIENTS	B	CENTRAL SERVICES & SUPPLY	15		662,855	
3 DRUGS SOLD TO PATIENTS	C	PHARMACY	16		107,597,091	
4 REPROCESSING COSTS DEPT 1213	D	CENTRAL SERVICES & SUPPLY	15	1,264,149	889,847	
5						
6						
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8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18 PATIENT ESCORT SERVICES	E	CENTRAL SERVICES & SUPPLY	15	533,316	301,472	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 PATIENT ESCORT SERVICES	E					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11 BUILDING DEPRECIATION INTEREST	F	ADMINISTRATIVE & GENERAL	6		26,926,168	9
12						9
13						9
14						9
15						9
16						9
17 MEDICAL FACULTY COSTS	G	ADMINISTRATIVE & GENERAL	6		2,565,627	
18 REGIONAL PROJECT DIRECTOR	H	ADMINISTRATIVE & GENERAL	6	108,189	35,161	
19 LAUNDRY COSTS	I	EMPLOYEE BENEFITS	5		2	
20		ADMINISTRATIVE & GENERAL	6		2,485	
21		MAINTENANCE & REPAIRS	7		17	
22		LAUNDRY & LINEN SERVICE	9		8,020	
23		HOUSEKEEPING	10		212,267	
24		DIETARY	11		11,259	
25		NURSING ADMINISTRATION	14		17,564	
26		CENTRAL SERVICES & SUPPLY	15		46,501	
27		PHARMACY	16		9,649	
28		MEDICAL RECORDS & LIBRARY	17		3	
29		HISTOCOMPATIBILITY	19.01		983	
30		I&R SERVICES-SALARY & FRINGES APPRVD	22		21,282	
31		ADULTS & PEDIATRICS	25		734,322	
32		TRAUMA INTENSIVE CARE UNIT	26.01		113,426	
33		BURN INTENSIVE CARE UNIT	26.02		46,300	
34		SURGICAL INTENSIVE CARE UNIT	26.03		52,202	
35		MEDICAL INTENSIVE CARE UNIT	26.04		26,329	

RECLASSIFICATIONS

PROVIDER NO:  
520098

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 LAUNDRY COSTS	I	PEDIATRIC INTENSIVE CARE UNIT	26.05			40,548	10
2		NEURO INTENSIVE CARE UNIT	26.06			57,258	
3		SUBPROVIDER	31			14,564	
4		SUBPROVIDER-REHAB	31.01			40,511	
5		OPERATING ROOM	37			927,676	
6		ANESTHESIOLOGY	40			28,668	
7		RADIOLOGY-DIAGNOSTIC	41			176,686	
8		RADIOLOGY-THERAPEUTIC	42			23,817	
9		RADIOISOTOPE	43			131	
10		LABORATORY	44			2,264	
11		RESPIRATORY THERAPY	49			503	
12		PHYSICAL THERAPY	50			19,127	
13		ELECTROCARDIOLOGY	53			78,625	
14		CARDIAC REHABILITATION	59.97			78,638	
15		ELECTROENCEPHALOGRAPHY	54			3,389	
16		RENAL DIALYSIS	57			9,406	
17		PULMONARY FUNCTION TESTING	58.01			22	
18		ORTHOTICS LAB	58.02			424	
19		CLINIC CSC	60.01			141,306	
20		CLINIC UNIVERSITY STATION	60.02			4,731	
21		CLINIC WATSON	60.03			118	
22		CLINIC WEST	60.04			26,028	
23		CLINIC EAST	60.05			7,704	
24		CLINIC RESEARCH PARK	60.06			681	
25		EMERGENCY	61			127,188	
26		AMBULANCE SERVICES	65			2,577	
27		KIDNEY ACQUISITION	83			513	
28		HEART ACQUISITION	85			54	
29		OTHER AUXILIARY SERVICES	97.01			57,487	
30		CLINICAL RESEARCH CENTER	97.02			3,503	
31		INVESTIGATIONAL PHARMACY	97.05			529	
32 HOME AND CLINICAL NUTRITION	J	DIETARY	11		878,953	569,942	
33							
34 ADDITIONAL OPO COSTS	K	KIDNEY ACQUISITION	83		2,247,298	1,715,867	
35		KIDNEY ACQUISITION	83		3,223,102	1,796,203	
1 ADDITIONAL OPO COSTS	K	HEART ACQUISITION	85		645,210	341,112	
2		TRANSPLANT COST - PRE TRANSPLANT	86.01		1,714,808	955,645	
3		TRANSPLANT COST - PRE TRANSPLANT	86.01		414,682	219,236	
4		TRANSPLANT COST - PRE TRANSPLANT	86.01		1,508,294	840,558	
5							
6							
7		TRANSPLANT COST - PRE TRANSPLANT	86.01		230,528	121,876	
8							
9		OPO ADMIN COST	86.03		2,247,298	1,715,867	
10							
11							
12							
13							
14 DEFERRED COMP	L	ADMINISTRATIVE & GENERAL	6			190,559	
15 UW REC FEE	M	ADMINISTRATIVE & GENERAL	6			128,378	
16 TRANSPLANT EXPENSE	N	ADMINISTRATIVE & GENERAL	6		152,720	267,096	
17							
18							
19							
20							
21							
22		CLINIC CSC	60.01		126,065	51,876	
23							
24 FAMILY MEDICINE	O	FAMILY MEDICINE	97.03			100,406	
25		CLINIC RESEARCH PARK	60.06		100,406		
26 TRANSPLANT CLINIC	P	CLINIC CSC	60.01		466,930		
27							
28							
29 PATIENT ACCOUNTING BILLING	Q	ADMINISTRATIVE & GENERAL	6		58,749		
30							
31							
32							
33							
34 IMPLANTABLE SUPPLIES	R	SURGICAL INTENSIVE CARE UNIT	26.03			25,213	
35							

RECLASSIFICATIONS

PROVIDER NO:  
520098

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 IMPLANTABLE SUPPLIES	R	OPERATING ROOM	37			16,873,618	
2		RADIOLOGY-DIAGNOSTIC	41			1,102,531	
3		LABORATORY	44			1,372,488	
4		ELECTROCARDIOLOGY	53			1,630,843	
5		CLINIC CSC	60.01			102,828	
6 TRANSPLANT SALARIES & FRINGE FROM AF	S	ADMINISTRATIVE & GENERAL	6			340,372	
7							
8							
9							
10							
36 TOTAL RECLASSIFICATIONS					15,920,697	173,120,822	

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



RECLASSIFICATIONS

PROVIDER NO:  
520098

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: E  
EXPLANATION: PATIENT ESCORT SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
27.00	EMERGENCY	61	2,962			0	
28.00	CLINICAL RESEARCH CENTER	97.02	83			0	
TOTAL RECLASSIFICATIONS FOR CODE E			834,788				834,788

RECLASS CODE: F  
EXPLANATION: BUILDING DEPRECIATION INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-RESEARCH PAR	3.01	679,372	ADMINISTRATIVE & GENERAL	6	26,926,168	
2.00	NEW CAP REL COSTS-WEST CLINIC	3.02	498,503			0	
3.00	NEW CAP REL COSTS-EAST CLINIC	3.03	403,653			0	
4.00	NEW CAP REL COSTS-600 HIGHLAND	3.04	24,021,442			0	
5.00	NEW CAP REL COSTS-WAISMAN	3.05	761,900			0	
6.00	NEW CAP REL COSTS-USTATION	3.06	561,298			0	
TOTAL RECLASSIFICATIONS FOR CODE F			26,926,168				26,926,168

RECLASS CODE: G  
EXPLANATION: MEDICAL FACULTY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	2,565,627	ADMINISTRATIVE & GENERAL	6	2,565,627	
TOTAL RECLASSIFICATIONS FOR CODE G			2,565,627				2,565,627

RECLASS CODE: H  
EXPLANATION: REGIONAL PROJECT DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER AUXILIARY SERVICES	97.01	143,350	ADMINISTRATIVE & GENERAL	6	143,350	
TOTAL RECLASSIFICATIONS FOR CODE H			143,350				143,350

RECLASS CODE: I  
EXPLANATION: LAUNDRY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	3,177,287	EMPLOYEE BENEFITS	5	2	
2.00			0	ADMINISTRATIVE & GENERAL	6	2,485	
3.00			0	MAINTENANCE & REPAIRS	7	17	
4.00			0	LAUNDRY & LINEN SERVICE	9	8,020	
5.00			0	HOUSEKEEPING	10	212,267	
6.00			0	DIETARY	11	11,259	
7.00			0	NURSING ADMINISTRATION	14	17,564	
8.00			0	CENTRAL SERVICES & SUPPLY	15	46,501	
9.00			0	PHARMACY	16	9,649	
10.00			0	MEDICAL RECORDS & LIBRARY	17	3	
11.00			0	HISTOCOMPATIBILITY	19.01	983	
12.00			0	I&R SERVICES-SALARY & FRINGES	22	21,282	
13.00			0	ADULTS & PEDIATRICS	25	734,322	
14.00			0	TRAUMA INTENSIVE CARE UNIT	26.01	113,426	
15.00			0	BURN INTENSIVE CARE UNIT	26.02	46,300	
16.00			0	SURGICAL INTENSIVE CARE UNIT	26.03	52,202	
17.00			0	MEDICAL INTENSIVE CARE UNIT	26.04	26,329	
18.00			0	PEDIATRIC INTENSIVE CARE UNIT	26.05	40,548	
19.00			0	NEURO INTENSIVE CARE UNIT	26.06	57,258	
20.00			0	SUBPROVIDER	31	14,564	
21.00			0	SUBPROVIDER-REHAB	31.01	40,511	
22.00			0	OPERATING ROOM	37	927,676	
23.00			0	ANESTHESIOLOGY	40	28,668	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	176,686	
25.00			0	RADIOLOGY-THERAPEUTIC	42	23,817	
26.00			0	RADIOISOTOPE	43	131	
27.00			0	LABORATORY	44	2,264	
28.00			0	RESPIRATORY THERAPY	49	503	
29.00			0	PHYSICAL THERAPY	50	19,127	
30.00			0	ELECTROCARDIOLOGY	53	78,625	
31.00			0	CARDIAC REHABILITATION	59.97	78,638	
32.00			0	ELECTROENCEPHALOGRAPHY	54	3,389	
33.00			0	RENAL DIALYSIS	57	9,406	

RECLASSIFICATIONS

PROVIDER NO:  
520098

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION: LAUNDRY COSTS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
34.00			0	PULMONARY FUNCTION TESTING	58.01	22		
35.00			0	ORTHOTICS LAB	58.02	424		
36.00			0	CLINIC CSC	60.01	141,306		
37.00			0	CLINIC UNIVERSITY STATION	60.02	4,731		
38.00			0	CLINIC WAI SMAN	60.03	118		
39.00			0	CLINIC WEST	60.04	26,028		
40.00			0	CLINIC EAST	60.05	7,704		
41.00			0	CLINIC RESEARCH PARK	60.06	681		
42.00			0	EMERGENCY	61	127,188		
43.00			0	AMBULANCE SERVICES	65	2,577		
44.00			0	KIDNEY ACQUISITION	83	513		
45.00			0	HEART ACQUISITION	85	54		
46.00			0	OTHER AUXILIARY SERVICES	97.01	57,487		
47.00			0	CLINICAL RESEARCH CENTER	97.02	3,503		
48.00			0	INVESTIGATIONAL PHARMACY	97.05	529		
TOTAL RECLASSIFICATIONS FOR CODE I			3,177,287					3,177,287

RECLASS CODE: J  
EXPLANATION: HOME AND CLINICAL NUTRITION

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	ADULTS & PEDIATRICS	25	1,196,852	DIETARY	11	1,448,895		
2.00	CLINIC CSC	60.01	252,043			0		
TOTAL RECLASSIFICATIONS FOR CODE J			1,448,895					1,448,895

RECLASS CODE: K  
EXPLANATION: ADDITIONAL OPO COSTS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OPO ADMIN COST	86.03	3,963,165	KIDNEY ACQUISITION	83	3,963,165		
2.00	TRANSPLANT COST - PRE TRANSPLA	86.01	5,019,305	KIDNEY ACQUISITION	83	5,019,305		
3.00	TRANSPLANT COST - PRE TRANSPLA	86.01	986,322	HEART ACQUISITION	85	986,322		
4.00	TRANSPLANT COST - POST TRANSPL	86.02	2,670,453	TRANSPLANT COST - PRE TRANSPLA	86.01	2,670,453		
5.00	TRANSPLANT COST - POST TRANSPL	86.02	633,918	TRANSPLANT COST - PRE TRANSPLA	86.01	633,918		
6.00	KIDNEY ACQUISITION	83	1,643,692	TRANSPLANT COST - PRE TRANSPLA	86.01	2,348,852		
7.00	LIVER ACQUISITION	84	642,426			0		
8.00	PANCREAS ACQUISITION	85.01	62,735			0		
9.00	LUNG ACQUISITION	82	263,241	TRANSPLANT COST - PRE TRANSPLA	86.01	352,404		
10.00	HEART ACQUISITION	85	89,162			0		
11.00	LUNG ACQUISITION	82	575,429	OPO ADMIN COST	86.03	3,963,165		
12.00	KIDNEY ACQUISITION	83	1,791,124			0		
13.00	LIVER ACQUISITION	84	850,987			0		
14.00	HEART ACQUISITION	85	283,663			0		
15.00	PANCREAS ACQUISITION	85.01	461,962			0		
TOTAL RECLASSIFICATIONS FOR CODE K			19,937,584					19,937,584

RECLASS CODE: L  
EXPLANATION: DEFERRED COMP

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	ADMINISTRATIVE & GENERAL	6	190,559	ADMINISTRATIVE & GENERAL	6	190,559		
TOTAL RECLASSIFICATIONS FOR CODE L			190,559					190,559

RECLASS CODE: M  
EXPLANATION: UW REC FEE

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	EMPLOYEE BENEFITS	5	128,378	ADMINISTRATIVE & GENERAL	6	128,378		
TOTAL RECLASSIFICATIONS FOR CODE M			128,378					128,378

RECLASS CODE: N  
EXPLANATION: TRANSPLANT EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	TRANSPLANT COST - POST TRANSPL	86.02	9,810	ADMINISTRATIVE & GENERAL	6	419,816	

RECLASSIFICATIONS

PROVIDER NO:  
520098

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: N  
EXPLANATION: TRANSPLANT EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	LUNG ACQUISITION	82	64,272			0
3.00	KIDNEY ACQUISITION	83	213,600			0
4.00	LIVER ACQUISITION	84	76,889			0
5.00	HEART ACQUISITION	85	21,770			0
6.00	PANCREAS ACQUISITION	85.01	33,475			0
7.00	TRANSPLANT COST - POST TRANSPL	86.02	4,248	CLINIC CSC	60.01	177,941
8.00	HEART ACQUISITION	85	173,693			0
TOTAL RECLASSIFICATIONS FOR CODE N			597,757			597,757

RECLASS CODE: O  
EXPLANATION: FAMILY MEDICINE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	FAMILY MEDICINE	97.03	100,406	FAMILY MEDICINE	97.03	100,406
2.00	CLINIC RESEARCH PARK	60.06	100,406	CLINIC RESEARCH PARK	60.06	100,406
TOTAL RECLASSIFICATIONS FOR CODE O			200,812			200,812

RECLASS CODE: P  
EXPLANATION: TRANSPLANT CLINIC

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	317,607	CLINIC CSC	60.01	466,930
2.00	LIVER ACQUISITION	84	99,549			0
3.00	PANCREAS ACQUISITION	85.01	49,774			0
TOTAL RECLASSIFICATIONS FOR CODE P			466,930			466,930

RECLASS CODE: Q  
EXPLANATION: PATIENT ACCOUNTING TRANS BILLING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	7,636	ADMINISTRATIVE & GENERAL	6	58,749
2.00	KIDNEY ACQUISITION	83	33,008			0
3.00	LIVER ACQUISITION	84	10,346			0
4.00	HEART ACQUISITION	85	2,586			0
5.00	PANCREAS ACQUISITION	85.01	5,173			0
TOTAL RECLASSIFICATIONS FOR CODE Q			58,749			58,749

RECLASS CODE: R  
EXPLANATION: IMPLANTABLE SUPPLIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	21,107,521			0
4.00			0	SURGICAL INTENSIVE CARE UNIT	26.03	25,213
7.00			0	OPERATING ROOM	37	16,873,618
9.00			0	RADIOLOGY-DIAGNOSTIC	41	1,102,531
11.00			0	LABORATORY	44	1,372,488
14.00			0	ELECTROCARDIOLOGY	53	1,630,843
18.00			0	CLINIC CSC	60.01	102,828
TOTAL RECLASSIFICATIONS FOR CODE R			21,107,521			21,107,521

RECLASS CODE: S  
EXPLANATION: TRANSPLANT SALARIES & FRINGE FROM AF

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	49,420	ADMINISTRATIVE & GENERAL	6	340,372
2.00	KIDNEY ACQUISITION	83	153,829			0
3.00	LIVER ACQUISITION	84	73,086			0
4.00	HEART ACQUISITION	85	24,362			0
5.00	PANCREAS ACQUISITION	85.01	39,675			0
TOTAL RECLASSIFICATIONS FOR CODE S			340,372			340,372

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	11,779,727	2,605,405		2,605,405		14,385,132	
2 LAND IMPROVEMENTS	1,714,897	245,969		245,969		1,960,866	
3 BUILDINGS & FIXTURE	481,477,121	17,094,327		17,094,327	60,270	498,511,178	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	228,827,328	19,197,482		19,197,482	7,481,067	240,543,743	
7 SUBTOTAL	723,799,073	39,143,183		39,143,183	7,541,337	755,400,919	
8 RECONCILING ITEMS							
9 TOTAL	723,799,073	39,143,183		39,143,183	7,541,337	755,400,919	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	27,470,500		27,470,500	.036365				
3 01	NEW CAP REL COSTS-RE	13,468,822		13,468,822	.017830				
3 02	NEW CAP REL COSTS-WE	16,795,917		16,795,917	.022234				
3 03	NEW CAP REL COSTS-EA	13,936,282		13,936,282	.018449				
3 04	NEW CAP REL COSTS-60	419,629,319		419,629,319	.555506				
3 05	NEW CAP REL COSTS-WA	11,019,870		11,019,870	.014588				
3 06	NEW CAP REL COSTS-US	12,536,466		12,536,466	.016596				
4	NEW CAP REL COSTS-MV	240,543,743		240,543,743	.318432				
5	TOTAL	755,400,919		755,400,919	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-RE	679,372						679,372
3 02	NEW CAP REL COSTS-WE	498,503						498,503
3 03	NEW CAP REL COSTS-EA	403,653						403,653
3 04	NEW CAP REL COSTS-60	15,284,544			502,800			15,787,344
3 05	NEW CAP REL COSTS-WA	761,900						761,900
3 06	NEW CAP REL COSTS-US	767,460						767,460
4	NEW CAP REL COSTS-MV							
5	TOTAL	18,395,432			502,800			18,898,232

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-130,193			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	21,642,476			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INTEREST INCOME	B	-366,022	NEW CAP REL COSTS-600 HIG	3.04	9
38 UNNECESSARY BORROWING	B	-8,257,499	NEW CAP REL COSTS-600 HIG	3.04	9
39 VOLUME DISCOUNT	B	-1,632,323	ADMINISTRATIVE & GENERAL	6	
40 MISCELLANEOUS INCOME	B	-542,522	NEW CAP REL COSTS-600 HIG	3.04	9
41 MISCELLANEOUS INCOME	B	653,456	ADMINISTRATIVE & GENERAL	6	
42 MISCELLANEOUS INCOME	B	-43,531	PHYSICAL THERAPY	50	
43 MISCELLANEOUS INCOME	B	-215,342	DIETARY	11	
44 MISCELLANEOUS INCOME	B	-3,735	PARAMED ED PRGM-DIETARY	24.03	
45 MEDICARE LAPSING SCHEDULE	A	206,162	NEW CAP REL COSTS-USTATIO	3.06	9
46 LOBBY FEE WHA/AHA	A	-21,163	ADMINISTRATIVE & GENERAL	6	
47 GROSS UP KIDNEY	B	892,500	KIDNEY ACQUISITION	83	
48 GROSS UP HEART	B	562,800	HEART ACQUISITION	85	
49 GROSS UP LIVER	B	487,630	LIVER ACQUISITION	84	
49.01 GROSS UP LUNG	B	131,360	LUNG ACQUISITION	82	
49.02 GROSS UP PANCREAS	B	74,000	PANCREAS ACQUISITION	85.01	
49.03 FAMILY MEDICINE GROSS UP	A	155,143	FAMILY MEDICINE	97.03	
49.04 NON-ALLOWABLE A&G	A	-32,563	ADMINISTRATIVE & GENERAL	6	
49.05 NON-ALLOWABLE UCC	A	-709,037	ADMINISTRATIVE & GENERAL	6	
49.06 CRNA COST OFFSET	A	-7,100,380	ADMINISTRATIVE & GENERAL	6	
49.07 CLERICAL SUPPORT PSYCH	A	-53,417	ADMINISTRATIVE & GENERAL	6	
49.08 CAFETERIA REVENUE	B	-6,801,387	DIETARY	11	
49.09 GROSS UP RONALD MCDONALD EXPENSE	B	95,850	RONALD MCDONALD CARE MOBI	97.06	
49.10 OPO MARKETING	A	-10,034	LUNG ACQUISITION	82	
49.11 OPO MARKETING	A	-31,233	KIDNEY ACQUISITION	83	
49.12 OPO MARKETING	A	-14,839	LIVER ACQUISITION	84	
49.13 OPO MARKETING	A	-4,946	HEART ACQUISITION	85	
49.14 OPO MARKETING	A	-8,056	PANCREAS ACQUISITION	85.01	
49.15 WI MA HOSPITAL ASSESSMENT	A	24,393,182	ADMINISTRATIVE & GENERAL	6	
49.16					
49.17					
49.18					
49.19					
49.20					
50 TOTAL (SUM OF LINES 1 THRU 49)		23,316,337			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	UW OVERHEAD	7,364,847		7,364,847	
2	7	MAINTENANCE & REPAIRS	UW OVERHEAD	14,222,445		14,222,445	
3	9	LAUNDRY & LINEN SERVICE	MUHL	2,833,403	3,098,662	-265,259	
4	3 4	NEW CAP REL COSTS-600 HIG	MUHL	325,361		325,361	9
4.01	7	MAINTENANCE & REPAIRS	MERI	555,345	664,047	-108,702	
4.02	3 4	NEW CAP REL COSTS-600 HIG	MERI	103,784		103,784	9
5		TOTALS		25,405,185	3,762,709	21,642,476	

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

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

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

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

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
83		195,250		195,250	204,100	663	65,057	3,253
2								
3								
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27								
28								
29								
30								
101	TOTAL	195,250		195,250		663	65,057	3,253



COST ALLOCATION STATISTICS

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC	679,372				679,372		
003 02 NEW CAP REL COSTS-WEST CL	498,503					498,503	
003 03 NEW CAP REL COSTS-EAST CL	403,653						403,653
003 04 NEW CAP REL COSTS-600 HIG	15,787,344						
003 05 NEW CAP REL COSTS-WAISMAN	761,900						
003 06 NEW CAP REL COSTS-USTATIO	767,460						
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	9,052,647						
006 ADMINISTRATIVE & GENERAL	189,138,508						842
007 MAINTENANCE & REPAIRS	35,287,637				2,416	1,077	
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	2,994,380						
010 HOUSEKEEPING	12,644,301				4,161	6,878	10,625
011 DIETARY	6,112,350						
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	22,378,927						
015 CENTRAL SERVICES & SUPPLY	6,164,231					5,166	5,887
016 PHARMACY	12,217,237					9,912	8,124
017 MEDICAL RECORDS & LIBRARY	15,212,059					318	9,870
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	76,219						
019 01 HISTOCOMPATIBILITY	2,317,687						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	28,013,514					669	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	775,435						
024 02 PARAMED ED PRGM-EMERGENCY	766,645						
024 03 PARAMED ED PRGM-DIETARY	151,505					448	
024 04 PARAMED ED PRGM-DIAGNOSTI	436,937						
024 05 PARAMED ED PRGM-ULTRASOUN	376,958						
024 06 PARAMED ED PRGM-RADIOTHER	47,618						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	75,391,367						
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	13,251,688						
026 02 BURN INTENSIVE CARE UNIT	3,173,000						
026 03 SURGICAL INTENSIVE CARE U	7,947,432						
026 04 MEDICAL INTENSIVE CARE UN	3,082,937						
026 05 PEDIATRIC INTENSIVE CARE	6,908,543						
026 06 NEURO INTENSIVE CARE UNIT	5,990,520						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	3,019,793						
031 01 SUBPROVIDER-REHAB	4,175,922						
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	61,726,847						
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,380,757						
041 RADIOLOGY-DIAGNOSTIC	34,287,447				81,141	12,611	10,374
042 RADIOLOGY-THERAPEUTIC	6,331,282						39,353
043 RADIOISOTOPE	3,081,640						
044 LABORATORY	38,948,870					9,588	8,576
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	12,038,821						
049 01 NEURO PSYCH TESTING	333,068						
050 PHYSICAL THERAPY	17,046,205				119,015		8,462
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	18,539,809					1,775	535
054 ELECTROENCEPHALOGRAPHY	1,569,078						
055 MEDICAL SUPPLIES CHARGED	662,855						
055 30 IMPL. DEV. CHARGED TO PAT	21,107,521						
056 DRUGS CHARGED TO PATIENTS	107,597,091						
057 RENAL DIALYSIS	2,494,062						
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN	469,979						
058 02 ORTHOTICS LAB	1,628,846				8,557		
059 OTHER ANCILLARY SERVICE C							

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
		0	1	2	3	3.01	3.02	3.03
059	ANCILLARY SRVC COST CNTRS							
	97 CARDIAC REHABILITATION	835,439				26,309		1,579
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	4,544,668					5,744	649
060	01 CLINIC CSC	39,538,088					24,206	1,360
060	02 CLINIC UNIVERSITY STATION	8,986,317						
060	03 CLINIC WAI SMAN	590,485						
060	04 CLINIC WEST	13,874,766					420,111	1,408
060	05 CLINIC EAST	6,646,671						295,395
060	06 CLINIC RESEARCH PARK	3,048,408				176,073		
061	EMERGENCY	8,741,578						
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	2,416,866						
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
068	OTHER REIMBURSABLE COST C							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	3,256,373						
082	LUNG ACQUISITION	2,219,320						
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	6,438,088						
084	LIVER ACQUISITION	3,114,825						
085	HEART ACQUISITION	1,397,815						
085	01 PANCREAS ACQUISITION	1,351,167						
086	OTHER ORGAN ACQUISITION	-61,253						
086	01 TRANSPLANT COST - PRE TRA							
086	02 TRANSPLANT COST - POST TR	3,318,429						
086	03 OPO ADMIN COST							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
094	OTHER SPECIAL PURPOSE (SP							
095	SUBTOTALS	930,506,457				417,672	498,503	403,039
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	532,201						
097	RESEARCH							
097	01 OTHER AUXILIARY SERVICES	4,186,505				261,700		614
097	02 CLINICAL RESEARCH CENTER	2,159,875						
097	03 FAMILY MEDICINE	155,143						
097	04 COMMUNICATION AIDS	390,749						
097	05 INVESTIGATIONAL PHARMACY	1,365,921						
097	06 RONALD MCDONALD CARE MOBI	325,198						
097	07 PUBLIC AFFAIRS	4,822,480						
097	08 RETAIL PHARMACIES	16,230,960						
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	960,675,489				679,372	498,503	403,653

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-600 HIG	NEW CAP REL C OSTS-WAISMAN	NEW CAP REL C OSTS-USTATIO	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	3.04	3.05	3.06	4	5	5a.00	6
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG	15,787,344						
003 05 NEW CAP REL COSTS-WAISMAN		761,900					
003 06 NEW CAP REL COSTS-USTATIO			767,460				
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			14,038		9,131,399		
006 ADMINISTRATIVE & GENERAL	1,275,134				1,060,020	191,474,504	191,474,504
007 MAINTENANCE & REPAIRS	1,671,751		9,792		104,020	37,076,693	9,228,648
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	50,863				1,241	3,046,484	758,291
010 HOUSEKEEPING	384,600		4,575		191,230	13,246,370	3,297,114
011 DIETARY	554,457				128,351	6,795,158	1,691,362
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	446,655				344,362	23,169,944	5,767,161
015 CENTRAL SERVICES & SUPPLY	471,329		2,773		130,315	6,779,701	1,687,515
016 PHARMACY	271,481		17,193		405,521	12,929,468	3,218,235
017 MEDICAL RECORDS & LIBRARY	54,044		13,501		220,641	15,510,433	3,860,655
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	18,951				638	95,808	23,847
019 01 HISTOCOMPATIBILITY	50,980				19,036	2,387,703	594,316
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	202,407				509,118	28,725,708	7,150,030
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	17,252				14,512	807,199	200,917
024 02 PARAMED ED PRGM-EMERGENCY					12,652	779,297	193,972
024 03 PARAMED ED PRGM-DIETARY	1,835				2,404	156,192	38,877
024 04 PARAMED ED PRGM-DIAGNOSTI					7,847	444,784	110,710
024 05 PARAMED ED PRGM-ULTRASOUN					7,745	384,703	95,755
024 06 PARAMED ED PRGM-RADIOTHER					1,259	48,877	12,166
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,927,226				1,291,013	78,609,606	19,566,481
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	177,901				188,783	13,618,372	3,389,708
026 02 BURN INTENSIVE CARE UNIT	79,021				53,832	3,305,853	822,850
026 03 SURGICAL INTENSIVE CARE U	229,925				122,410	8,299,767	2,065,870
026 04 MEDICAL INTENSIVE CARE UN	30,262				50,872	3,164,071	787,559
026 05 PEDIATRIC INTENSIVE CARE	236,944				118,242	7,263,729	1,807,993
026 06 NEURO INTENSIVE CARE UNIT	196,634				101,107	6,288,261	1,565,192
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	111,807				53,755	3,185,355	792,857
031 01 SUBPROVIDER-REHAB	140,941				71,016	4,387,879	1,092,174
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,416,916				581,382	63,725,145	15,861,635
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	30,447				31,129	6,442,333	1,603,542
041 RADIOLOGY-DIAGNOSTIC	654,903		9,151		375,597	35,431,224	8,819,080
042 RADIOLOGY-THERAPEUTIC	366,625				64,113	6,801,373	1,692,909
043 RADIOISOTOPE	39,889				28,225	3,149,754	783,996
044 LABORATORY	538,905		8,076		354,212	39,868,227	9,923,481
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	102,348				163,374	12,304,543	3,062,687
049 01 NEURO PSYCH TESTING	14,559				5,371	352,998	87,864
050 PHYSICAL THERAPY	189,128		24,610		279,769	17,667,189	4,397,487
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	225,347				132,444	18,899,910	4,704,320
054 ELECTROENCEPHALOGRAPHY	70,151				25,202	1,664,431	414,289
055 MEDICAL SUPPLIES CHARGED						662,855	164,989
055 30 IMPL. DEV. CHARGED TO PAT						21,107,521	5,253,810
056 DRUGS CHARGED TO PATIENTS						107,597,091	26,781,419
057 RENAL DIALYSIS	65,741		607		37,091	2,597,501	646,536
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN	18,059				7,766	495,804	123,409
058 02 ORTHOTICS LAB	7,204				16,603	1,661,210	413,487
059 OTHER ANCILLARY SERVICE C							

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	SUBTOTAL	ADMINISTRATIVE & GENERAL			
	OSTS-600 HIG	OSTS-WAISMAN	OSTS-USTATIO	OSTS-MVBLE E	FITS		
	3.04	3.05	3.06	4	5	5a.00	6
059 97 ANCILLARY SRVC COST CNTRS	8,466				16,728	888,521	221,159
060 01 CARDIAC REHABILITATION							
060 02 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC	59,581		4,177		71,306	4,686,125	1,166,409
060 01 CLINIC CSC	2,269,277		4,957		626,053	42,463,941	10,569,572
060 02 CLINIC UNIVERSITY STATION	34,806		643,646		139,142	9,803,911	2,440,262
060 03 CLINIC WAISMAN		481,060			10,209	1,081,754	269,256
060 04 CLINIC WEST	8,230		953		216,747	14,522,215	3,614,681
060 05 CLINIC EAST					102,919	7,044,985	1,753,546
060 06 CLINIC RESEARCH PARK		280,840			34,446	3,539,767	881,073
061 EMERGENCY	363,158				135,407	9,240,143	2,299,936
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	375,932				31,958	2,824,756	703,102
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	1,212				55,626	3,313,211	824,681
082 LUNG ACQUISITION	4,056				12,662	2,236,038	556,566
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	29,252				52,607	6,519,947	1,622,860
084 LIVER ACQUISITION	11,832				22,735	3,149,392	783,906
085 HEART ACQUISITION	1,616				5,567	1,404,998	349,714
085 01 PANCREAS ACQUISITION	2,154				7,677	1,360,998	338,762
086 OTHER ORGAN ACQUISITION						-61,253	
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR	45,931				54,089	3,418,449	850,876
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	15,622,839	761,900	758,049		8,910,098	929,848,926	183,801,556
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	33,729				3,317	569,247	141,690
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES	10,974		9,411		51,066	4,520,270	1,125,127
097 02 CLINICAL RESEARCH CENTER	87,991				37,999	2,285,865	568,968
097 03 FAMILY MEDICINE						155,143	38,616
097 04 COMMUNICATION AIDS						390,749	97,260
097 05 INVESTIGATIONAL PHARMACY	27,788				30,391	1,424,100	354,468
097 06 RONALD MCDONALD CARE MOBI					2,574	327,772	81,585
097 07 PUBLIC AFFAIRS	4,023				41,017	4,867,520	1,211,560
097 08 RETAIL PHARMACIES					54,937	16,285,897	4,053,674
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,787,344	761,900	767,460		9,131,399	960,675,489	191,474,504



COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13	
059 97 ANCILLARY SRVC COST CNTRS								
060 97 CARDIAC REHABILITATION	129,860		17	51,655			25,225	
060 01 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	199,617			79,403			135,593	
060 02 CLINIC CSC	5,735,911		179,683	2,281,596	3,199		817,225	
060 03 CLINIC UNIVERSITY STATION	1,636,241		6,016	650,855				
060 04 CLINIC WAI SMAN	102,192		150	40,649				
060 05 CLINIC WEST	3,119,436		33,097	1,240,833				
060 06 CLINIC EAST	2,719,959		9,796	1,081,931				
061 06 CLINIC RESEARCH PARK	695,470		866	276,640				
062 061 EMERGENCY	871,539		161,731	346,676	1,066		148,467	
063 062 OBSERVATION BEDS (NON-DIS								
064 063 OTHER OUTPATIENT SERVICE								
065 064 OTHER REIMBURS COST CNTRS								
066 065 HOME PROGRAM DIALYSIS								
067 066 AMBULANCE SERVICES	902,196		3,277	358,871			29,798	
068 067 DURABLE MEDICAL EQUIP-REN								
069 068 DURABLE MEDICAL EQUIP-SOL								
070 069 OTHER REIMBURSABLE COST C								
071 070 CORF								
072 071 I&R SERVICES-NOT APPRVD P								
073 072 HOME HEALTH AGENCY	241,746			96,161				
074 073 LUNG ACQUISITION	40,675		51	16,179			14,849	
075 074 SPEC PURPOSE COST CENTERS								
076 075 KIDNEY ACQUISITION	166,536		457	66,244			61,732	
077 076 LIVER ACQUISITION	74,160		178	29,499			26,675	
078 077 HEART ACQUISITION	19,105		18	7,600			6,528	
079 078 PANCREAS ACQUISITION	30,011		18	11,938			9,006	
080 079 OTHER ORGAN ACQUISITION								
081 080 TRANSPLANT COST - PRE TRA								
082 081 TRANSPLANT COST - POST TR	110,230			43,847			63,465	
083 082 OPO ADMIN COST								
084 083 AMBULATORY SURGICAL CENTE								
085 084 HOSPICE								
086 085 OTHER SPECIAL PURPOSE (SP								
087 086 SUBTOTALS	44,360,585		3,848,613	17,153,837	10,360,765		8,008,911	
088 087 NONREIMBURS COST CENTERS								
089 088 GIFT, FLOWER, COFFEE SHOP	80,946			32,198			8,281	
090 089 RESEARCH								
091 090 OTHER AUXILIARY SERVICES	1,138,207		73,100	452,750			21,719	
092 091 CLINICAL RESEARCH CENTER	211,170		4,454	83,998			34,755	
093 092 FAMILY MEDICINE								
094 093 COMMUNICATION AIDS								
095 094 INVESTIGATIONAL PHARMACY	227,488		673	90,489			35,822	
096 095 RONALD MCDONALD CARE MOBI								
097 096 PUBLIC AFFAIRS	190,004			75,579				
098 097 RETAIL PHARMACIES	96,941			38,561				
099 098 PHYSICIANS' PRIVATE OFFIC								
100 099 NONPAID WORKERS								
101 100 OTHER NONREIMBURSABLE COS								
102 101 CROSS FOOT ADJUSTMENT								
103 102 NEGATIVE COST CENTER								
104 103 TOTAL	46,305,341		3,926,840	17,927,412	10,360,765		8,109,488	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL OFFICES	HISTOCOMPATIBILITY
	14	15	16	17	18	19	19.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	30,978,913						
015 CENTRAL SERVICES & SUPPLY		10,549,639					
016 PHARMACY		144,085	17,953,356				
017 MEDICAL RECORDS & LIBRARY		170	3	20,952,832			
018 SOCIAL SERVICE							
019 CLINICAL OFFICES						184,255	
019 01 HISTOCOMPATIBILITY		2,116	1,102	29,528			3,211,367
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			20,220				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY		1,347	72				
024 03 PARAMED ED PRGM-DIETARY							
024 04 PARAMED ED PRGM-DIAGNOSTI		7					
024 05 PARAMED ED PRGM-ULTRASOUN							
024 06 PARAMED ED PRGM-RADIOTHER							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,347,793	762,191	993,699	2,040,669		184,255	
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	1,015,699	263,198	198,684	465,728			
026 02 BURN INTENSIVE CARE UNIT	269,951	74,127	54,314	84,942			
026 03 SURGICAL INTENSIVE CARE U	647,403	299,142	82,225	257,932			
026 04 MEDICAL INTENSIVE CARE UN	268,756	65,595	54,116	91,701			
026 05 PEDIATRIC INTENSIVE CARE	560,207	89,708	61,058	283,014			
026 06 NEURO INTENSIVE CARE UNIT	523,875	98,902	87,167	290,815			
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	272,339	5,365	14,172	73,724			
031 01 SUBPROVIDER-REHAB	412,988	27,849	41,348	99,291			
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,002,702	3,078,394	973,281	3,703,692			
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	245,762	648,403	1,689,744	787,876			
041 RADIOLOGY-DIAGNOSTIC	2,064,046	1,507,586	272,950	3,537,141			
042 RADIOLOGY-THERAPEUTIC	323,304	93,062	23,376	738,389			
043 RADIOISOTOPE	112,081	8,773	51,012	125,302			
044 LABORATORY		180,620	66,556	2,373,549			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,072,337	488,624	37,168	407,915			
049 01 NEURO PSYCH TESTING		32		16,309			
050 PHYSICAL THERAPY	1,611,740	82,369	18,942	674,694			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	759,385	1,300,139	118,038	1,247,250			
054 ELECTROENCEPHALOGRAPHY		8,929	4,155	139,908			
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		104,688	20,571	68,990			
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN		4,310	1,266	30,252			
058 02 ORTHOTICS LAB		95,536	414	38,632			
059 OTHER ANCILLARY SERVICE C							

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL SERVICES	OFFICE	HISTOCOMPATIBILITY
	14	15	16	17	18	19		19.01
059 97 ANCILLARY SRVC COST CNTRS								
060 01 CARDIAC REHABILITATION	124,623	819		13	23,316			
060 02 OUTPAT SERVICE COST CNTRS								
060 03 CLINIC	669,899	567						
060 01 CLINIC CSC	4,037,512	528,253	324,594	1,129,675				
060 02 CLINIC UNIVERSITY STATION	1,039,389	32,724	93,856	194,184				
060 03 CLINIC WISMAN	30,061	3,616	1,634	17,285				
060 04 CLINIC WEST	1,374,737	121,341	134,424	231,968				
060 05 CLINIC EAST	662,832	36,447	57,881	138,837				
060 06 CLINIC RESEARCH PARK	254,621	52,829	8,541	67,794				
061 EMERGENCY	733,505	224,227	227,750	595,502				
062 OBSERVATION BEDS (NON-DIS								
063 OTHER OUTPATIENT SERVICE								
064 OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES	147,219	7,311	5,746	134,861				
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
068 OTHER REIMBURSABLE COST C								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY	305,088	4,191	3,996	38,908				
082 LUNG ACQUISITION	73,360	578	3,050	63,461				2,736
083 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION	304,988	58,635	5,222	290,631				3,122,836
084 LIVER ACQUISITION	131,790	22,917	2,041	60,232				4,999
085 HEART ACQUISITION	32,251	196	1,033	24,440				2,755
085 01 PANCREAS ACQUISITION	44,494	2,238	200	32,023				5,058
086 OTHER ORGAN ACQUISITION								
086 01 TRANSPLANT COST - PRE TRA								
086 02 TRANSPLANT COST - POST TR	313,549							72,983
086 03 OPO ADMIN COST								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
094 OTHER SPECIAL PURPOSE (SP								
095 SUBTOTALS	30,790,286	10,532,156	5,755,634	20,650,360		184,255		3,211,367
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
097 01 OTHER AUXILIARY SERVICES		4,233	56,012	4,294				
097 02 CLINICAL RESEARCH CENTER	171,705	4,966	6,656	20,621				
097 03 FAMILY MEDICINE								
097 04 COMMUNICATION AIDS				6,208				
097 05 INVESTIGATIONAL PHARMACY		550	2,015					
097 06 RONALD MCDONALD CARE MOBI	16,922	3,450		710				
097 07 PUBLIC AFFAIRS		2,812						
097 08 RETAIL PHARMACIES		1,472	12,133,039	270,639				
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	30,978,913	10,549,639	17,953,356	20,952,832		184,255		3,211,367

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-EMERGENCY
	20	21	22	23	24	24.01	24.02
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CLINICAL OFFICES							
019 01 HI STOCOMPATIBILITY							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			37,716,745				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY						1,080,675	
024 02 PARAMED ED PRGM-EMERGENCY							1,323,423
024 03 PARAMED ED PRGM-DIETARY							
024 04 PARAMED ED PRGM-DIAGNOSTI							
024 05 PARAMED ED PRGM-ULTRASOUN							
024 06 PARAMED ED PRGM-RADIOTHER							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			35,111,807				
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNIT							
026 02 BURN INTENSIVE CARE UNIT							
026 03 SURGICAL INTENSIVE CARE U							
026 04 MEDICAL INTENSIVE CARE UN							
026 05 PEDIATRIC INTENSIVE CARE							
026 06 NEURO INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER			2,003,716				
031 01 SUBPROVIDER-REHAB			601,222				
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC							
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
049 01 NEURO PSYCH TESTING							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						1,080,675	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN							
058 02 ORTHOTICS LAB							
059 OTHER ANCILLARY SERVICE C							

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-EMERGENCY
	20	21	22	23	24	24.01	24.02
059 97 ANCILLARY SRVC COST CNTRS							
060 97 CARDIAC REHABILITATION							
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC							
060 01 CLINIC CSC							
060 02 CLINIC UNIVERSITY STATION							
060 03 CLINIC WAI SMAN							
060 04 CLINIC WEST							
060 05 CLINIC EAST							
060 06 CLINIC RESEARCH PARK							
061 EMERGENCY							1,323,423
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR							
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS			37,716,745			1,080,675	1,323,423
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES							
097 02 CLINICAL RESEARCH CENTER							
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS							
097 05 INVESTIGATIONAL PHARMACY							
097 06 RONALD MCDONALD CARE MOBI							
097 07 PUBLIC AFFAIRS							
097 08 RETAIL PHARMACIES							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			37,716,745			1,080,675	1,323,423

COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	GM-DIETARY	GM-DIAGNOSTI	GM-ULTRASOUN	GM-RADIOTHER			
	24.03	24.04	24.05	24.06	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CLINICAL OFFICES							
019 01 HISTOCOMPATIBILITY							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY							
024 03 PARAMED ED PRGM-DIETARY	213,139						
024 04 PARAMED ED PRGM-DIAGNOSTI		610,565					
024 05 PARAMED ED PRGM-ULTRASOUN			520,885				
024 06 PARAMED ED PRGM-RADIOTHER				62,453			
025 INPAT ROUTINE SRVC CNTRS	213,139				155,421,653	-35,111,807	120,309,846
026 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI					19,927,897		19,927,897
026 02 BURN INTENSIVE CARE UNIT					5,025,143		5,025,143
026 03 SURGICAL INTENSIVE CARE U					12,730,212		12,730,212
026 04 MEDICAL INTENSIVE CARE UN					4,642,704		4,642,704
026 05 PEDIATRIC INTENSIVE CARE					11,048,986		11,048,986
026 06 NEURO INTENSIVE CARE UNIT					9,739,979		9,739,979
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER					6,914,439	-2,003,716	4,910,723
031 01 SUBPROVIDER-REHAB					7,426,519	-601,222	6,825,297
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					96,885,309		96,885,309
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		610,565	520,885		11,605,992		11,605,992
042 RADIOLOGY-THERAPEUTIC					56,438,762		56,438,762
043 RADIOISOTOPE					11,566,928		11,566,928
044 LABORATORY					4,387,579		4,387,579
045 PBP CLINICAL LAB SERVICES					54,956,061		54,956,061
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					18,329,842		18,329,842
049 01 NEURO PSYCH TESTING					516,678		516,678
050 PHYSICAL THERAPY					27,026,656		27,026,656
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					28,063,628		28,063,628
054 ELECTROENCEPHALOGRAPHY					2,503,240		2,503,240
055 MEDICAL SUPPLIES CHARGED					827,844		827,844
055 30 IMPL. DEV. CHARGED TO PAT					26,361,331		26,361,331
056 DRUGS CHARGED TO PATIENTS					135,459,185		135,459,185
057 RENAL DIALYSIS					3,709,259		3,709,259
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN					725,724		725,724
058 02 ORTHOTICS LAB					2,608,391		2,608,391
059 OTHER ANCILLARY SERVICE C							

COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	GM-DIETARY	GM-DIAGNOSTI	GM-ULTRASOUN	GM-RADIOTHER			
	24.03	24.04	24.05	24.06	25	26	27
059 97 ANCILLARY SRVC COST CNTRS					1,465,208		1,465,208
060 01 CLINIC CSC					6,937,613	-6,943,501	-5,888
060 02 CLINIC UNIVERSITY STATION					68,071,161	3,657,569	71,728,730
060 03 CLINIC WAI SMAN					15,897,438	854,710	16,752,148
060 04 CLINIC WEST					1,546,597	83,131	1,629,728
060 05 CLINIC EAST					24,392,732	1,311,408	25,704,140
060 06 CLINIC RESEARCH PARK					13,506,214	726,088	14,232,302
061 EMERGENCY					5,777,601	310,595	6,088,196
062 OBSERVATION BEDS (NON-DIS					16,173,965		16,173,965
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES					5,117,137		5,117,137
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 OTHER REIMBURSABLE COST C							
070 CORF							
071 I&R SERVICES-NOT APPRVD P					4,827,982		4,827,982
082 HOME HEALTH AGENCY					3,007,543		3,007,543
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION					12,220,088		12,220,088
086 LIVER ACQUISITION					4,285,789		4,285,789
087 HEART ACQUISITION					1,848,638		1,848,638
088 01 PANCREAS ACQUISITION					1,834,746		1,834,746
089 02 OTHER ORGAN ACQUISITION					-61,253		-61,253
090 01 TRANSPLANT COST - PRE TRA							
091 02 TRANSPLANT COST - POST TR					4,873,399		4,873,399
092 03 OPO ADMIN COST							
093 AMBULATORY SURGICAL CENTE							
094 HOSPICE							
095 OTHER SPECIAL PURPOSE (SP							
096 SUBTOTALS	213,139	610,565	520,885	62,453	906,572,539	-37,716,745	868,855,794
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					832,362		832,362
099 RESEARCH							
100 01 OTHER AUXILIARY SERVICES					7,395,712		7,395,712
101 02 CLINICAL RESEARCH CENTER					3,393,158		3,393,158
102 03 FAMILY MEDICINE					193,759		193,759
103 04 COMMUNICATION AIDS					494,217		494,217
104 05 INVESTIGATIONAL PHARMACY					2,135,605		2,135,605
105 06 RONALD MCDONALD CARE MOBI					430,439		430,439
106 07 PUBLIC AFFAIRS					6,347,475		6,347,475
107 08 RETAIL PHARMACIES					32,880,223		32,880,223
108 PHYSICIANS' PRIVATE OFFIC							
109 NONPAID WORKERS							
110 OTHER NONREIMBURSABLE COS							
111 CROSS FOOT ADJUSTMENT							
112 NEGATIVE COST CENTER							
113 TOTAL	213,139	610,565	520,885	62,453	960,675,489	-37,716,745	922,958,744

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COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-RESEARC 3.01	NEW CAP REL C OSTS-WEST CL 3.02	NEW CAP REL C OSTS-EAST CL 3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	416,963						
006 ADMINISTRATIVE & GENERAL	20,939,533						842
007 MAINTENANCE & REPAIRS	2,090,595				2,416	1,077	
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	37						
010 HOUSEKEEPING	37,764				4,161	6,878	10,625
011 DIETARY	307,205						
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,222,428						
015 CENTRAL SERVICES & SUPPLY	951,900					5,166	5,887
016 PHARMACY	1,321,159					9,912	8,124
017 MEDICAL RECORDS & LIBRARY	89,626					318	9,870
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	4,082						
019 01 HISTOCOMPATIBILITY	36,983						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	39,979					669	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY	126,408						
024 03 PARAMED ED PRGM-DIETARY						448	
024 04 PARAMED ED PRGM-DIAGNOSTI	32,781						
024 05 PARAMED ED PRGM-ULTRASOUN							
024 06 PARAMED ED PRGM-RADIOTHER							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	817,693						
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	227,104						
026 02 BURN INTENSIVE CARE UNIT	52,164						
026 03 SURGICAL INTENSIVE CARE U	265,601						
026 04 MEDICAL INTENSIVE CARE UN	21,366						
026 05 PEDIATRIC INTENSIVE CARE	54,112						
026 06 NEURO INTENSIVE CARE UNIT	80,399						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	17,698						
031 01 SUBPROVIDER-REHAB	58,301						
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,272,009						
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	645,395						
041 RADIOLOGY-DIAGNOSTIC	4,568,775				81,141	12,611	10,374
042 RADIOLOGY-THERAPEUTIC	1,316,127						39,353
043 RADIOISOTOPE	81,329						
044 LABORATORY	1,336,722					9,588	8,576
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	431,035						
049 01 NEURO PSYCH TESTING	883						
050 PHYSICAL THERAPY	543,435				119,015		8,462
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,447,355					1,775	535
054 ELECTROENCEPHALOGRAPHY	108,913						
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	67,040						
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN	32,332						
058 02 ORTHOTICS LAB	75,355				8,557		
059 OTHER ANCILLARY SERVICE C							

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
	0	1	2	3	3.01	3.02	3.03
059 97 ANCILLARY SRVC COST CNTRS	21,007				26,309		1,579
060 01 CLINIC CSC	1,283,189					5,744	649
060 02 CLINIC UNIVERSITY STATION	232,065					24,206	1,360
060 03 CLINIC WAI SMAN	19,737						
060 04 CLINIC WEST	99,276					420,111	1,408
060 05 CLINIC EAST	52,730						295,395
060 06 CLINIC RESEARCH PARK	133,530				176,073		
061 EMERGENCY	264,931						
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	3,078,427						
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	31,318						
082 LUNG ACQUISITION	1,939						
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	130,173						
084 LIVER ACQUISITION	50,877						
085 HEART ACQUISITION	657						
085 01 PANCREAS ACQUISITION	4,968						
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR							
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	50,607,104				417,672	498,503	403,039
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5,562						
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES	37,565				261,700		614
097 02 CLINICAL RESEARCH CENTER	30,489						
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS							
097 05 INVESTIGATIONAL PHARMACY	98,518						
097 06 RONALD MCDONALD CARE MOBI	1,040						
097 07 PUBLIC AFFAIRS	132,815						
097 08 RETAIL PHARMACIES	257,139						
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	51,170,232				679,372	498,503	403,653

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COST CENTER DESCRIPTION	NEW CAP REL C OSTS-600 HIG	NEW CAP REL C OSTS-WAISMAN	NEW CAP REL C OSTS-USTATIO	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL
	3.04	3.05	3.06	4	4a	5	6
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	64,714		14,038		495,715	495,715	
006 ADMINISTRATIVE & GENERAL	1,275,134				22,215,509	57,550	22,273,059
007 MAINTENANCE & REPAIRS	1,671,751		9,792		3,775,631	5,647	1,073,519
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	50,863				50,900	67	88,208
010 HOUSEKEEPING	384,600		4,575		448,603	10,382	383,535
011 DIETARY	554,457				861,662	6,968	196,747
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	446,655				2,669,083	18,696	670,863
015 CENTRAL SERVICES & SUPPLY	471,329		2,773		1,437,055	7,075	196,299
016 PHARMACY	271,481		17,193		1,627,869	22,016	374,360
017 MEDICAL RECORDS & LIBRARY	54,044		13,501		167,359	11,979	449,089
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	18,951				23,033	35	2,774
019 01 HISTOCOMPATIBILITY	50,980				87,963	1,033	69,134
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	202,407				243,055	27,641	831,724
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	17,252				17,252	788	23,372
024 02 PARAMED ED PRGM-EMERGENCY					126,408	687	22,564
024 03 PARAMED ED PRGM-DIETARY	1,835				2,283	131	4,522
024 04 PARAMED ED PRGM-DIAGNOSTI					32,781	426	12,878
024 05 PARAMED ED PRGM-ULTRASOUN						421	11,139
024 06 PARAMED ED PRGM-RADIOTHER						68	1,415
025 INPAT ROUTINE SRVC CNTRS	1,927,226				2,744,919	70,050	2,276,063
026 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	177,901				405,005	10,249	394,306
026 02 BURN INTENSIVE CARE UNIT	79,021				131,185	2,923	95,718
026 03 SURGICAL INTENSIVE CARE U	229,925				495,526	6,646	240,311
026 04 MEDICAL INTENSIVE CARE UN	30,262				51,628	2,762	91,613
026 05 PEDIATRIC INTENSIVE CARE	236,944				291,056	6,420	210,314
026 06 NEURO INTENSIVE CARE UNIT	196,634				277,033	5,489	182,070
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	111,807				129,505	2,918	92,229
031 01 SUBPROVIDER-REHAB	140,941				199,242	3,856	127,047
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS	1,416,916				5,688,925	31,564	1,845,098
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	30,447				675,842	1,690	186,531
041 RADIOLOGY-DIAGNOSTIC	654,903		9,151		5,336,955	20,392	1,025,876
042 RADIOLOGY-THERAPEUTIC	366,625				1,722,105	3,481	196,927
043 RADIOISOTOPE	39,889				121,218	1,532	91,198
044 LABORATORY	538,905		8,076		1,901,867	19,231	1,154,345
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	102,348				533,383	8,870	356,266
049 01 NEURO PSYCH TESTING	14,559				15,442	292	10,221
050 PHYSICAL THERAPY	189,128		24,610		884,650	15,189	511,536
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	225,347				1,675,012	7,191	547,228
054 ELECTROENCEPHALOGRAPHY	70,151				179,064	1,368	48,192
055 MEDICAL SUPPLIES CHARGED							19,192
055 30 IMPL. DEV. CHARGED TO PAT							611,147
056 DRUGS CHARGED TO PATIENTS							3,115,206
057 RENAL DIALYSIS	65,741		607		133,388	2,014	75,208
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN	18,059				50,391	422	14,356
058 02 ORTHOTICS LAB	7,204				91,116	901	48,099
059 OTHER ANCILLARY SERVICE C							

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COST CENTER DESCRIPTION	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL			
	OSTS-600 HIG	OSTS-WAISMAN	OSTS-USTATIO	OSTS-MVBLE E			
	3.04	3.05	3.06	4	4a	5	6
059 97 ANCILLARY SRVC COST CNTRS							
060 97 CARDIAC REHABILITATION	8,466				57,361	908	25,726
060 01 CLINIC CSC	59,581		4,177		133,845	3,871	135,682
060 02 CLINIC UNIVERSITY STATION	2,269,277		4,957		3,582,989	33,989	1,229,501
060 03 CLINIC WAI SMAN	34,806		643,646		910,517	7,554	283,862
060 04 CLINIC WEST	8,230	481,060	953		500,797	554	31,321
060 05 CLINIC EAST					529,978	11,767	420,476
060 06 CLINIC RESEARCH PARK		280,840			348,125	5,588	203,980
061 EMERGENCY	363,158				590,443	1,870	102,490
062 OBSERVATION BEDS (NON-DIS					628,089	7,351	267,539
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS	375,932				3,454,359	1,735	81,788
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	1,212				32,530	3,020	95,931
082 LUNG ACQUISITION	4,056				5,995	687	64,742
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION	29,252				159,425	2,856	188,779
085 LIVER ACQUISITION	11,832				62,709	1,234	91,187
085 HEART ACQUISITION	1,616				2,273	302	40,680
086 01 PANCREAS ACQUISITION	2,154				7,122	417	39,406
086 02 OTHER ORGAN ACQUISITION							
086 03 TRANSPLANT COST - PRE TRA	45,931				45,931	2,937	98,978
092 TRANSPLANT COST - POST TR							
093 OPO ADMIN COST							
094 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
096 OTHER SPECIAL PURPOSE (SP	15,622,839	761,900	758,049		69,069,106	483,700	21,380,507
097 SUBTOTALS							
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP	33,729				39,291	180	16,482
100 RESEARCH							
101 01 OTHER AUXILIARY SERVICES	10,974		9,411		320,264	2,772	130,880
102 02 CLINICAL RESEARCH CENTER	87,991				118,480	2,063	66,185
103 03 FAMILY MEDICINE							4,492
104 04 COMMUNICATION AIDS							11,314
105 05 INVESTIGATIONAL PHARMACY	27,788				126,306	1,650	41,233
106 06 RONALD MCDONALD CARE MOBI					1,040	140	9,490
107 07 PUBLIC AFFAIRS	4,023				136,838	2,227	140,934
108 08 RETAIL PHARMACIES					257,139	2,983	471,542
109 PHYSICIANS' PRIVATE OFFIC							
110 NONPAID WORKERS							
111 OTHER NONREIMBURSABLE COS							
112 CROSS FOOT ADJUSTMENTS							
113 NEGATIVE COST CENTER							
103 TOTAL	15,787,344	761,900	767,460		70,068,464	495,715	22,273,059

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COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	4,854,797						
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	12,798		151,973				
010 HOUSEKEEPING	116,797		10,446	969,763			
011 DIETARY	139,508		554	28,631	1,234,070		
012 CAFETERIA					965,921	965,921	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			864	25,700		41,686	
015 CENTRAL SERVICES & SUPPLY	128,811		2,288	26,436		36,445	
016 PHARMACY	93,018		475	19,090		48,737	
017 MEDICAL RECORDS & LIBRARY	114,408			23,480		6,703	
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	4,768			979		122	
019 01 HISTOCOMPATIBILITY	12,827		48	2,633		2,899	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	55,226		1,047	11,334		125,952	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	4,341			891		1,749	
024 02 PARAMED ED PRGM-EMERGENCY	25,036			5,138		1,781	
024 03 PARAMED ED PRGM-DIETARY	796			163		888	
024 04 PARAMED ED PRGM-DIAGNOSTI	3,405			699		1,152	
024 05 PARAMED ED PRGM-ULTRASOUN	2,515			516		821	
024 06 PARAMED ED PRGM-RADIOTHER						168	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	484,913		36,137	99,520	203,216	177,147	
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	44,762		5,582	9,187	3,564	24,487	
026 02 BURN INTENSIVE CARE UNIT	19,883		2,279	4,081	4,111	6,508	
026 03 SURGICAL INTENSIVE CARE U	57,852		2,569	11,873	13,003	15,608	
026 04 MEDICAL INTENSIVE CARE UN	7,614		1,296	1,563	2,563	6,479	
026 05 PEDIATRIC INTENSIVE CARE	59,618		1,995	12,235	2,799	13,506	
026 06 NEURO INTENSIVE CARE UNIT	49,475		2,818	10,154	5,635	12,630	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	28,132		717	5,774	14,080	6,566	
031 01 SUBPROVIDER-REHAB	35,462		1,994	7,278	18,566	9,957	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	356,513		45,652	73,168	2	72,392	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	7,661		1,411	1,572		5,925	
041 RADIOLOGY-DIAGNOSTIC	227,453		8,695	46,681	50	49,762	
042 RADIOLOGY-THERAPEUTIC	130,238		1,172	26,729		7,794	
043 RADIOISOTOPE	10,037		6	2,060		2,702	
044 LABORATORY	155,126		111	31,837		56,291	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	55,421		25	11,374		25,853	
049 01 NEURO PSYCH TESTING	3,663			752		1,267	
050 PHYSICAL THERAPY	191,262		941	39,253			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	58,542		3,869	12,015	49	18,308	
054 ELECTROENCEPHALOGRAPHY	17,651		167	3,623	3	3,796	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	16,689		463	3,425		4,348	
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN	4,544		1	933		1,200	
058 02 ORTHOTICS LAB	28,085		21	5,764		2,875	
059 OTHER ANCILLARY SERVICE C							

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COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS OF REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
059 97 ANCILLARY SRVC COST CNTRS							
060 97 CARDIAC REHABILITATION	13,615		1	2,794		3,005	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	20,929			4,295		16,150	
060 02 CLINIC CSC	601,371		6,954	123,418	381	97,340	
060 03 CLINIC UNIVERSITY STATION	171,549		233	35,207			
060 04 CLINIC WAI SMAN	10,714		6	2,199			
060 05 CLINIC WEST	327,051		1,281	67,121			
060 06 CLINIC EAST	285,169		379	58,526			
061 06 CLINIC RESEARCH PARK	72,915		34	14,965			
061 06 EMERGENCY	91,375		6,259	18,753	127	17,684	
062 06 OBSERVATION BEDS (NON-DIS							
063 06 OTHER OUTPATIENT SERVICE							
064 06 OTHER REIMBURS COST CNTRS							
064 06 HOME PROGRAM DIALYSIS							
065 06 AMBULANCE SERVICES	94,589		127	19,413		3,549	
066 06 DURABLE MEDICAL EQUIP-REN							
067 06 DURABLE MEDICAL EQUIP-SOL							
068 06 OTHER REIMBURSABLE COST C							
069 06 CORF							
070 06 I&R SERVICES-NOT APPRVD P							
071 06 HOME HEALTH AGENCY	25,345			5,202			
082 06 LUNG ACQUISITION	4,264		2	875		1,769	
083 06 SPEC PURPOSE COST CENTERS							
083 06 KIDNEY ACQUISITION	17,460		18	3,583		7,353	
084 06 LIVER ACQUISITION	7,775		7	1,596		3,177	
085 06 HEART ACQUISITION	2,003		1	411		778	
085 01 PANCREAS ACQUISITION	3,146		1	646		1,073	
086 06 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR	11,557			2,372		7,559	
086 03 OPO ADMIN COST							
092 06 AMBULATORY SURGICAL CENTE							
093 06 HOSPICE							
094 06 OTHER SPECIAL PURPOSE (SP							
095 06 SUBTOTALS	4,650,901		148,946	927,917	1,234,070	953,941	
096 06 NONREIMBURS COST CENTERS							
096 06 GIFT, FLOWER, COFFEE SHOP	8,487			1,742		986	
097 06 RESEARCH							
097 01 OTHER AUXILIARY SERVICES	119,333		2,829	24,491		2,587	
097 02 CLINICAL RESEARCH CENTER	22,140		172	4,544		4,140	
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS							
097 05 INVESTIGATIONAL PHARMACY	23,851		26	4,895		4,267	
097 06 RONALD MCDONALD CARE MOBI							
097 07 PUBLIC AFFAIRS	19,921			4,088			
097 08 RETAIL PHARMACIES	10,164			2,086			
098 06 PHYSICIANS' PRIVATE OFFIC							
099 06 NONPAID WORKERS							
100 06 OTHER NONREIMBURSABLE COS							
101 06 CROSS FOOT ADJUSTMENTS							
102 06 NEGATIVE COST CENTER							
103 06 TOTAL	4,854,797		151,973	969,763	1,234,070	965,921	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL SERVICES	OFFICE STOCOMPATIBILITY
	14	15	16	17	18	19	19.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,552,116						
015 CENTRAL SERVICES & SUPPLY		1,834,409					
016 PHARMACY		25,054	2,210,619				
017 MEDICAL RECORDS & LIBRARY		30		773,048			
018 SOCIAL SERVICE							
019 CLINICAL OFFICES						31,711	
019 01 HI STOCOMPATIBILITY		368	136	1,090			178,131
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			2,490				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY		234	9				
024 03 PARAMED ED PRGM-DIETARY							
024 04 PARAMED ED PRGM-DIAGNOSTI		1					
024 05 PARAMED ED PRGM-ULTRASOUN							
024 06 PARAMED ED PRGM-RADIOTHER							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	842,514	132,533	122,355	75,361		31,711	
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	116,462	45,766	24,464	17,199			
026 02 BURN INTENSIVE CARE UNIT	30,953	12,890	6,688	3,137			
026 03 SURGICAL INTENSIVE CARE U	74,233	52,016	10,124	9,525			
026 04 MEDICAL INTENSIVE CARE UN	30,816	11,406	6,663	3,386			
026 05 PEDIATRIC INTENSIVE CARE	64,235	15,599	7,518	10,452			
026 06 NEURO INTENSIVE CARE UNIT	60,069	17,197	10,733	10,740			
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER		933	1,745	2,723			
031 01 SUBPROVIDER-REHAB	31,227	4,842	5,091	3,667			
033 NURSERY	47,354						
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	344,297	535,275	119,841	136,039			
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	28,180	112,747	208,060	29,096			
041 RADIOLOGY-DIAGNOSTIC	236,668	262,146	33,609	130,626			
042 RADIOLOGY-THERAPEUTIC	37,071	16,182	2,878	27,269			
043 RADIOISOTOPE	12,852	1,525	6,281	4,627			
044 LABORATORY		31,407	8,195	87,655			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	122,957	84,964	4,577	15,064			
049 01 NEURO PSYCH TESTING		6		602			
050 PHYSICAL THERAPY	184,806	14,323	2,332	24,916			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	87,073	226,074	14,534	46,061			
054 ELECTROENCEPHALOGRAPHY		1,553	512	5,167			
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		18,204	2,533	2,548			
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN		749	156	1,117			
058 02 ORTHOTICS LAB		16,612	51	1,427			
059 OTHER ANCILLARY SERVICE C							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL SERVICES	OFFICE STOKCOMPATIBILITY
	14	15	16	17	18	19	19.01
059 97 ANCILLARY SRVC COST CNTRS							
060 01 CARDIAC REHABILITATION	14,290	142	2	861			
060 02 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC	76,812	99					
060 01 CLINIC CSC	462,951	91,855	39,968	41,719			
060 02 CLINIC UNIVERSITY STATION	119,179	5,690	11,557	7,171			
060 03 CLINIC WAI SMAN	3,447	629	201	638			
060 04 CLINIC WEST	157,631	21,099	16,552	8,567			
060 05 CLINIC EAST	76,002	6,338	7,127	5,127			
060 06 CLINIC RESEARCH PARK	29,196	9,186	1,052	2,504			
061 EMERGENCY	84,105	38,990	28,043	21,992			
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	16,880	1,271	708	4,980			
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	34,982	729	492	1,437			
082 LUNG ACQUISITION	8,412	101	376	2,344			152
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	34,971	10,196	643	10,733			173,220
084 LIVER ACQUISITION	15,111	3,985	251	2,224			277
085 HEART ACQUISITION	3,698	34	127	903			153
085 01 PANCREAS ACQUISITION	5,102	389	25	1,183			281
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR	35,952						4,048
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	3,530,488	1,831,369	708,699	761,877		31,711	178,131
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES		736	6,897	159			
097 02 CLINICAL RESEARCH CENTER	19,688	863	820	762			
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS				229			
097 05 INVESTIGATIONAL PHARMACY		96	248				
097 06 RONALD MCDONALD CARE MOBI	1,940	600		26			
097 07 PUBLIC AFFAIRS		489					
097 08 RETAIL PHARMACIES		256	1,493,955	9,995			
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,552,116	1,834,409	2,210,619	773,048		31,711	178,131

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	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMERGENCY	
	20	21	22	23	24	24.01	24.02	
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-RESEARC						
003	02	NEW CAP REL COSTS-WEST CL						
003	03	NEW CAP REL COSTS-EAST CL						
003	04	NEW CAP REL COSTS-600 HIG						
003	05	NEW CAP REL COSTS-WAISMAN						
003	06	NEW CAP REL COSTS-USTATIO						
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	CLINICAL OFFICES							
019	01	HI STOCOMPATIBILITY						
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022				1,298,469				
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024	01	PARAMED ED PRGM-PHARMACY					48,393	
024	02	PARAMED ED PRGM-EMERGENCY						181,857
024	03	PARAMED ED PRGM-DIETARY						
024	04	PARAMED ED PRGM-DIAGNOSTI						
024	05	PARAMED ED PRGM-ULTRASOUN						
024	06	PARAMED ED PRGM-RADIOTHER						
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
026	01	TRAUMA INTENSIVE CARE UNI						
026	02	BURN INTENSIVE CARE UNIT						
026	03	SURGICAL INTENSIVE CARE U						
026	04	MEDICAL INTENSIVE CARE UN						
026	05	PEDIATRIC INTENSIVE CARE						
026	06	NEURO INTENSIVE CARE UNIT						
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	PSYCHIATRIC INTENSIVE CAR							
031	SUBPROVIDER							
031	01	SUBPROVIDER-REHAB						
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01	ICF/MR						
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM							
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO							
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC							
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY							
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
049	01	NEURO PSYCH TESTING						
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
055	30	IMPL. DEV. CHARGED TO PAT						
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
058	01	PULMONARY FUNCTION TESTIN						
058	02	ORTHOTICS LAB						
059	OTHER ANCILLARY SERVICE C							

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	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-EMERGENCY
	20	21	22	23	24	24.01	24.02
059 97	ANCILLARY SRVC COST CNTRS						
	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
060 01	CLINIC CSC						
060 02	CLINIC UNIVERSITY STATION						
060 03	CLINIC WAI SMAN						
060 04	CLINIC WEST						
060 05	CLINIC EAST						
060 06	CLINIC RESEARCH PARK						
061	EMERGENCY						
062	OBSERVATION BEDS (NON-DIS						
063	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
068	OTHER REIMBURSABLE COST C						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
085	HEART ACQUISITION						
085 01	PANCREAS ACQUISITION						
086	OTHER ORGAN ACQUISITION						
086 01	TRANSPLANT COST - PRE TRA						
086 02	TRANSPLANT COST - POST TR						
086 03	OPO ADMIN COST						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
094	OTHER SPECIAL PURPOSE (SP						
095	SUBTOTALS						
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
097 01	OTHER AUXILIARY SERVICES						
097 02	CLINICAL RESEARCH CENTER						
097 03	FAMILY MEDICINE						
097 04	COMMUNICATION AIDS						
097 05	INVESTIGATIONAL PHARMACY						
097 06	RONALD MCDONALD CARE MOBI						
097 07	PUBLIC AFFAIRS						
097 08	RETAIL PHARMACIES						
098	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE COS						
101	CROSS FOOT ADJUSTMENTS			1,298,469		48,393	181,857
102	NEGATIVE COST CENTER						
103	TOTAL			1,298,469		48,393	181,857

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COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	GM-DIETARY	GM-DIAGNOSTI	GM-ULTRASOUN	GM-RADIOTHER			
	24.03	24.04	24.05	24.06	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CLINICAL OFFICES							
019 01 HISTOCOMPATIBILITY							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY	8,783						
024 03 PARAMED ED PRGM-DIETARY							
024 04 PARAMED ED PRGM-DIAGNOSTI		51,342					
024 05 PARAMED ED PRGM-ULTRASOUN			15,412				
024 06 PARAMED ED PRGM-RADIOTHER				1,651			
025 INPAT ROUTINE SRVC CNTRS					7,296,439		7,296,439
026 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI					1,101,033		1,101,033
026 02 BURN INTENSIVE CARE UNIT					320,356		320,356
026 03 SURGICAL INTENSIVE CARE U					989,286		989,286
026 04 MEDICAL INTENSIVE CARE UN					217,789		217,789
026 05 PEDIATRIC INTENSIVE CARE					695,747		695,747
026 06 NEURO INTENSIVE CARE UNIT					644,043		644,043
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER					316,549		316,549
031 01 SUBPROVIDER-REHAB					464,356		464,356
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					9,248,766		9,248,766
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY					1,258,715		1,258,715
041 RADIOLOGY-DIAGNOSTIC					7,378,913		7,378,913
042 RADIOLOGY-THERAPEUTIC					2,171,846		2,171,846
043 RADIOISOTOPE					254,038		254,038
044 LABORATORY					3,446,065		3,446,065
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					1,218,754		1,218,754
049 01 NEURO PSYCH TESTING					32,245		32,245
050 PHYSICAL THERAPY					1,869,208		1,869,208
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					2,695,956		2,695,956
054 ELECTROENCEPHALOGRAPHY					261,096		261,096
055 MEDICAL SUPPLIES CHARGED					19,192		19,192
055 30 IMPL. DEV. CHARGED TO PAT					611,147		611,147
056 DRUGS CHARGED TO PATIENTS					3,115,206		3,115,206
057 RENAL DIALYSIS					258,820		258,820
058 ASC (NON-DISTINCT PART)							
058 01 PULMONARY FUNCTION TESTIN					73,869		73,869
058 02 ORTHOTICS LAB					194,951		194,951
059 OTHER ANCILLARY SERVICE C							

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COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	POST	TOTAL
	GM-DIETARY	GM-DIAGNOSTI	GM-ULTRASOUN	GM-RADIOTHER		STEPDOWN ADJUSTMENT	
	24.03	24.04	24.05	24.06	25	26	27
059 97 ANCILLARY SRVC COST CNTRS					118,705		118,705
060 01 CLINIC CSC					391,683	-392,510	-827
060 02 CLINIC UNIVERSITY STATION					6,312,436	208,149	6,520,585
060 03 CLINIC WAI SMAN					1,552,519	51,245	1,603,764
060 04 CLINIC WEST					550,506	18,163	568,669
060 05 CLINIC EAST					1,561,523	51,552	1,613,075
060 06 CLINIC RESEARCH PARK					996,361	32,888	1,029,249
061 EMERGENCY					824,655	30,513	855,168
062 OBSERVATION BEDS (NON-DIS					1,210,307		1,210,307
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES					3,679,399		3,679,399
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 OTHER REIMBURSABLE COST C							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY					199,668		199,668
082 LUNG ACQUISITION					89,719		89,719
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION					609,237		609,237
085 LIVER ACQUISITION					189,533		189,533
086 HEART ACQUISITION					51,363		51,363
085 01 PANCREAS ACQUISITION					58,791		58,791
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR					209,334		209,334
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS					64,760,124		64,760,124
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					67,168		67,168
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES					610,948		610,948
097 02 CLINICAL RESEARCH CENTER					239,857		239,857
097 03 FAMILY MEDICINE					4,492		4,492
097 04 COMMUNICATION AIDS					11,543		11,543
097 05 INVESTIGATIONAL PHARMACY					202,572		202,572
097 06 RONALD MCDONALD CARE MOBI					13,236		13,236
097 07 PUBLIC AFFAIRS					304,497		304,497
097 08 RETAIL PHARMACIES					2,248,120		2,248,120
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS	8,783	51,342	15,412	1,651	1,605,907		1,605,907
102 NEGATIVE COST CENTER							
103 TOTAL	8,783	51,342	15,412	1,651	70,068,464		70,068,464





COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 52-0098  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
		(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
		1	2	3	3.01	3.02	3.03
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAP REL COSTS-RES				60,736		
003 02	NEW CAP REL COSTS-WES					87,915	
003 03	NEW CAP REL COSTS-EAS						92,018
003 04	NEW CAP REL COSTS-600						
003 05	NEW CAP REL COSTS-WAI						
003 06	NEW CAP REL COSTS-UST						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENE						192
007	MAINTENANCE & REPAIRS				216	190	
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING				372	1,213	2,422
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO						
015	CENTRAL SERVICES & SU					911	1,342
016	PHARMACY					1,748	1,852
017	MEDICAL RECORDS & LIB					56	2,250
018	SOCIAL SERVICE						
019	CLINICAL OFFICES						
019 01	HISTOCOMPATIBILITY						
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &					118	
023	I&R SERVICES-OTHER PR						
024	PARAMED ED PRGM						
024 01	PARAMED ED PRGM-PHARM						
024 02	PARAMED ED PRGM-EMERG						
024 03	PARAMED ED PRGM-DIETA					79	
024 04	PARAMED ED PRGM-DIAGN						
024 05	PARAMED ED PRGM-ULTRA						
024 06	PARAMED ED PRGM-RADIO						
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS						
026 01	INTENSIVE CARE UNIT						
026 02	TRAUMA INTENSIVE CARE						
026 03	BURN INTENSIVE CARE U						
026 04	SURGICAL INTENSIVE CA						
026 05	MEDICAL INTENSIVE CAR						
026 06	PEDIATRIC INTENSIVE C						
027	NEURO INTENSIVE CARE						
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE U						
030	SURGICAL INTENSIVE CA						
031	PSYCHIATRIC INTENSIVE						
031 01	SUBPROVIDER						
033	SUBPROVIDER-REHAB						
034	NURSERY						
035	SKILLED NURSING FACIL						
036	NURSING FACILITY						
037	ICF/MR						
038	OTHER LONG TERM CARE						
039	ANCILLARY SRVC COST C						
040	OPERATING ROOM						
041	RECOVERY ROOM						
042	DELIVERY ROOM & LABOR						
043	ANESTHESIOLOGY						
044	RADIOLOGY-DIAGNOSTIC				7,254	2,224	2,365
045	RADIOLOGY-THERAPEUTIC						8,971
046	RADIOISOTOPE						
047	LABORATORY					1,691	1,955
048	PBP CLINICAL LAB SERV						
049	WHOLE BLOOD & PACKED						
050	BLOOD STORING, PROCES						
051	INTRAVENOUS THERAPY						
052	RESPIRATORY THERAPY						
053	NEURO PSYCH TESTING						
054	PHYSICAL THERAPY				10,640		1,929
055	OCCUPATIONAL THERAPY						
056	SPEECH PATHOLOGY						
057	ELECTROCARDIOLOGY					313	122
058	ELECTROENCEPHALOGRAPH						
059	MEDICAL SUPPLIES CHAR						
060	IMPL. DEV. CHARGED TO						
061	DRUGS CHARGED TO PATI						
062	RENAL DIALYSIS						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-RESEARC (SQUARE FEET)	OSTS-WEST CL (SQUARE FEET)	OSTS-EAST CL (SQUARE FEET)
	1	2	3	3.01	3.02	3.03
ANCILLARY SRVC COST C						
058 01 ASC (NON-DISTINCT PAR						
058 02 PULMONARY FUNCTION TE						
058 02 ORTHOTICS LAB				765		
059 97 OTHER ANCI LLARY SERVI						
059 97 CARDIAC REHABILI TATIO				2,352		360
060 01 OUTPAT SERVICE COST C						
060 01 CLINIC					1,013	148
060 01 CLINIC CSC					4,269	310
060 02 CLINIC UNIVERSITY STA						
060 03 CLINIC WAI SMAN						
060 04 CLINIC WEST					74,090	321
060 05 CLINIC EAST						67,339
060 06 CLINIC RESEARCH PARK				15,741		
061 EMERGENCY						
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
064 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
068 OTHER REIMBURSABLE CO						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 01 OTHER ORGAN ACQUISITI						
086 01 TRANSPLANT COST - PRE						
086 02 TRANSPLANT COST - POS						
086 03 OPO ADMIN COST						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
094 OTHER SPECIAL PURPOSE						
095 SUBTOTALS				37,340	87,915	91,878
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
097 01 OTHER AUXILIARY SERVI				23,396		140
097 02 CLINICAL RESEARCH CEN						
097 03 FAMILY MEDICINE						
097 04 COMMUNICATION AIDS						
097 05 INVESTIGATIONAL PHARM						
097 06 RONALD MCDONALD CARE						
097 07 PUBLIC AFFAIRS						
097 08 RETAIL PHARMACIES						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED				679,372	498,503	403,653
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					5.670284	4.386674
(WRKSHT B, PT I)				11.185656		
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 C OSTS-600 HIG	NEW CAP REL C OSTS-WAISMAN	NEW CAP REL C OSTS-USTATIO	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)
	3.04	3.05	3.06	4	5	6a.00	6
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-RES							
003 02 NEW CAP REL COSTS-WES							
003 03 NEW CAP REL COSTS-EAS							
003 04 NEW CAP REL COSTS-600	938,004						
003 05 NEW CAP REL COSTS-WAI		4,007					
003 06 NEW CAP REL COSTS-UST			44,282				
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	3,845		810		359,497,845		
006 ADMINISTRATIVE & GENE	75,762				41,733,089	-191,474,504	769,262,238
007 MAINTENANCE & REPAIRS	99,327		565		4,095,275		37,076,693
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	3,022				48,876		3,046,484
010 HOUSEKEEPING	22,851		264		7,528,741		13,246,370
011 DIETARY	32,943				5,053,203		6,795,158
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	26,538				13,557,568		23,169,944
015 CENTRAL SERVICES & SU	28,004		160		5,130,504		6,779,701
016 PHARMACY	16,130		992		15,965,378		12,929,468
017 MEDICAL RECORDS & LIB	3,211		779		8,686,637		15,510,433
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	1,126				25,115		95,808
019 01 HISTOCOMPATIBILITY	3,029				749,447		2,387,703
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &	12,026				20,044,015		28,725,708
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARM	1,025				571,353		807,199
024 02 PARAMED ED PRGM-EMERG					498,107		779,297
024 03 PARAMED ED PRGM-DIETA	109				94,665		156,192
024 04 PARAMED ED PRGM-DIAGN					308,941		444,784
024 05 PARAMED ED PRGM-ULTRA					304,938		384,703
024 06 PARAMED ED PRGM-RADIO					49,586		48,877
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	114,506				50,821,182		78,609,606
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE	10,570				7,432,389		13,618,372
026 02 BURN INTENSIVE CARE U	4,695				2,119,361		3,305,853
026 03 SURGICAL INTENSIVE CA	13,661				4,819,275		8,299,767
026 04 MEDICAL INTENSIVE CAR	1,798				2,002,846		3,164,071
026 05 PEDIATRIC INTENSIVE C	14,078				4,655,197		7,263,729
026 06 NEURO INTENSIVE CARE	11,683				3,980,578		6,288,261
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 PSYCHIATRIC INTENSIVE							
031 SUBPROVIDER	6,643				2,116,343		3,185,355
031 01 SUBPROVIDER-REHAB	8,374				2,795,892		4,387,879
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C	84,186				22,889,064		63,725,145
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY	1,809				1,225,567		6,442,333
042 RADIOLOGY-DIAGNOSTIC	38,911		528		14,787,276		35,431,224
043 RADIOLOGY-THERAPEUTIC	21,783				2,524,120		6,801,373
044 RADIOISOTOPE	2,370				1,111,205		3,149,754
045 LABORATORY	32,019		466		13,945,345		39,868,227
046 PBP CLINICAL LAB SERV							
047 WHOLE BLOOD & PACKED							
048 BLOOD STORING, PROCES							
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	6,081				6,432,064		12,304,543
049 01 NEURO PSYCH TESTING	865				211,476		352,998
050 PHYSICAL THERAPY	11,237		1,420		11,014,514		17,667,189
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	13,389				5,214,341		18,899,910
054 ELECTROENCEPHALOGRAPH	4,168				992,219		1,664,431
055 MEDICAL SUPPLIES CHAR							662,855
055 30 IMPL. DEV. CHARGED TO							21,107,521
056 DRUGS CHARGED TO PATI							107,597,091
057 RENAL DIALYSIS	3,906		35		1,460,285		2,597,501

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-600 HIG	NEW CAP REL C OSTS-WAISMAN	NEW CAP REL C OSTS-USTATIO	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)
	3.04	3.05	3.06	4	5	6a.00	6
058 ANCI LLARY SRVC COST C							
058 01 ASC (NON-DISTINCT PAR							
058 02 PULMONARY FUNCTION TE	1,073				305,745		495,804
059 02 ORTHOTICS LAB	428				653,664		1,661,210
059 97 OTHER ANCI LLARY SERVI							
059 97 CARDIAC REHABILI TATIO	503				658,591		888,521
060 OUTPAT SERVICE COST C							
060 CLINI C	3,540		241		2,807,341		4,686,125
060 01 CLINI C CSC	134,829		286		24,647,761		42,463,941
060 02 CLINI C UNI VERSI TY STA	2,068		37,138		5,478,028		9,803,911
060 03 CLINI C WAI SMAN		2,530			401,926		1,081,754
060 04 CLINI C WEST	489		55		8,533,348		14,522,215
060 05 CLINI C EAST					4,051,923		7,044,985
060 06 CLINI C RESEARCH PARK		1,477			1,356,125		3,539,767
061 EMERGENCY	21,577				5,330,983		9,240,143
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATI ENT SERV							
064 OTHER REIMBURS COST C							
064 HOME PROGRAM DI ALYSIS							
065 AMBULANCE SERVICES	22,336				1,258,176		2,824,756
066 DURABLE MEDI CAL EQUI P							
067 DURABLE MEDI CAL EQUI P							
068 OTHER REIMBURSABLE CO							
069 CORF							
070 I & R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	72				2,189,998		3,313,211
082 LUNG ACQUI SITION	241				498,496		2,236,038
083 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUI SITION	1,738				2,071,132		6,519,947
084 LIVER ACQUI SITION	703				895,076		3,149,392
085 HEART ACQUI SITION	96				219,176		1,404,998
085 01 PANCREAS ACQUI SITION	128				302,240		1,360,998
086 OTHER ORGAN ACQUI SITI						61,253	
086 01 TRANSPLANT COST - PRE							
086 02 TRANSPLANT COST - POS	2,729				2,129,490		3,418,449
086 03 OPO ADMIN COST							
092 AMBULATORY SURGI CAL C							
093 HOSPI CE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	928,230	4,007	43,739		350,785,196	-191,413,251	738,435,675
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2,004				130,608		569,247
097 RESEARCH							
097 01 OTHER AUXILIARY SERVI	652		543		2,010,485		4,520,270
097 02 CLINI CAL RESEARCH CEN	5,228				1,496,009		2,285,865
097 03 FAMI LY MEDI CI NE							155,143
097 04 COMMUNI CATION AIDS							390,749
097 05 INVESTI GATIONAL PHARM	1,651				1,196,506		1,424,100
097 06 RONALD MCDONALD CARE					101,324		327,772
097 07 PUBLI C AFFAI RS	239				1,614,825		4,867,520
097 08 RETAI L PHARMACI ES					2,162,892		16,285,897
098 PHYSI CI ANS' PRI VATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATI VE COST CENTER							
103 COST TO BE ALLOCATED	15,787,344	761,900	767,460		9,131,399		191,474,504
104 (WRKSHT B, PART I)							
104 UNI T COST MULTI PLI ER		190.142251					
105 (WRKSHT B, PT I)	16.830785		17.331196		.025400		.248907
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNI T COST MULTI PLI ER							
107 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED					495,715		22,273,059
108 (WRKSHT B, PART III)							
108 UNI T COST MULTI PLI ER							
108 (WRKSHT B, PT III)					.001379		.028954

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL		
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(NUMBER HOUSED)
	7	8	9	10	11	12	13
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-RES							
003 02 NEW CAP REL COSTS-WES							
003 03 NEW CAP REL COSTS-EAS							
003 04 NEW CAP REL COSTS-600							
003 05 NEW CAP REL COSTS-WAI							
003 06 NEW CAP REL COSTS-UST							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	1,146,398						
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	3,022		3,088,138				
010 HOUSEKEEPING	27,580		212,267	1,115,796			
011 DIETARY	32,943		11,259	32,943	1,253,522		
012 CAFETERIA					981,146	402,505	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATIVE	29,570		17,564	29,570		17,371	
015 CENTRAL SERVICES & SUPPLIES	30,417		46,501	30,417		15,187	
016 PHARMACY	21,965		9,649	21,965		20,309	
017 MEDICAL RECORDS & LIBRARY	27,016		3	27,016		2,793	
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	1,126			1,126		51	
019 01 HISTOCOMPATIBILITY	3,029		983	3,029		1,208	
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	13,041		21,282	13,041		52,485	
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
024 01 PARAMEDICAL PROGRAM-PHARMACY	1,025			1,025		729	
024 02 PARAMEDICAL PROGRAM-EMERGENCY	5,912			5,912		742	
024 03 PARAMEDICAL PROGRAM-DIETARY	188			188		370	
024 04 PARAMEDICAL PROGRAM-DIAGNOSTIC	804			804		480	
024 05 PARAMEDICAL PROGRAM-ULTRASOUND	594			594		342	
024 06 PARAMEDICAL PROGRAM-RADIOLOGY						70	
025 INPATIENT ROUTINE SERVICES							
025 ADULTS & PEDIATRICS	114,506		734,322	114,506	206,419	73,818	
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE	10,570		113,426	10,570	3,620	10,204	
026 02 BURN INTENSIVE CARE	4,695		46,300	4,695	4,176	2,712	
026 03 SURGICAL INTENSIVE CARE	13,661		52,202	13,661	13,208	6,504	
026 04 MEDICAL INTENSIVE CARE	1,798		26,329	1,798	2,603	2,700	
026 05 PEDIATRIC INTENSIVE CARE	14,078		40,548	14,078	2,843	5,628	
026 06 NEURO INTENSIVE CARE	11,683		57,258	11,683	5,724	5,263	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE							
029 SURGICAL INTENSIVE CARE							
030 PSYCHIATRIC INTENSIVE CARE							
031 SUBPROVIDER	6,643		14,564	6,643	14,302	2,736	
031 01 SUBPROVIDER-REHABILITATION	8,374		40,511	8,374	18,859	4,149	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICU/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	84,186		927,676	84,186	2	30,166	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	1,809		28,668	1,809		2,469	
041 RADIOLOGY-DIAGNOSTIC	53,710		176,686	53,710	51	20,736	
042 RADIOLOGY-THERAPEUTIC	30,754		23,817	30,754		3,248	
043 RADIOISOTOPE	2,370		131	2,370		1,126	
044 LABORATORY	36,631		2,264	36,631		23,457	
045 PBP CLINICAL LABORATORY SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
047 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	13,087		503	13,087		10,773	
049 01 NEURO PSYCH TESTING	865			865		528	
050 PHYSICAL THERAPY	45,164		19,127	45,164			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	13,824		78,625	13,824	50	7,629	
054 ELECTROENCEPHALOGRAPHY	4,168		3,389	4,168	3	1,582	
055 MEDICAL SUPPLIES CHARACTERIZED							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS	3,941		9,406	3,941		1,812	

	COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(NUMBER HOUSED)
		7	8	9	10	11	12	13
058	ANCILLARY SRVC COST C							
058	01 ASC (NON-DISTINCT PAR						500	
058	02 PULMONARY FUNCTION TE	1,073		22	1,073			
059	02 ORTHOTICS LAB	6,632		424	6,632		1,198	
059	97 OTHER ANCILLARY SERVI							
060	01 CARDIAC REHABILITATIO	3,215		13	3,215		1,252	
060	02 OUTPAT SERVICE COST C							
060	01 CLINIC	4,942			4,942		6,730	
060	01 CLINIC CSC	142,006		141,306	142,006	387	40,562	
060	02 CLINIC UNIVERSITY STA	40,509		4,731	40,509			
060	03 CLINIC WAI SMAN	2,530		118	2,530			
060	04 CLINIC WEST	77,229		26,028	77,229			
060	05 CLINIC EAST	67,339		7,704	67,339			
060	06 CLINIC RESEARCH PARK	17,218		681	17,218			
061	EMERGENCY	21,577		127,188	21,577	129	7,369	
062	OBSERVATION BEDS (NON							
063	OTHER OUTPATIENT SERV							
064	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	22,336		2,577	22,336		1,479	
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
068	OTHER REIMBURSABLE CO							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	5,985			5,985			
082	LUNG ACQUISITION	1,007		40	1,007		737	
083	SPEC PURPOSE COST CEN							
083	01 KIDNEY ACQUISITION	4,123		359	4,123		3,064	
084	LIVER ACQUISITION	1,836		140	1,836		1,324	
085	HEART ACQUISITION	473		14	473		324	
085	01 PANCREAS ACQUISITION	743		14	743		447	
086	OTHER ORGAN ACQUISITI							
086	01 TRANSPLANT COST - PRE							
086	02 TRANSPLANT COST - POS	2,729			2,729		3,150	
086	03 OPO ADMIN COST							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
094	OTHER SPECIAL PURPOSE							
095	SUBTOTALS	1,098,251		3,026,619	1,067,649	1,253,522	397,513	
096	NONREIMBURS COST CENT							
096	01 GIFT, FLOWER, COFFEE	2,004			2,004		411	
097	RESEARCH							
097	01 OTHER AUXILIARY SERVI	28,179		57,487	28,179		1,078	
097	02 CLINICAL RESEARCH CEN	5,228		3,503	5,228		1,725	
097	03 FAMILY MEDICINE							
097	04 COMMUNICATION AIDS							
097	05 INVESTIGATIONAL PHARM	5,632		529	5,632		1,778	
097	06 RONALD MCDONALD CARE							
097	07 PUBLIC AFFAIRS	4,704			4,704			
097	08 RETAIL PHARMACIES	2,400			2,400			
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	46,305,341		3,926,840	17,927,412	10,360,765	8,109,488	
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				16.066926		20.147546	
105	(WRKSHT B, PT I)	40.392029		1.271588		8.265324		
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	4,854,797		151,973	969,763	1,234,070	965,921	
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				.869122		2.399774	
	(WRKSHT B, PT III)	4.234827		.049212		.984482		

COST CENTER DESCRIPTION	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED)EQUI S.)	PHARMACY (R(COSTED)EQUI S.)	MEDICAL RECORDS & LIBRARY (R(GROSS CHARGES))	SOCIAL SERVICE (TIME SPENT)	CLINICAL OFFICES (TIME SPENT)	HI STOCOMPATIBILITY (# OF TESTS)
	14	15	16	17	18	19	19.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-RES							
003 02 NEW CAP REL COSTS-WES							
003 03 NEW CAP REL COSTS-EAS							
003 04 NEW CAP REL COSTS-600							
003 05 NEW CAP REL COSTS-WAI							
003 06 NEW CAP REL COSTS-UST							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	311,223						
015 CENTRAL SERVICES & SUPPLY		30,106,439					
016 PHARMACY		411,188	18,896,054				
017 MEDICAL RECORDS & LIBRARY		486	3	1685,735,478			
018 SOCIAL SERVICE							
019 CLINICAL OFFICES						100	
019 01 HI STOCOMPATIBILITY		6,040	1,160	2,375,697			326,358
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS			21,282				
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM-PHARMACY							
024 02 PARAMEDICAL PRGM-EMERGENCY		3,844	76				
024 03 PARAMEDICAL PRGM-DIETARY							
024 04 PARAMEDICAL PRGM-DIAGNOSTIC		21					
024 05 PARAMEDICAL PRGM-ULTRASOUND							
024 06 PARAMEDICAL PRGM-RADIOLOGY							
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	73,818	2,175,133	1,045,877	164,186,093		100	
026 01 TRAUMA INTENSIVE CARE UNIT	10,204	751,113	209,117	37,471,063			
026 02 BURN INTENSIVE CARE UNIT	2,712	211,544	57,166	6,834,162			
026 03 SURGICAL INTENSIVE CARE UNIT	6,504	853,689	86,542	20,752,464			
026 04 MEDICAL INTENSIVE CARE UNIT	2,700	187,194	56,958	7,377,977			
026 05 PEDIATRIC INTENSIVE CARE UNIT	5,628	256,008	64,264	22,770,474			
026 06 NEURO INTENSIVE CARE UNIT	5,263	282,245	91,744	23,398,086			
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 PSYCHIATRIC INTENSIVE CARE UNIT							
031 SUBPROVIDER	2,736	15,311	14,916	5,931,619			
031 01 SUBPROVIDER-REHABILITATION	4,149	79,475	43,519	7,988,684			
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE CENTER OPERATING ROOM	30,166	8,785,066	1,024,387	297,921,329			
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	2,469	1,850,407	1,778,470	63,390,109			
041 RADIOLOGY-DIAGNOSTIC	20,736	4,302,336	287,282	284,587,763			
042 RADIOLOGY-THERAPEUTIC	3,248	265,580	24,603	59,408,589			
043 RADIOISOTOPE	1,126	25,036	53,691	10,081,462			
044 LABORATORY		515,451	70,051	190,968,662			
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
047 INTRAVENOUS THERAPY							
048 RESPIRATORY THERAPY	10,773	1,394,430	39,120	32,819,624			
049 01 NEURO PSYCH TESTING		91		1,312,147			
050 PHYSICAL THERAPY	16,192	235,064	19,937	54,283,860			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	7,629	3,710,325	124,236	100,350,023			
054 ELECTROENCEPHALOGRAPHY		25,481	4,373	11,256,616			
055 MEDICAL SUPPLIES CHARACTERIZED							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS		298,759	21,651	5,550,756			

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL SERVICES	OFFICE	HI STOCOMPATIBILITY
	(DIRECT SING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(GROSS CHARGES)	(TIME)SPENT	(TIME SPENT)	(# OF TESTS)	
	14	15	16	17	18	19	19.01	
058 ANCI LLARY SRVC COST C								
058 01 ASC (NON-DISTINCT PAR								
058 02 PULMONARY FUNCTION TE		12,300	1,333	2,433,973				
059 02 ORTHOTICS LAB		272,639	436	3,108,233				
059 97 OTHER ANCI LLARY SERVI								
060 01 CARDIAC REHABILI TATIO	1,252	2,336	14	1,875,928				
060 02 OUTPAT SERVICE COST C								
060 03 CLINI C	6,730	1,618						
060 01 CLINI C CSC	40,562	1,507,524	341,638	90,890,255				
060 02 CLINI C UNI VERSI TY STA	10,442	93,388	98,784	15,623,456				
060 03 CLINI C WAI SMAN	302	10,320	1,720	1,390,671				
060 04 CLINI C WEST	13,811	346,281	141,482	18,663,467				
060 05 CLINI C EAST	6,659	104,013	60,920	11,170,389				
060 06 CLINI C RESEARCH PARK	2,558	150,762	8,990	5,454,527				
061 EMERGENCY	7,369	639,897	239,709	47,912,281				
062 OBSERVATION BEDS (NON								
063 OTHER OUTPATI ENT SERV								
064 OTHER REIMBURS COST C								
065 HOME PROGRAM DI ALYSIS								
066 AMBULANCE SERVI CES	1,479	20,865	6,048	10,850,531				
067 DURABLE MEDI CAL EQUI P								
068 DURABLE MEDI CAL EQUI P								
069 OTHER REIMBURSABLE CO								
070 CORF								
071 I&R SERVI CES-NOT APPR								
082 HOME HEALTH AGENCY	3,065	11,959	4,206	3,130,461				
083 LUNG ACQUI SITI ON	737	1,650	3,210	5,105,916				278
084 SPEC PURPOSE COST CEN								
085 KIDNEY ACQUI SITI ON	3,064	167,331	5,496	23,383,265				317,361
086 LIVER ACQUI SITI ON	1,324	65,400	2,148	4,846,046				508
087 HEART ACQUI SITI ON	324	559	1,087	1,966,356				280
088 01 PANCREAS ACQUI SITI ON	447	6,387	210	2,576,448				514
089 OTHER ORGAN ACQUI SITI								
090 01 TRANSPLANT COST - PRE								
091 02 TRANSPLANT COST - POS	3,150							7,417
092 03 OPO ADMIN COST								
093 AMBULATORY SURGI CAL C								
094 HOSPI CE								
095 OTHER SPECI AL PURPOSE								
096 SUBTOTALS	309,328	30,056,546	6,057,856	1661,399,462		100		326,358
097 NONREIMBURS COST CENT								
098 GIFT, FLOWER, COFFEE								
099 RESEARCH								
100 01 OTHER AUXI LIARY SERVI		12,080	58,953	345,500				
101 02 CLINI CAL RESEARCH CEN	1,725	14,171	7,005	1,659,116				
102 03 FAMI LY MEDI CI NE								
103 04 COMMUNI CATION AIDS				499,443				
104 05 INVESTI GATIONAL PHARM		1,569	2,121					
105 06 RONALD MCDONALD CARE	170	9,845		57,162				
106 07 PUBLI C AFFAI RS		8,026						
107 08 RETAI L PHARMACI ES		4,202	12,770,119	21,774,795				
108 PHYSI CI ANS' PRI VATE O								
109 NONPAID WORKERS								
110 OTHER NONREIMBURSABLE								
111 CROSS FOOT ADJUSTMENT								
112 NEGATI VE COST CENTER								
113 COST TO BE ALLOCATED	30,978,913	10,549,639	17,953,356	20,952,832		184,255		3,211,367
114 (WRKSHT B, PART I)								
115 UNI T COST MULTI PLI ER		.350411		.012429		1,842.550000		9.840013
116 (WRKSHT B, PT I)	99.539279		.950111					
117 COST TO BE ALLOCATED								
118 (WRKSHT B, PART II)								
119 UNI T COST MULTI PLI ER								
120 (WRKSHT B, PT II)								
121 COST TO BE ALLOCATED	3,552,116	1,834,409	2,210,619	773,048		31,711		178,131
122 (WRKSHT B, PART III)								
123 UNI T COST MULTI PLI ER		.060931		.000459		317.110000		
124 (WRKSHT B, PT III)	11.413411		.116988					.545815



COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-EMERGENCY
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
ANCILLARY SRVC COST C	20	21	22	23	24	24.01	24.02
058 ASC (NON-DISTINCT PAR							
058 01 PULMONARY FUNCTION TE							
058 02 ORTHOTICS LAB							
059 OTHER ANCILLARY SERVI							
059 97 CARDIAC REHABILITATIO							
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 CLINIC CSC							
060 02 CLINIC UNIVERSITY STA							
060 03 CLINIC WAIMAN							
060 04 CLINIC WEST							
060 05 CLINIC EAST							
060 06 CLINIC RESEARCH PARK							
061 EMERGENCY							100
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
064 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 OTHER REIMBURSABLE CO							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
086 01 TRANSPLANT COST - PRE							
086 02 TRANSPLANT COST - POS							
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS			35,068			100	100
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
097 01 OTHER AUXILIARY SERVI							
097 02 CLINICAL RESEARCH CEN							
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS							
097 05 INVESTIGATIONAL PHARM							
097 06 RONALD MCDONALD CARE							
097 07 PUBLIC AFFAIRS							
097 08 RETAIL PHARMACIES							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED			37,716,745			1,080,675	1,323,423
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER						10,806.750000	
(WRKSHT B, PT I)			1,075.531681				13,234.230000
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED			1,298,469			48,393	181,857
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						483.930000	
(WRKSHT B, PT III)			37.027176				1,818.570000



COST CENTER DESCRIPTION	PARAMED ED PR GM-DIETARY (ASSIGNED TIME)	PARAMED ED PR GM-DIAGNOSTI (ASSIGNED TIME)	PARAMED ED PR GM-ULTRASOUN (ASSIGNED TIME)	PARAMED ED PR GM-RADIOTHER (ASSIGNED TIME)
ANCILLARY SRVC COST C	24.03	24.04	24.05	24.06
058 ASC (NON-DISTINCT PAR				
058 01 PULMONARY FUNCTION TE				
058 02 ORTHOTICS LAB				
059 OTHER ANCILLARY SERVI				
059 97 CARDIAC REHABILITATIO				
060 OUTPAT SERVICE COST C				
060 CLINIC				
060 01 CLINIC CSC				
060 02 CLINIC UNIVERSITY STA				
060 03 CLINIC WAI SMAN				
060 04 CLINIC WEST				
060 05 CLINIC EAST				
060 06 CLINIC RESEARCH PARK				
061 EMERGENCY				
062 OBSERVATION BEDS (NON				
063 OTHER OUTPATIENT SERV				
064 OTHER REIMBURS COST C				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
068 OTHER REIMBURSABLE CO				
069 CORF				
070 I&R SERVICES-NOT APPR				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
SPEC PURPOSE COST CEN				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 OTHER ORGAN ACQUISITI				
086 01 TRANSPLANT COST - PRE				
086 02 TRANSPLANT COST - POS				
086 03 OPO ADMIN COST				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
094 OTHER SPECIAL PURPOSE				
095 SUBTOTALS	100	100	100	100
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
097 01 OTHER AUXILIARY SERVI				
097 02 CLINICAL RESEARCH CEN				
097 03 FAMILY MEDICINE				
097 04 COMMUNICATION AIDS				
097 05 INVESTIGATIONAL PHARM				
097 06 RONALD MCDONALD CARE				
097 07 PUBLIC AFFAIRS				
097 08 RETAIL PHARMACIES				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 OTHER NONREIMBURSABLE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	213,139	610,565	520,885	62,453
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		6,105.650000		624.530000
(WRKSHT B, PT I)	2,131.390000		5,208.850000	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	8,783	51,342	15,412	1,651
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		513.420000		16.510000
(WRKSHT B, PT III)	87.830000		154.120000	

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 52-0098 I FROM 7/ 1/2009 I  
 I I TO 6/30/2010 I WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	
9		1	60	-6,943,501
10		1	60 1	3,657,569
11		1	60 2	854,710
12		1	60 3	83,131
13		1	60 4	1,311,408
14		1	60 5	726,088
15		1	60 6	310,595
16		3	60	-392,510
17		3	60 1	208,149
18		3	60 2	51,245
19		3	60 3	18,163
20		3	60 4	51,552
21		3	60 5	32,888
22		3	60 6	30,513



WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	156,650,021		156,650,021			
26	INTENSIVE CARE UNIT						
26 01	TRAUMA INTENSIVE CARE UNI	37,469,339		37,469,339			
26 02	BURN INTENSIVE CARE UNIT	6,714,298		6,714,298			
26 03	SURGICAL INTENSIVE CARE U	20,203,498		20,203,498			
26 04	MEDICAL INTENSIVE CARE UN	7,375,270		7,375,270			
26 05	PEDIATRIC INTENSIVE CARE	22,714,044		22,714,044			
26 06	NEURO INTENSIVE CARE UNIT	23,370,468		23,370,468			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	PSYCHIATRIC INTENSIVE CAR						
31	SUBPROVIDER	5,824,820		5,824,820			
31 01	SUBPROVIDER-REHAB	7,988,684		7,988,684			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	197,251,773	67,716,362	264,968,135	.365649	.365649	.365649
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	45,314,901	18,075,208	63,390,109	.183088	.183088	.183088
41	RADIOLOGY-DIAGNOSTIC	86,285,485	195,759,707	282,045,192	.200105	.200105	.200105
42	RADIOLOGY-THERAPEUTIC	2,768,907	56,639,682	59,408,589	.194701	.194701	.194701
43	RADIOISOTOPE	985,432	9,096,031	10,081,463	.435213	.435213	.435213
44	LABORATORY	92,648,035	95,625,043	188,273,078	.291895	.291895	.291895
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	24,772,832	8,046,792	32,819,624	.558502	.558502	.558502
49 01	NEURO PSYCH TESTING	75,064	1,237,083	1,312,147	.393765	.393765	.393765
50	PHYSICAL THERAPY	24,912,376	29,371,484	54,283,860	.497876	.497876	.497876
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	47,512,198	48,588,491	96,100,689	.292023	.292023	.292023
54	ELECTROENCEPHALOGRAPHY	2,389,083	5,115,676	7,504,759	.333554	.333554	.333554
55	MEDICAL SUPPLIES CHARGED	1,697,368	229,682	1,927,050	.429591	.429591	.429591
55 30	IMPL. DEV. CHARGED TO PAT	36,015,972	6,983,066	42,999,038	.613068	.613068	.613068
56	DRUGS CHARGED TO PATIENTS	118,189,511	164,987,815	283,177,326	.478355	.478355	.478355
57	RENAL DIALYSIS	4,575,817	974,940	5,550,757	.668244	.668244	.668244
58	ASC (NON-DISTINCT PART)						
58 01	PULMONARY FUNCTION TESTIN	354,412	2,079,561	2,433,973	.298164	.298164	.298164
58 02	ORTHOTICS LAB	902,783	2,205,450	3,108,233	.839188	.839188	.839188
59	OTHER ANCILLARY SERVICE C						
59 97	CARDIAC REHABILITATION	376,644	1,499,232	1,875,876	.781079	.781079	.781079
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC CSC	6,669,373	83,978,010	90,647,383	.791294	.791294	.791294
60 02	CLINIC UNIVERSITY STATION	63,495	15,559,961	15,623,456	1.072243	1.072243	1.072243
60 03	CLINIC WAI MAN	2,045	1,388,626	1,390,671	1.171900	1.171900	1.171900
60 04	CLINIC WEST	353,250	18,310,218	18,663,468	1.377244	1.377244	1.377244
60 05	CLINIC EAST	14,837	11,155,551	11,170,388	1.274110	1.274110	1.274110
60 06	CLINIC RESEARCH PARK	2,665	5,451,862	5,454,527	1.116173	1.116173	1.116173
61	EMERGENCY	23,548,680	24,363,601	47,912,281	.337575	.337575	.337575
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	10,656	10,839,875	10,850,531	.471602	.471602	.471602
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	1006,004,036	885,279,009	1891,283,045			
102	LESS OBSERVATION BEDS						
103	TOTAL	1006,004,036	885,279,009	1891,283,045			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	96,885,309	9,248,766	87,636,543			96,885,309
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	11,605,992	1,258,715	10,347,277			11,605,992
42	RADIOLOGY-DIAGNOSTIC	56,438,762	7,378,913	49,059,849			56,438,762
43	RADIOLOGY-THERAPEUTIC	11,566,928	2,171,846	9,395,082			11,566,928
44	RADIOISOTOPE	4,387,579	254,038	4,133,541			4,387,579
45	LABORATORY	54,956,061	3,446,065	51,509,996			54,956,061
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	18,329,842	1,218,754	17,111,088			18,329,842
51	NEURO PSYCH TESTING	516,678	32,245	484,433			516,678
52	PHYSICAL THERAPY	27,026,656	1,869,208	25,157,448			27,026,656
53	OCCUPATIONAL THERAPY						
54	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY	28,063,628	2,695,956	25,367,672			28,063,628
56	ELECTROENCEPHALOGRAPHY	2,503,240	261,096	2,242,144			2,503,240
57	MEDICAL SUPPLIES CHARGED	827,844	19,192	808,652			827,844
58	IMPL. DEV. CHARGED TO PAT	26,361,331	611,147	25,750,184			26,361,331
59	DRUGS CHARGED TO PATIENTS	135,459,185	3,115,206	132,343,979			135,459,185
60	RENAL DIALYSIS	3,709,259	258,820	3,450,439			3,709,259
61	ASC (NON-DISTINCT PART)						
62	PULMONARY FUNCTION TESTIN	725,724	73,869	651,855			725,724
63	ORTHOTICS LAB	2,608,391	194,951	2,413,440			2,608,391
64	OTHER ANCILLARY SERVICE C						
65	CARDIAC REHABILITATION	1,465,208	118,705	1,346,503			1,465,208
66	OUTPAT SERVICE COST CNTRS						
67	CLINIC						
68	CLINIC CSC	71,728,730	6,520,585	65,208,145			71,728,730
69	CLINIC UNIVERSITY STATION	16,752,148	1,603,764	15,148,384			16,752,148
70	CLINIC WAI SMAN	1,629,728	568,669	1,061,059			1,629,728
71	CLINIC WEST	25,704,140	1,613,075	24,091,065			25,704,140
72	CLINIC EAST	14,232,302	1,029,249	13,203,053			14,232,302
73	CLINIC RESEARCH PARK	6,088,196	855,168	5,233,028			6,088,196
74	EMERGENCY	16,173,965	1,210,307	14,963,658			16,173,965
75	OBSERVATION BEDS (NON-DIS	2,586,854	156,885	2,429,969			2,586,854
76	OTHER OUTPATIENT SERVICE						
77	OTHER REIMBURS COST CNTRS						
78	HOME PROGRAM DIALYSIS						
79	AMBULANCE SERVICES	5,117,137	3,679,399	1,437,738			5,117,137
80	DURABLE MEDICAL EQUIP-REN						
81	DURABLE MEDICAL EQUIP-SOL						
82	OTHER REIMBURSABLE COST C						
83	SUBTOTAL	643,450,817	51,464,593	591,986,224			643,450,817
84	LESS OBSERVATION BEDS	2,586,854	156,885	2,429,969			2,586,854
85	TOTAL	640,863,963	51,307,708	589,556,255			640,863,963

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	264,968,135	.365649	.365649
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	63,390,109	.183088	.183088
42	RADIOLOGY-DIAGNOSTIC	282,045,192	.200105	.200105
43	RADIOLOGY-THERAPEUTIC	59,408,589	.194701	.194701
44	RADIOISOTOPE	10,081,463	.435213	.435213
45	LABORATORY	188,273,078	.291895	.291895
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	32,819,624	.558502	.558502
50	01 NEURO PSYCH TESTING	1,312,147	.393765	.393765
51	PHYSICAL THERAPY	54,283,860	.497876	.497876
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY	96,100,689	.292023	.292023
55	ELECTROENCEPHALOGRAPHY	7,504,759	.333554	.333554
56	MEDICAL SUPPLIES CHARGED	1,927,050	.429591	.429591
57	30 IMPL. DEV. CHARGED TO PAT	42,999,038	.613068	.613068
58	DRUGS CHARGED TO PATIENTS	283,177,326	.478355	.478355
59	57 RENAL DIALYSIS	5,550,757	.668244	.668244
59	58 ASC (NON-DISTINCT PART)			
59	01 PULMONARY FUNCTION TESTIN	2,433,973	.298164	.298164
59	02 ORTHOTICS LAB	3,108,233	.839188	.839188
59	97 OTHER ANCILLARY SERVICE C			
60	97 CARDIAC REHABILITATION	1,875,876	.781079	.781079
60	OUTPAT SERVICE COST CNTRS			
60	01 CLINIC CSC	90,647,383	.791294	.791294
60	02 CLINIC UNIVERSITY STATION	15,623,456	1.072243	1.072243
60	03 CLINIC WAI SMAN	1,390,671	1.171900	1.171900
60	04 CLINIC WEST	18,663,468	1.377244	1.377244
60	05 CLINIC EAST	11,170,388	1.274110	1.274110
60	06 CLINIC RESEARCH PARK	5,454,527	1.116173	1.116173
61	EMERGENCY	47,912,281	.337575	.337575
62	OBSERVATION BEDS (NON-DIS			
63	OTHER OUTPATIENT SERVICE			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES	10,850,531	.471602	.471602
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	OTHER REIMBURSABLE COST C			
102	SUBTOTAL	1602,972,603		
103	LESS OBSERVATION BEDS			
103	TOTAL	1602,972,603		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	96,885,309	9,248,766	87,636,543			96,885,309
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	11,605,992	1,258,715	10,347,277			11,605,992
42	RADIOLOGY-DIAGNOSTIC	56,438,762	7,378,913	49,059,849			56,438,762
43	RADIOLOGY-THERAPEUTIC	11,566,928	2,171,846	9,395,082			11,566,928
44	RADIOISOTOPE	4,387,579	254,038	4,133,541			4,387,579
45	LABORATORY	54,956,061	3,446,065	51,509,996			54,956,061
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	18,329,842	1,218,754	17,111,088			18,329,842
51	NEURO PSYCH TESTING	516,678	32,245	484,433			516,678
52	PHYSICAL THERAPY	27,026,656	1,869,208	25,157,448			27,026,656
53	OCCUPATIONAL THERAPY						
54	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY	28,063,628	2,695,956	25,367,672			28,063,628
56	ELECTROENCEPHALOGRAPHY	2,503,240	261,096	2,242,144			2,503,240
57	MEDICAL SUPPLIES CHARGED	827,844	19,192	808,652			827,844
58	IMPL. DEV. CHARGED TO PAT	26,361,331	611,147	25,750,184			26,361,331
59	DRUGS CHARGED TO PATIENTS	135,459,185	3,115,206	132,343,979			135,459,185
60	RENAL DIALYSIS	3,709,259	258,820	3,450,439			3,709,259
61	ASC (NON-DISTINCT PART)						
62	PULMONARY FUNCTION TESTIN	725,724	73,869	651,855			725,724
63	ORTHOTICS LAB	2,608,391	194,951	2,413,440			2,608,391
64	OTHER ANCILLARY SERVICE C						
65	CARDIAC REHABILITATION	1,465,208	118,705	1,346,503			1,465,208
66	OUTPAT SERVICE COST CNTRS						
67	CLINIC						
68	CLINIC CSC	71,728,730	6,520,585	65,208,145			71,728,730
69	CLINIC UNIVERSITY STATION	16,752,148	1,603,764	15,148,384			16,752,148
70	CLINIC WAISMAN	1,629,728	568,669	1,061,059			1,629,728
71	CLINIC WEST	25,704,140	1,613,075	24,091,065			25,704,140
72	CLINIC EAST	14,232,302	1,029,249	13,203,053			14,232,302
73	CLINIC RESEARCH PARK	6,088,196	855,168	5,233,028			6,088,196
74	EMERGENCY	16,173,965	1,210,307	14,963,658			16,173,965
75	OBSERVATION BEDS (NON-DIS	2,586,854	156,885	2,429,969			2,586,854
76	OTHER OUTPATIENT SERVICE						
77	OTHER REIMBURS COST CNTRS						
78	HOME PROGRAM DIALYSIS						
79	AMBULANCE SERVICES	5,117,137	3,679,399	1,437,738			5,117,137
80	DURABLE MEDICAL EQUIP-REN						
81	DURABLE MEDICAL EQUIP-SOL						
82	OTHER REIMBURSABLE COST C						
83	SUBTOTAL	643,450,817	51,464,593	591,986,224			643,450,817
84	LESS OBSERVATION BEDS	2,586,854	156,885	2,429,969			2,586,854
85	TOTAL	640,863,963	51,307,708	589,556,255			640,863,963

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	264,968,135	.365649	.365649
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	63,390,109	.183088	.183088
42	RADIOLOGY-DIAGNOSTIC	282,045,192	.200105	.200105
43	RADIOLOGY-THERAPEUTIC	59,408,589	.194701	.194701
44	RADIOISOTOPE	10,081,463	.435213	.435213
45	LABORATORY	188,273,078	.291895	.291895
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	32,819,624	.558502	.558502
50	01 NEURO PSYCH TESTING	1,312,147	.393765	.393765
51	PHYSICAL THERAPY	54,283,860	.497876	.497876
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY	96,100,689	.292023	.292023
55	ELECTROENCEPHALOGRAPHY	7,504,759	.333554	.333554
56	MEDICAL SUPPLIES CHARGED	1,927,050	.429591	.429591
57	30 IMPL. DEV. CHARGED TO PAT	42,999,038	.613068	.613068
58	DRUGS CHARGED TO PATIENTS	283,177,326	.478355	.478355
59	57 RENAL DIALYSIS	5,550,757	.668244	.668244
59	58 ASC (NON-DISTINCT PART)			
59	01 PULMONARY FUNCTION TESTIN	2,433,973	.298164	.298164
59	02 ORTHOTICS LAB	3,108,233	.839188	.839188
59	97 OTHER ANCILLARY SERVICE C			
60	97 CARDIAC REHABILITATION	1,875,876	.781079	.781079
60	OUTPAT SERVICE COST CNTRS			
60	01 CLINIC CSC	90,647,383	.791294	.791294
60	02 CLINIC UNIVERSITY STATION	15,623,456	1.072243	1.072243
60	03 CLINIC WAI SMAN	1,390,671	1.171900	1.171900
60	04 CLINIC WEST	18,663,468	1.377244	1.377244
60	05 CLINIC EAST	11,170,388	1.274110	1.274110
60	06 CLINIC RESEARCH PARK	5,454,527	1.116173	1.116173
61	EMERGENCY	47,912,281	.337575	.337575
62	OBSERVATION BEDS (NON-DIS			
63	OTHER OUTPATIENT SERVICE			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES	10,850,531	.471602	.471602
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	OTHER REIMBURSABLE COST C			
102	SUBTOTAL	1602,972,603		
103	LESS OBSERVATION BEDS			
103	TOTAL	1602,972,603		



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	105,899	35,866			68.90	2,471,167
26	INTENSIVE CARE UNIT						
26	01 TRAUMA INTENSIVE CARE UNI	7,245	3,293			151.97	500,437
26	02 BURN INTENSIVE CARE UNIT	1,958	296			163.61	48,429
26	03 SURGICAL INTENSIVE CARE U	1,990	849			497.13	422,063
26	04 MEDICAL INTENSIVE CARE UN	1,600	735			136.12	100,048
26	05 PEDIATRIC INTENSIVE CARE	4,213	23			165.14	3,798
26	06 NEURO INTENSIVE CARE UNIT	4,814	1,529			133.79	204,565
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	PSYCHIATRIC INTENSIVE CAR						
31	SUBPROVIDER	4,943	1,650			64.04	105,666
31	01 SUBPROVIDER-REHAB	6,432	1,741			72.19	125,683
33	NURSERY						
101	TOTAL	139,094	45,982				3,981,856

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		9,248,766	264,968,135	59,437,988		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY		1,258,715	63,390,109	12,512,643		
42	RADIOLOGY-DIAGNOSTIC		7,378,913	282,045,192	27,926,669		
43	RADIOLOGY-THERAPEUTIC		2,171,846	59,408,589	916,311		
44	RADIOISOTOPE		254,038	10,081,463	388,426		
45	LABORATORY		3,446,065	188,273,078	32,623,457		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		1,218,754	32,819,624	7,947,869		
49	01 NEURO PSYCH TESTING		32,245	1,312,147	30,228		
50	PHYSICAL THERAPY		1,869,208	54,283,860	5,809,133		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		2,695,956	96,100,689	21,196,130		
54	ELECTROENCEPHALOGRAPHY		261,096	7,504,759	497,717		
55	MEDICAL SUPPLIES CHARGED		19,192	1,927,050	2,718		
55	30 IMPL. DEV. CHARGED TO PAT		611,147	42,999,038	7,501,427		
56	DRUGS CHARGED TO PATIENTS		3,115,206	283,177,326	38,480,086		
57	RENAL DIALYSIS		258,820	5,550,757	2,122,419		
58	ASC (NON-DISTINCT PART)						
58	01 PULMONARY FUNCTION TESTIN		73,869	2,433,973	124,469		
58	02 ORTHOTICS LAB		194,951	3,108,233	86,696		
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION		118,705	1,875,876	122,679		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC		6,520,585	90,647,383	2,957,350		
60	02 CLINIC UNIVERSITY STATION		1,603,764	15,623,456	21,597		
60	03 CLINIC WAI SMAN		568,669	1,390,671			
60	04 CLINIC WEST		1,613,075	18,663,468	104,845		
60	05 CLINIC EAST		1,029,249	11,170,388	7,056		
60	06 CLINIC RESEARCH PARK		855,168	5,454,527	944		
61	EMERGENCY		1,210,307	47,912,281	7,040,745		
62	OBSERVATION BEDS (NON-DIS		156,885				
63	OTHER OUTPATIENT SERVICE						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL		47,785,194	1592,122,072	227,859,602		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 52-0098  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 COMPONENT NO: 52-0098  
 PREPARED 11/29/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.034905	2,074,683
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.019857	248,464
42	RADIOLOGY-DIAGNOSTIC	.026162	730,618
43	RADIOLOGY-THERAPEUTIC	.036558	33,498
44	RADIOISOTOPE	.025199	9,788
45	LABORATORY	.018304	597,140
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.037135	295,144
49	01 NEURO PSYCH TESTING	.024574	743
50	PHYSICAL THERAPY	.034434	200,032
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.028053	594,615
54	ELECTROENCEPHALOGRAPHY	.034791	17,316
55	MEDICAL SUPPLIES CHARGED	.009959	27
55	30 IMPL. DEV. CHARGED TO PAT	.014213	106,618
56	DRUGS CHARGED TO PATIENTS	.011001	423,319
57	RENAL DIALYSIS	.046628	98,964
58	ASC (NON-DISTINCT PART)		
58	01 PULMONARY FUNCTION TESTIN	.030349	3,778
58	02 ORTHOTICS LAB	.062721	5,438
59	OTHER ANCILLARY SERVICE C		
59	97 CARDIAC REHABILITATION	.063280	7,763
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC CSC	.071934	212,734
60	02 CLINIC UNIVERSITY STATION	.102651	2,217
60	03 CLINIC WAI SMAN	.408917	
60	04 CLINIC WEST	.086430	9,062
60	05 CLINIC EAST	.092141	650
60	06 CLINIC RESEARCH PARK	.156781	148
61	EMERGENCY	.025261	177,856
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
68	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE COST C		
101	TOTAL		5,850,615

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

PROVIDER NO: 52-0098  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/29/2010  
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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			213,139			213,139
26	INTENSIVE CARE UNIT						
26	01 TRAUMA INTENSIVE CARE UNIT						
26	02 BURN INTENSIVE CARE UNIT						
26	03 SURGICAL INTENSIVE CARE UNIT						
26	04 MEDICAL INTENSIVE CARE UNIT						
26	05 PEDIATRIC INTENSIVE CARE UNIT						
26	06 NEURO INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE UNIT						
30	PSYCHIATRIC INTENSIVE CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER-REHAB						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL			213,139			213,139

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

PROVIDER NO: 52-0098  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/29/2010  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPAT PROG DAYS 7	INPAT PROG PASS THRU COST 8
25	ADULTS & PEDIATRICS	105,899	2.01	35,866	72,091
26	INTENSIVE CARE UNIT				
26 01	TRAUMA INTENSIVE CARE UNI	7,245		3,293	
26 02	BURN INTENSIVE CARE UNIT	1,958		296	
26 03	SURGICAL INTENSIVE CARE U	1,990		849	
26 04	MEDICAL INTENSIVE CARE UN	1,600		735	
26 05	PEDIATRIC INTENSIVE CARE	4,213		23	
26 06	NEURO INTENSIVE CARE UNIT	4,814		1,529	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
30	PSYCHIATRIC INTENSIVE CAR				
31	SUBPROVIDER	4,943		1,650	
31 01	SUBPROVIDER-REHAB	6,432		1,741	
33	NURSERY				
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35 01	ICF/MR				
101	TOTAL	139,094		45,982	72,091

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC				1,131,450		
43	RADIOLOGY-THERAPEUTIC				62,453		
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	01 NEURO PSYCH TESTING						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	30 IMPL. DEV. CHARGED TO PAT						
57	DRUGS CHARGED TO PATIENTS				1,080,675		
58	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	01 PULMONARY FUNCTION TESTIN						
59	02 ORTHOTICS LAB						
59	OTHER ANCILLARY SERVICE C						
60	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC						
60	02 CLINIC UNIVERSITY STATION						
60	03 CLINIC WAIMAN						
60	04 CLINIC WEST						
60	05 CLINIC EAST						
60	06 CLINIC RESEARCH PARK						
61	EMERGENCY				1,323,423		
62	OBSERVATION BEDS (NON-DIS				4,584		
63	OTHER OUTPATIENT SERVICE						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL				3,602,585		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			264,968,135			59,437,988	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			63,390,109			12,512,643	
42	RADIOLOGY-DIAGNOSTIC	1,131,450	1,131,450	282,045,192	.004012	.004012	27,926,669	112,042
43	RADIOLOGY-THERAPEUTIC	62,453	62,453	59,408,589	.001051	.001051	916,311	963
44	RADIOISOTOPE			10,081,463			388,426	
45	LABORATORY			188,273,078			32,623,457	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			32,819,624			7,947,869	
50	01 NEURO PSYCH TESTING			1,312,147			30,228	
51	PHYSICAL THERAPY			54,283,860			5,809,133	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY			96,100,689			21,196,130	
55	ELECTROENCEPHALOGRAPHY			7,504,759			497,717	
56	MEDICAL SUPPLIES CHARGED			1,927,050			2,718	
57	30 IMPL. DEV. CHARGED TO PAT			42,999,038			7,501,427	
58	DRUGS CHARGED TO PATIENTS	1,080,675	1,080,675	283,177,326	.003816	.003816	38,480,086	146,840
59	57 RENAL DIALYSIS			5,550,757			2,122,419	
60	58 ASC (NON-DISTINCT PART)							
61	01 PULMONARY FUNCTION TESTIN			2,433,973			124,469	
62	02 ORTHOTICS LAB			3,108,233			86,696	
63	09 OTHER ANCILLARY SERVICE C							
64	97 CARDIAC REHABILITATION			1,875,876			122,679	
65	OUTPAT SERVICE COST CNTRS							
66	01 CLINIC							
67	01 CLINIC CSC			90,647,383			2,957,350	
68	02 CLINIC UNIVERSITY STATION			15,623,456			21,597	
69	03 CLINIC WAI SMAN			1,390,671				
70	04 CLINIC WEST			18,663,468			104,845	
71	05 CLINIC EAST			11,170,388			7,056	
72	06 CLINIC RESEARCH PARK			5,454,527			944	
73	EMERGENCY	1,323,423	1,323,423	47,912,281	.027622	.027622	7,040,745	194,479
74	62 OBSERVATION BEDS (NON-DIS	4,584	4,584					
75	63 OTHER OUTPATIENT SERVICE							
76	OTHER REIMBURS COST CNTRS							
77	64 HOME PROGRAM DIALYSIS							
78	65 AMBULANCE SERVICES							
79	66 DURABLE MEDICAL EQUIP-REN							
80	67 DURABLE MEDICAL EQUIP-SOL							
81	68 OTHER REIMBURSABLE COST C							
101	TOTAL	3,602,585	3,602,585	1592,122,072			227,859,602	454,324

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	5,437,168	5,275,025				
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,204,519	1,381,783				
42	RADIOLOGY-DIAGNOSTIC	21,328,162	21,350,508		85,569	85,658	
43	RADIOLOGY-THERAPEUTIC	9,939,201	7,859,673		10,446	8,261	
44	RADIOISOTOPE	1,008,965	1,210,765				
45	LABORATORY	1,316,251	1,250,682				
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	120,478	157,053				
49	01 NEURO PSYCH TESTING	145,984	143,073				
50	PHYSICAL THERAPY	116,343	166,019				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,666,418	8,567,180				
54	ELECTROENCEPHALOGRAPHY	366,295	350,391				
55	MEDICAL SUPPLIES CHARGED	96,378	78,982				
55	30 IMPL. DEV. CHARGED TO PAT	1,353,937	1,198,334				
56	DRUGS CHARGED TO PATIENTS	15,977,046	17,558,498		60,968	67,003	
57	RENAL DIALYSIS	95,597	72,875				
58	ASC (NON-DISTINCT PART)						
58	01 PULMONARY FUNCTION TESTIN	225,453	238,214				
58	02 ORTHOTICS LAB	1,501	228,009				
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION	273,185	266,862				
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC	10,632,939	10,474,588				
60	02 CLINIC UNIVERSITY STATION	2,288,753	2,251,578				
60	03 CLINIC WAI SMAN	10,772	10,749				
60	04 CLINIC WEST	2,279,104	2,233,308				
60	05 CLINIC EAST	1,258,773	1,180,690				
60	06 CLINIC RESEARCH PARK	345,572	354,669				
61	EMERGENCY	1,947,365	2,212,343		53,790	61,109	
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL	85,436,159	86,071,851		210,773	222,031	

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 Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.365649	.365649			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.183088	.183088			
41 RADIOLOGY-DIAGNOSTIC	.200105	.200105			
42 RADIOLOGY-THERAPEUTIC	.194701	.194701			
43 RADIOISOTOPE	.435213	.435213			
44 LABORATORY	.291895	.291895			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.558502	.558502			
49 01 NEURO PSYCH TESTING	.393765	.393765			
50 PHYSICAL THERAPY	.497876	.497876			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.292023	.292023			
54 ELECTROENCEPHALOGRAPHY	.333554	.333554			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.429591	.429591			
55 30 IMPL. DEV. CHARGED TO PATIENT	.613068	.613068			
56 DRUGS CHARGED TO PATIENTS	.478355	.478355			
57 RENAL DIALYSIS	.668244	.668244			
58 ASC (NON-DISTINCT PART)					
58 01 PULMONARY FUNCTION TESTING	.298164	.298164			
58 02 ORTHOTICS LAB	.839188	.839188			
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 97 CARDIAC REHABILITATION	.781079	.781079			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC CSC	.791294	.791294			
60 02 CLINIC UNIVERSITY STATION	1.072243	1.072243			
60 03 CLINIC WATSON	1.171900	1.171900			
60 04 CLINIC WEST	1.377244	1.377244			
60 05 CLINIC EAST	1.274110	1.274110			
60 06 CLINIC RESEARCH PARK	1.116173	1.116173			
61 EMERGENCY	.337575	.337575			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.471602	.471602			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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



TITLE XVIII, PART B

HOSPITAL

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,988,095	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				220,533	
41 RADIOLOGY-DIAGNOSTIC				4,267,872	27
42 RADIOLOGY-THERAPEUTIC				1,935,172	
43 RADIOISOTOPE				439,115	
44 LABORATORY				384,207	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				67,287	
49 01 NEURO PSYCH TESTING				57,483	
50 PHYSICAL THERAPY				57,924	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				2,238,770	1
54 ELECTROENCEPHALOGRAPHY				122,179	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				41,403	2,651
55 30 IMPL. DEV. CHARGED TO PATIENT				830,055	76,203
56 DRUGS CHARGED TO PATIENTS				7,642,700	
57 RENAL DIALYSIS				63,882	
58 ASC (NON-DISTINCT PART)					
58 01 PULMONARY FUNCTION TESTING				67,222	
58 02 ORTHOTICS LAB				1,260	
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 97 CARDIAC REHABILITATION				213,379	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC CSC				8,413,781	
60 02 CLINIC UNIVERSITY STATION				2,454,099	
60 03 CLINIC WATSON				12,624	
60 04 CLINIC WEST				3,138,882	
60 05 CLINIC EAST				1,603,815	
60 06 CLINIC RESEARCH PARK				385,718	
61 EMERGENCY				657,382	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL				37,304,839	78,882
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				37,304,839	78,882





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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		9,248,766	264,968,135	2,559		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY		1,258,715	63,390,109	15,039		
42	RADIOLOGY-DIAGNOSTIC		7,378,913	282,045,192	93,801		
43	RADIOLOGY-THERAPEUTIC		2,171,846	59,408,589	156		
44	RADIOISOTOPE		254,038	10,081,463			
45	LABORATORY		3,446,065	188,273,078	221,209		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		1,218,754	32,819,624	8,141		
49	01 NEURO PSYCH TESTING		32,245	1,312,147	9,096		
50	PHYSICAL THERAPY		1,869,208	54,283,860	207,917		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		2,695,956	96,100,689	10,727		
54	ELECTROENCEPHALOGRAPHY		261,096	7,504,759	4,908		
55	MEDICAL SUPPLIES CHARGED		19,192	1,927,050	1,737		
55	30 IMPL. DEV. CHARGED TO PAT		611,147	42,999,038			
56	DRUGS CHARGED TO PATIENTS		3,115,206	283,177,326	355,623		
57	RENAL DIALYSIS		258,820	5,550,757	4,950		
58	ASC (NON-DISTINCT PART)						
58	01 PULMONARY FUNCTION TESTIN		73,869	2,433,973			
58	02 ORTHOTICS LAB		194,951	3,108,233			
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION		118,705	1,875,876			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC		6,520,585	90,647,383	3,028		
60	02 CLINIC UNIVERSITY STATION		1,603,764	15,623,456	225		
60	03 CLINIC WAI SMAN		568,669	1,390,671			
60	04 CLINIC WEST		1,613,075	18,663,468	667		
60	05 CLINIC EAST		1,029,249	11,170,388	257		
60	06 CLINIC RESEARCH PARK		855,168	5,454,527	128		
61	EMERGENCY		1,210,307	47,912,281	129,962		
62	OBSERVATION BEDS (NON-DIS		156,885				
63	OTHER OUTPATIENT SERVICE						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL		47,785,194	1592,122,072	1,070,130		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 52-0098  
 COMPONENT NO: 52-S098  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A      SUBPROVIDER 1      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.034905	89
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.019857	299
42	RADIOLOGY-DIAGNOSTIC	.026162	2,454
43	RADIOLOGY-THERAPEUTIC	.036558	6
44	RADIOISOTOPE	.025199	
45	LABORATORY	.018304	4,049
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.037135	302
49	01 NEURO PSYCH TESTING	.024574	224
50	PHYSICAL THERAPY	.034434	7,159
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.028053	301
54	ELECTROENCEPHALOGRAPHY	.034791	171
55	MEDICAL SUPPLIES CHARGED	.009959	17
55	30 IMPL. DEV. CHARGED TO PAT	.014213	
56	DRUGS CHARGED TO PATIENTS	.011001	3,912
57	RENAL DIALYSIS	.046628	231
58	ASC (NON-DISTINCT PART)		
58	01 PULMONARY FUNCTION TESTIN	.030349	
58	02 ORTHOTICS LAB	.062721	
59	OTHER ANCILLARY SERVICE C		
59	97 CARDIAC REHABILITATION	.063280	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC CSC	.071934	218
60	02 CLINIC UNIVERSITY STATION	.102651	23
60	03 CLINIC WAI SMAN	.408917	
60	04 CLINIC WEST	.086430	58
60	05 CLINIC EAST	.092141	24
60	06 CLINIC RESEARCH PARK	.156781	20
61	EMERGENCY	.025261	3,283
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
68	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE COST C		
101	TOTAL		22,840

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC						1,131,450				
43	RADIOLOGY-THERAPEUTIC						62,453				
44	RADIOISOTOPE										
45	LABORATORY										
46	PBP CLINICAL LAB SERVICES										
47	WHOLE BLOOD & PACKED RED										
48	BLOOD STORING, PROCESSING										
49	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	01 NEURO PSYCH TESTING										
51	PHYSICAL THERAPY										
52	OCCUPATIONAL THERAPY										
53	SPEECH PATHOLOGY										
54	ELECTROCARDIOLOGY										
55	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	30 IMPL. DEV. CHARGED TO PAT										
57	DRUGS CHARGED TO PATIENTS						1,080,675				
58	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
58	01 PULMONARY FUNCTION TESTIN										
59	02 ORTHOTICS LAB										
59	OTHER ANCILLARY SERVICE C										
59	97 CARDIAC REHABILITATION										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 CLINIC CSC										
60	02 CLINIC UNIVERSITY STATION										
60	03 CLINIC WAIMAN										
60	04 CLINIC WEST										
60	05 CLINIC EAST										
60	06 CLINIC RESEARCH PARK										
61	EMERGENCY						1,323,423				
62	OBSERVATION BEDS (NON-DIS						4,584				
63	OTHER OUTPATIENT SERVICE										
64	OTHER REIMBURS COST CNTRS										
65	HOME PROGRAM DIALYSIS										
66	AMBULANCE SERVICES										
67	DURABLE MEDICAL EQUIP-REN										
68	DURABLE MEDICAL EQUIP-SOL										
68	OTHER REIMBURSABLE COST C										
101	TOTAL						3,602,585				

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			264,968,135			2,559	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			63,390,109			15,039	
41	RADIOLOGY-DIAGNOSTIC	1,131,450	1,131,450	282,045,192	.004012	.004012	93,801	376
42	RADIOLOGY-THERAPEUTIC	62,453	62,453	59,408,589	.001051	.001051	156	
43	RADIOISOTOPE			10,081,463				
44	LABORATORY			188,273,078			221,209	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			32,819,624			8,141	
49	01 NEURO PSYCH TESTING			1,312,147			9,096	
50	PHYSICAL THERAPY			54,283,860			207,917	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			96,100,689			10,727	
54	ELECTROENCEPHALOGRAPHY			7,504,759			4,908	
55	MEDICAL SUPPLIES CHARGED			1,927,050			1,737	
55	30 IMPL. DEV. CHARGED TO PAT			42,999,038				
56	DRUGS CHARGED TO PATIENTS	1,080,675	1,080,675	283,177,326	.003816	.003816	355,623	1,357
57	RENAL DIALYSIS			5,550,757			4,950	
58	ASC (NON-DISTINCT PART)							
58	01 PULMONARY FUNCTION TESTIN			2,433,973				
58	02 ORTHOTICS LAB			3,108,233				
59	OTHER ANCILLARY SERVICE C							
59	97 CARDIAC REHABILITATION			1,875,876				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CLINIC CSC			90,647,383			3,028	
60	02 CLINIC UNIVERSITY STATION			15,623,456			225	
60	03 CLINIC WAI SMAN			1,390,671				
60	04 CLINIC WEST			18,663,468			667	
60	05 CLINIC EAST			11,170,388			257	
60	06 CLINIC RESEARCH PARK			5,454,527			128	
61	EMERGENCY	1,323,423	1,323,423	47,912,281	.027622	.027622	129,962	3,590
62	OBSERVATION BEDS (NON-DIS	4,584	4,584					
63	OTHER OUTPATIENT SERVICE							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
68	OTHER REIMBURSABLE COST C							
101	TOTAL	3,602,585	3,602,585	1592,122,072			1,070,130	5,323

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,516	2,744				
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	3,630	11,699				
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	01 NEURO PSYCH TESTING		15,863				
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	731	338		3	1	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 PULMONARY FUNCTION TESTIN						
58	02 ORTHOTICS LAB						
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC						
60	02 CLINIC UNIVERSITY STATION						
60	03 CLINIC WAI SMAN						
60	04 CLINIC WEST						
60	05 CLINIC EAST						
60	06 CLINIC RESEARCH PARK						
61	EMERGENCY		2,630			73	
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL	5,877	33,274		3	74	



TITLE XVIII, PART B SUBPROVIDER 1

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		1,516		2,744	
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		3,630		11,699	
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
49	01 NEURO PSYCH TESTING			5,111	15,863	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55	30 IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS		731		338	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58	01 PULMONARY FUNCTION TESTING					
58	02 ORTHOTICS LAB					
59	OTHER ANCILLARY SERVICE COST CENTERS					
59	97 CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CLINIC CSC					
60	02 CLINIC UNIVERSITY STATION					
60	03 CLINIC WATSMAN					
60	04 CLINIC WEST					
60	05 CLINIC EAST					
60	06 CLINIC RESEARCH PARK					
61	EMERGENCY				2,630	
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
68	OTHER REIMBURSABLE COST CENTERS					
101	SUBTOTAL		5,877	5,111	33,274	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		5,877	5,111	33,274	

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				554	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				665	
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
49 01 NEURO PSYCH TESTING					2,013
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				350	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 PULMONARY FUNCTION TESTING					
58 02 ORTHOTICS LAB					
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC CSC					
60 02 CLINIC UNIVERSITY STATION					
60 03 CLINIC WATSMAN					
60 04 CLINIC WEST					
60 05 CLINIC EAST					
60 06 CLINIC RESEARCH PARK					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL				1,569	2,013
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				1,569	2,013





APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 52-0098  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 COMPONENT NO: 52-T098  
 PREPARED 11/29/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A      SUBPROVIDER 2      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.034905	
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.019857	
42	RADIOLOGY-DIAGNOSTIC	.026162	2,239
43	RADIOLOGY-THERAPEUTIC	.036558	13
44	RADIOISOTOPE	.025199	34
45	LABORATORY	.018304	3,925
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.037135	1,822
49	01 NEURO PSYCH TESTING	.024574	26
50	PHYSICAL THERAPY	.034434	67,817
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.028053	457
54	ELECTROENCEPHALOGRAPHY	.034791	83
55	MEDICAL SUPPLIES CHARGED	.009959	253
55	30 IMPL. DEV. CHARGED TO PAT	.014213	
56	DRUGS CHARGED TO PATIENTS	.011001	7,060
57	RENAL DIALYSIS	.046628	733
58	ASC (NON-DISTINCT PART)		
58	01 PULMONARY FUNCTION TESTIN	.030349	4
58	02 ORTHOTICS LAB	.062721	
59	OTHER ANCILLARY SERVICE C		
59	97 CARDIAC REHABILITATION	.063280	22
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC CSC	.071934	228
60	02 CLINIC UNIVERSITY STATION	.102651	
60	03 CLINIC WAI SMAN	.408917	
60	04 CLINIC WEST	.086430	564
60	05 CLINIC EAST	.092141	
60	06 CLINIC RESEARCH PARK	.156781	
61	EMERGENCY	.025261	50
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
64	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE COST C		
101	TOTAL		85,330

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC						1,131,450				
43	RADIOLOGY-THERAPEUTIC						62,453				
44	RADIOISOTOPE										
45	LABORATORY										
46	PBP CLINICAL LAB SERVICES										
47	WHOLE BLOOD & PACKED RED										
48	BLOOD STORING, PROCESSING										
49	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	01 NEURO PSYCH TESTING										
51	PHYSICAL THERAPY										
52	OCCUPATIONAL THERAPY										
53	SPEECH PATHOLOGY										
54	ELECTROCARDIOLOGY										
55	ELECTROENCEPHALOGRAPHY										
55	30 MEDICAL SUPPLIES CHARGED										
56	IMPL. DEV. CHARGED TO PAT										
57	DRUGS CHARGED TO PATIENTS						1,080,675				
58	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
58	01 PULMONARY FUNCTION TESTIN										
59	02 ORTHOTICS LAB										
59	OTHER ANCILLARY SERVICE C										
59	97 CARDIAC REHABILITATION										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 CLINIC CSC										
60	02 CLINIC UNIVERSITY STATION										
60	03 CLINIC WAIMAN										
60	04 CLINIC WEST										
60	05 CLINIC EAST										
60	06 CLINIC RESEARCH PARK										
61	EMERGENCY						1,323,423				
62	OBSERVATION BEDS (NON-DIS						4,584				
63	OTHER OUTPATIENT SERVICE										
64	OTHER REIMBURS COST CNTRS										
65	HOME PROGRAM DIALYSIS										
66	AMBULANCE SERVICES										
67	DURABLE MEDICAL EQUIP-REN										
68	DURABLE MEDICAL EQUIP-SOL										
68	OTHER REIMBURSABLE COST C										
101	TOTAL						3,602,585				

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			264,968,135				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			63,390,109				
41	RADIOLOGY-DIAGNOSTIC	1,131,450	1,131,450	282,045,192	.004012	.004012	85,590	343
42	RADIOLOGY-THERAPEUTIC	62,453	62,453	59,408,589	.001051	.001051	369	
43	RADIOISOTOPE			10,081,463			1,365	
44	LABORATORY			188,273,078			214,428	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			32,819,624			49,052	
49	01 NEURO PSYCH TESTING			1,312,147			1,075	
50	PHYSICAL THERAPY			54,283,860			1,969,473	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			96,100,689			16,290	
54	ELECTROENCEPHALOGRAPHY			7,504,759			2,387	
55	MEDICAL SUPPLIES CHARGED			1,927,050			25,388	
55	30 IMPL. DEV. CHARGED TO PAT			42,999,038				
56	DRUGS CHARGED TO PATIENTS	1,080,675	1,080,675	283,177,326	.003816	.003816	641,764	2,449
57	RENAL DIALYSIS			5,550,757			15,726	
58	ASC (NON-DISTINCT PART)							
58	01 PULMONARY FUNCTION TESTIN			2,433,973			147	
58	02 ORTHOTICS LAB			3,108,233				
59	OTHER ANCILLARY SERVICE C							
59	97 CARDIAC REHABILITATION			1,875,876			350	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CLINIC CSC			90,647,383			3,172	
60	02 CLINIC UNIVERSITY STATION			15,623,456				
60	03 CLINIC WAI SMAN			1,390,671				
60	04 CLINIC WEST			18,663,468			6,521	
60	05 CLINIC EAST			11,170,388				
60	06 CLINIC RESEARCH PARK			5,454,527				
61	EMERGENCY	1,323,423	1,323,423	47,912,281	.027622	.027622	1,986	55
62	OBSERVATION BEDS (NON-DIS	4,584	4,584					
63	OTHER OUTPATIENT SERVICE							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
68	OTHER REIMBURSABLE COST C							
101	TOTAL	3,602,585	3,602,585	1592,122,072			3,035,083	2,847

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	01 NEURO PSYCH TESTING						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 PULMONARY FUNCTION TESTIN						
58	02 ORTHOTICS LAB						
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC						
60	02 CLINIC UNIVERSITY STATION						
60	03 CLINIC WAI SMAN						
60	04 CLINIC WEST						
60	05 CLINIC EAST						
60	06 CLINIC RESEARCH PARK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.365649				3,305,362
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.183088				974,793
41 RADIOLOGY-DIAGNOSTIC	.200105				8,796,865
42 RADIOLOGY-THERAPEUTIC	.194701				2,563,256
43 RADIOISOTOPE	.435213				289,110
44 LABORATORY	.291895				4,491,912
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.558502				694,566
49 01 NEURO PSYCH TESTING	.393765				73,349
50 PHYSICAL THERAPY	.497876				1,085,254
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.292023				2,442,952
54 ELECTROENCEPHALOGRAPHY	.333554				334,511
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.429591				48,152
55 30 IMPL. DEV. CHARGED TO PATIENT	.613068				
56 DRUGS CHARGED TO PATIENTS	.478355				6,712,340
57 RENAL DIALYSIS	.668244				6,395
58 ASC (NON-DISTINCT PART)					
58 01 PULMONARY FUNCTION TESTING	.298164				116,785
58 02 ORTHOTICS LAB	.839188				191,406
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 97 CARDIAC REHABILITATION	.781079				35,083
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC CSC	.791294				3,521,385
60 02 CLINIC UNIVERSITY STATION	1.072243				496,485
60 03 CLINIC WAI SMAN	1.171900				270,174
60 04 CLINIC WEST	1.377244				459,650
60 05 CLINIC EAST	1.274110				312,955
60 06 CLINIC RESEARCH PARK	1.116173				178,052
61 EMERGENCY	.337575				2,023,545
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.471602				448,042
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL					39,872,379
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					39,872,379

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
49 01 NEURO PSYCH TESTING					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 PULMONARY FUNCTION TESTING					
58 02 ORTHOTICS LAB					
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC CSC					
60 02 CLINIC UNIVERSITY STATION					
60 03 CLINIC WAIMAN					
60 04 CLINIC WEST					
60 05 CLINIC EAST					
60 06 CLINIC RESEARCH PARK					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		1,208,602			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		178,473			
41	RADIOLOGY-DIAGNOSTIC		1,760,297			
42	RADIOLOGY-THERAPEUTIC		499,069			
43	RADIOISOTOPE		125,824			
44	LABORATORY		1,311,167			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		387,917			
49	01 NEURO PSYCH TESTING		28,882			
50	PHYSICAL THERAPY		540,322			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		713,398			
54	ELECTROENCEPHALOGRAPHY		111,577			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		20,686			
55	30 IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS		3,210,881			
57	RENAL DIALYSIS		4,273			
58	ASC (NON-DISTINCT PART)					
58	01 PULMONARY FUNCTION TESTING		34,821			
58	02 ORTHOTICS LAB		160,626			
59	OTHER ANCILLARY SERVICE COST CENTERS					
59	97 CARDIAC REHABILITATION		27,403			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CLINIC CSC		2,786,451			
60	02 CLINIC UNIVERSITY STATION		532,353			
60	03 CLINIC WAISSMAN		316,617			
60	04 CLINIC WEST		633,050			
60	05 CLINIC EAST		398,739			
60	06 CLINIC RESEARCH PARK		198,737			
61	EMERGENCY		683,098			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES		211,298			
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
68	OTHER REIMBURSABLE COST CENTERS					
101	SUBTOTAL		16,084,561			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		16,084,561			





TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,277
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,136.08
85	OBSERVATION BED COST	2,586,854

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	120,309,846		2,586,854	
87	NEW CAPITAL-RELATED COST	7,296,439	.060647	2,586,854	156,885
88	NON PHYSICIAN ANESTHETIST	120,309,846		2,586,854	
89	MEDICAL EDUCATION	120,309,846		2,586,854	
89.01	MEDICAL EDUCATION - ALLIED HEA	213,139	.001772	2,586,854	4,584
89.02	MEDICAL EDUCATION - ALL OTHER	120,309,846		2,586,854	





TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	993.47
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,910,723			
87	NEW CAPITAL-RELATED COST	316,549	4,910,723		
88	NON PHYSICIAN ANESTHETIST		4,910,723	.064461	
89	MEDICAL EDUCATION		4,910,723		
89.01	MEDICAL EDUCATION - ALLIED HEA		4,910,723		
89.02	MEDICAL EDUCATION - ALL OTHER		4,910,723		











TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,277
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,467.64
85	OBSERVATION BED COST	3,341,816

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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





TITLE XIX - I/P SUBPROVIDER I OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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







TITLE XVIII, PART A		HOSPITAL		PPS	
WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3	
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		55,442,655		
26	INTENSIVE CARE UNIT				
26	01 TRAUMA INTENSIVE CARE UNIT		14,681,854		
26	02 BURN INTENSIVE CARE UNIT		934,528		
26	03 SURGICAL INTENSIVE CARE UNIT		7,694,472		
26	04 MEDICAL INTENSIVE CARE UNIT		3,315,091		
26	05 PEDIATRIC INTENSIVE CARE UNIT		99,715		
26	06 NEURO INTENSIVE CARE UNIT		6,652,526		
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
30	PSYCHIATRIC INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER-REHAB				
37	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.365649	59,437,988	21,733,441	
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY	.183088	12,512,643	2,290,915	
41	RADIOLOGY-DIAGNOSTIC	.200105	27,926,669	5,588,266	
42	RADIOLOGY-THERAPEUTIC	.194701	916,311	178,407	
43	RADIOISOTOPE	.435213	388,426	169,048	
44	LABORATORY	.291895	32,623,457	9,522,624	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY	.558502	7,947,869	4,438,901	
49	01 NEURO PSYCH TESTING	.393765	30,228	11,903	
50	PHYSICAL THERAPY	.497876	5,809,133	2,892,228	
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY	.292023	21,196,130	6,189,757	
54	ELECTROENCEPHALOGRAPHY	.333554	497,717	166,015	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.429591	2,718	1,168	
55	30 IMPL. DEV. CHARGED TO PATIENT	.613068	7,501,427	4,598,885	
56	DRUGS CHARGED TO PATIENTS	.478355	38,480,086	18,407,142	
57	RENAL DIALYSIS	.668244	2,122,419	1,418,294	
58	ASC (NON-DISTINCT PART)				
58	01 PULMONARY FUNCTION TESTING	.298164	124,469	37,112	
58	02 ORTHOTICS LAB	.839188	86,696	72,754	
59	OTHER ANCILLARY SERVICE COST CENTERS				
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.781079	122,679	95,822	
60	CLINIC				
60	01 CLINIC CSC	.791294	2,957,350	2,340,133	
60	02 CLINIC UNIVERSITY STATION	1.072243	21,597	23,157	
60	03 CLINIC WAISSMAN	1.171900			
60	04 CLINIC WEST	1.377244	104,845	144,397	
60	05 CLINIC EAST	1.274110	7,056	8,990	
60	06 CLINIC RESEARCH PARK	1.116173	944	1,054	
61	EMERGENCY	.337575	7,040,745	2,376,779	
62	OBSERVATION BEDS (NON-DISTINCT PART)				
63	OTHER OUTPATIENT SERVICE COST CENTER				
64	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
68	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		227,859,602	82,707,192	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		227,859,602		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 TRAUMA INTENSIVE CARE UNIT			
26	02 BURN INTENSIVE CARE UNIT			
26	03 SURGICAL INTENSIVE CARE UNIT			
26	04 MEDICAL INTENSIVE CARE UNIT			
26	05 PEDIATRIC INTENSIVE CARE UNIT			
26	06 NEURO INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,948,690	
31	01 SUBPROVIDER-REHAB			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.365649	2,559	936
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.183088	15,039	2,753
41	RADIOLOGY-DIAGNOSTIC	.200105	93,801	18,770
42	RADIOLOGY-THERAPEUTIC	.194701	156	30
43	RADIOISOTOPE	.435213		
44	LABORATORY	.291895	221,209	64,570
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.558502	8,141	4,547
49	01 NEURO PSYCH TESTING	.393765	9,096	3,582
50	PHYSICAL THERAPY	.497876	207,917	103,517
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.292023	10,727	3,133
54	ELECTROENCEPHALOGRAPHY	.333554	4,908	1,637
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.429591	1,737	746
55	30 IMPL. DEV. CHARGED TO PATIENT	.613068		
56	DRUGS CHARGED TO PATIENTS	.478355	355,623	170,114
57	RENAL DIALYSIS	.668244	4,950	3,308
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTING	.298164		
58	02 ORTHOTICS LAB	.839188		
59	OTHER ANCILLARY SERVICE COST CENTERS			
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.781079		
60	CLINIC			
60	01 CLINIC CSC	.791294	3,028	2,396
60	02 CLINIC UNIVERSITY STATION	1.072243	225	241
60	03 CLINIC WAISSMAN	1.171900		
60	04 CLINIC WEST	1.377244	667	919
60	05 CLINIC EAST	1.274110	257	327
60	06 CLINIC RESEARCH PARK	1.116173	128	143
61	EMERGENCY	.337575	129,962	43,872
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL		1,070,130	425,541
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,070,130	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 TRAUMA INTENSIVE CARE UNIT			
26	02 BURN INTENSIVE CARE UNIT			
26	03 SURGICAL INTENSIVE CARE UNIT			
26	04 MEDICAL INTENSIVE CARE UNIT			
26	05 PEDIATRIC INTENSIVE CARE UNIT			
26	06 NEURO INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-REHAB		2,100,903	
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365649		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.183088		
41	RADIOLOGY-DIAGNOSTIC	.200105	85,590	17,127
42	RADIOLOGY-THERAPEUTIC	.194701	369	72
43	RADIOISOTOPE	.435213	1,365	594
44	LABORATORY	.291895	214,428	62,590
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.558502	49,052	27,396
49	01 NEURO PSYCH TESTING	.393765	1,075	423
50	PHYSICAL THERAPY	.497876	1,969,473	980,553
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.292023	16,290	4,757
54	ELECTROENCEPHALOGRAPHY	.333554	2,387	796
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.429591	25,388	10,906
55	30 IMPL. DEV. CHARGED TO PATIENT	.613068		
56	DRUGS CHARGED TO PATIENTS	.478355	641,764	306,991
57	RENAL DIALYSIS	.668244	15,726	10,509
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTING	.298164	147	44
58	02 ORTHOTICS LAB	.839188		
59	OTHER ANCILLARY SERVICE COST CENTERS			
59	97 CARDIAC REHABILITATION	.781079	350	273
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 CLINIC CSC	.791294	3,172	2,510
60	02 CLINIC UNIVERSITY STATION	1.072243		
60	03 CLINIC WISMAN	1.171900		
60	04 CLINIC WEST	1.377244	6,521	8,981
60	05 CLINIC EAST	1.274110		
60	06 CLINIC RESEARCH PARK	1.116173		
61	EMERGENCY	.337575	1,986	670
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL		3,035,083	1,435,192
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,035,083	

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		OTHER
		RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,155,181	
26	INTENSIVE CARE UNIT			
26 01	TRAUMA INTENSIVE CARE UNIT		2,325,388	
26 02	BURN INTENSIVE CARE UNIT		383,988	
26 03	SURGICAL INTENSIVE CARE UNIT		720,678	
26 04	MEDICAL INTENSIVE CARE UNIT		297,598	
26 05	PEDIATRIC INTENSIVE CARE UNIT		2,922,061	
26 06	NEURO INTENSIVE CARE UNIT		5,243,213	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER-REHAB			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365649	11,450,003	4,186,682
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.183088	2,593,722	474,879
41	RADIOLOGY-DIAGNOSTIC	.200105	6,351,334	1,270,934
42	RADIOLOGY-THERAPEUTIC	.194701	161,682	31,480
43	RADIOISOTOPE	.435213	41,950	18,257
44	LABORATORY	.291895	7,878,960	2,299,829
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.558502	2,813,441	1,571,312
49 01	NEURO PSYCH TESTING	.393765	5,234	2,061
50	PHYSICAL THERAPY	.497876	2,111,780	1,051,405
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.292023	2,338,390	682,864
54	ELECTROENCEPHALOGRAPHY	.333554	249,752	83,306
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.429591	186,079	79,938
55 30	IMPL. DEV. CHARGED TO PATIENT	.613068		
56	DRUGS CHARGED TO PATIENTS	.478355	10,624,354	5,082,213
57	RENAL DIALYSIS	.668244	460,592	307,788
58	ASC (NON-DISTINCT PART)			
58 01	PULMONARY FUNCTION TESTING	.298164	32,549	9,705
58 02	ORTHOTICS LAB	.839188	81,128	68,082
59	OTHER ANCILLARY SERVICE COST CENTERS			
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.781079	10,871	8,491
60	CLINIC			
60 01	CLINIC CSC	.791294	421,814	333,779
60 02	CLINIC UNIVERSITY STATION	1.072243	6,741	7,228
60 03	CLINIC WAISSMAN	1.171900	1,816	2,128
60 04	CLINIC WEST	1.377244	22,725	31,298
60 05	CLINIC EAST	1.274110	218	278
60 06	CLINIC RESEARCH PARK	1.116173		
61	EMERGENCY	.337575	1,707,830	576,521
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL		49,552,965	18,180,458
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		49,552,965	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 TRAUMA INTENSIVE CARE UNIT			
26	02 BURN INTENSIVE CARE UNIT			
26	03 SURGICAL INTENSIVE CARE UNIT			
26	04 MEDICAL INTENSIVE CARE UNIT			
26	05 PEDIATRIC INTENSIVE CARE UNIT			
26	06 NEURO INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER		854,896	
31	01 SUBPROVIDER-REHAB			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365649		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.183088		
41	RADIOLOGY-DIAGNOSTIC	.200105		
42	RADIOLOGY-THERAPEUTIC	.194701		
43	RADIOISOTOPE	.435213		
44	LABORATORY	.291895		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.558502		
49	01 NEURO PSYCH TESTING	.393765		
50	PHYSICAL THERAPY	.497876		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.292023		
54	ELECTROENCEPHALOGRAPHY	.333554		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.429591		
55	30 IMPL. DEV. CHARGED TO PATIENT	.613068		
56	DRUGS CHARGED TO PATIENTS	.478355		
57	RENAL DIALYSIS	.668244		
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTING	.298164		
58	02 ORTHOTICS LAB	.839188		
59	OTHER ANCILLARY SERVICE COST CENTERS			
59	97 CARDIAC REHABILITATION	.781079		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 CLINIC CSC	.791294		
60	02 CLINIC UNIVERSITY STATION	1.072243		
60	03 CLINIC WAI SMAN	1.171900		
60	04 CLINIC WEST	1.377244		
60	05 CLINIC EAST	1.274110		
60	06 CLINIC RESEARCH PARK	1.116173		
61	EMERGENCY	.337575		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 52-0098  
 COMPONENT NO: 52-T098  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010 WORKSHEET D-4

TITLE XIX SUBPROVIDER 2 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 TRAUMA INTENSIVE CARE UNIT			
26	02 BURN INTENSIVE CARE UNIT			
26	03 SURGICAL INTENSIVE CARE UNIT			
26	04 MEDICAL INTENSIVE CARE UNIT			
26	05 PEDIATRIC INTENSIVE CARE UNIT			
26	06 NEURO INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-REHAB		977,229	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.365649		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.183088		
41	RADIOLOGY-DIAGNOSTIC	.200105		
42	RADIOLOGY-THERAPEUTIC	.194701		
43	RADIOISOTOPE	.435213		
44	LABORATORY	.291895		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.558502		
49	01 NEURO PSYCH TESTING	.393765		
50	PHYSICAL THERAPY	.497876		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.292023		
54	ELECTROENCEPHALOGRAPHY	.333554		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.429591		
55	30 IMPL. DEV. CHARGED TO PATIENT	.613068		
56	DRUGS CHARGED TO PATIENTS	.478355		
57	RENAL DIALYSIS	.668244		
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTING	.298164		
58	02 ORTHOTICS LAB	.839188		
59	OTHER ANCILLARY SERVICE COST CENTERS			
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.781079		
60	CLINIC			
60	01 CLINIC CSC	.791294		
60	02 CLINIC UNIVERSITY STATION	1.072243		
60	03 CLINIC WAI SMAN	1.171900		
60	04 CLINIC WEST	1.377244		
60	05 CLINIC EAST	1.274110		
60	06 CLINIC RESEARCH PARK	1.116173		
61	EMERGENCY	.337575		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

KIDNEY

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS	740,459	38	1,136.08		311	353,321
2	INTENSIVE CARE UNIT		43				
2.01	TRAUMA INTENSIVE CARE UNIT	4,945	43.01	2,750.57		1	2,751
2.02	BURN INTENSIVE CARE UNIT		43.02	2,566.47			
2.03	SURGICAL INTENSIVE CARE UNIT	77,776	43.03	6,397.09		12	76,765
2.04	MEDICAL INTENSIVE CARE UNIT		43.04	2,901.69			
2.05	PEDIATRIC INTENSIVE CARE UNIT	4,518	43.05	2,622.59		1	2,623
2.06	NEURO INTENSIVE CARE UNIT		43.06	2,023.26			
3	CORONARY CARE UNIT		44				
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
6	PSYCHIATRIC INTENSIVE CARE UNIT		47				
7	TOTAL (SUM OF LINES 1-6)	827,698				325	435,460

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
C		1	2	3
8	OPERATING ROOM	37	.365649	2,532,900
9	RECOVERY ROOM	38		926,152
10	DELIVERY ROOM & LABOR ROOM	39		
11	ANESTHESIOLOGY	40	.183088	420,866
12	RADIOLOGY-DIAGNOSTIC	41	.200105	794,498
13	RADIOLOGY-THERAPEUTIC	42	.194701	77,056
14	RADIOISOTOPE	43	.435213	158,983
15	LABORATORY	44	.291895	32,860
16	PBP CLINICAL LAB SERVICES	45		14,301
17	WHOLE BLOOD & PACKED RED	46		307,508
18	BLOOD STORING, PROCESSING	47		
19	INTRAVENOUS THERAPY	48		
20	RESPIRATORY THERAPY	49	.558502	21,252
20.01	NEURO PSYCH TESTING	49.01	.393765	11,869
21	PHYSICAL THERAPY	50	.497876	
22	OCCUPATIONAL THERAPY	51		
23	SPEECH PATHOLOGY	52		
24	ELECTROCARDIOLOGY	53	.292023	162,448
25	ELECTROENCEPHALOGRAPHY	54	.333554	67,402
26	MEDICAL SUPPLIES CHARGED	55	.429591	214,673
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.613068	92,222
27	DRUGS CHARGED TO PATIENTS	56	.478355	296,235
28	RENAL DIALYSIS	57	.668244	681
29	ASC (NON-DIAGNOSTIC PART)	58		141,705
29.01	PULMONARY FUNCTION TESTING	58.01	.298164	455
29.02	ORTHOTICS LAB	58.02	.839188	
30	OTHER ANCILLARY SERVICE C	59		
30.97	CARDIAC REHABILITATION	59.97	.781079	
31	CLINIC	60		
31.01	CLINIC CSC	60.01	.791294	467,036
31.02	CLINIC UNIVERSITY STATION	60.02	1.072243	369,563
31.03	CLINIC WISMAN	60.03	1.171900	
31.04	CLINIC WEST	60.04	1.377244	
31.05	CLINIC EAST	60.05	1.274110	
31.06	CLINIC RESEARCH PARK	60.06	1.116173	
32	EMERGENCY	61	.337575	6,887
33	OBSERVATION BEDS (NON-DIS	62		2,325
34	OTHER OUTPATIENT SERVICE	63		
35	TOTAL (SUM OF LINES 8-34)			6,071,228
				2,172,060

KIDNEY

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	311	
37	INTENSIVE CARE UNIT	3		
37.01	TRAUMA INTENSIVE CARE UNIT	3.01	1	
37.02	BURN INTENSIVE CARE UNIT	3.02		
37.03	SURGICAL INTENSIVE CARE UNIT	3.03	12	
37.04	MEDICAL INTENSIVE CARE UNIT	3.04		
37.05	PEDIATRIC INTENSIVE CARE UNIT	3.05	1	
37.06	NEURO INTENSIVE CARE UNIT	3.06		
38	CORONARY CARE UNIT	4		
39	BURN INTENSIVE CARE UNIT	5		
40	SURGICAL INTENSIVE CARE UNIT	6		
41	PSYCHIATRIC INTENSIVE CARE UNIT	7		
42	TOTAL (SUM OF LINES 36-41)		325	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	20		
43.01	CLINIC CSC	467,036	20.01	
43.02	CLINIC UNIVERSITY STATION		20.02	
43.03	CLINIC WAI SMAN		20.03	
43.04	CLINIC WEST		20.04	
43.05	CLINIC EAST		20.05	
43.06	CLINIC RESEARCH PARK		20.06	
44	EMERGENCY	6,887	21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
46	OTHER OUTPATIENT SERVICE COST CENTER		23	
47	TOTAL (SUM OF LINES 43-46)	473,923		

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A 1	PART B 2	PART A 3	PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	2,607,520		6,898,926	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	12,220,088			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	14,827,608		6,898,926	
54	TOTAL USABLE ORGANS		472		
55	MEDICARE USABLE ORGANS		353		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.747881		
57	MEDICARE COST/CHARGES	11,089,286		5,159,576	
58	REVENUE FOR ORGANS SOLD	892,500			
59	SUBTOTAL (LN 57 MINUS LN 58)	10,196,786		5,159,576	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	10,196,786		5,159,576	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		88	46
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			175
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			180
66	TOTAL (SUM OF LINES 62-65)		88	401
67	ORGANS TRANSPLANTED		88	180
68	ORGANS SOLD TO OTHER HOSPITALS			26
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			180
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			2
75	UNUSABLE/DISCARDED ORGANS			13
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		88	401

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

LIVER

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS		38	1,136.08			
2	INTENSIVE CARE UNIT		43				
2.01	TRAUMA INTENSIVE CARE UNIT		43.01	2,750.57			
2.02	BURN INTENSIVE CARE UNIT		43.02	2,566.47			
2.03	SURGICAL INTENSIVE CARE UNIT	35,217	43.03	6,397.09		6	38,383
2.04	MEDICAL INTENSIVE CARE UNIT		43.04	2,901.69			
2.05	PEDIATRIC INTENSIVE CARE UNIT	2,259	43.05	2,622.59		1	2,623
2.06	NEURO INTENSIVE CARE UNIT		43.06	2,023.26			
3	CORONARY CARE UNIT		44				
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
6	PSYCHIATRIC INTENSIVE CARE UNIT		47				
7	TOTAL (SUM OF LINES 1-6)	37,476				7	41,006

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	.365649	141,643	51,792
9	RECOVERY ROOM	38			
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.183088	15,607	2,857
12	RADIOLOGY-DIAGNOSTIC	41	.200105	197,315	39,484
13	RADIOLOGY-THERAPEUTIC	42	.194701		
14	RADIOISOTOPE	43	.435213	4,878	2,123
15	LABORATORY	44	.291895	336,480	98,217
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47			
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.558502	9,772	5,458
20.01	NEURO PSYCH TESTING	49.01	.393765		
21	PHYSICAL THERAPY	50	.497876		
22	OCCUPATIONAL THERAPY	51			
23	SPEECH PATHOLOGY	52			
24	ELECTROCARDIOLOGY	53	.292023	139,246	40,663
25	ELECTROENCEPHALOGRAPHY	54	.333554	36,708	12,244
26	MEDICAL SUPPLIES CHARGED	55	.429591	10,412	4,473
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.613068		
27	DRUGS CHARGED TO PATIENTS	56	.478355	40,903	19,566
28	RENAL DIALYSIS	57	.668244		
29	ASC (NON-DIAGNOSTIC PART)	58			
29.01	PULMONARY FUNCTION TESTIN	58.01	.298164		
29.02	ORTHOTICS LAB	58.02	.839188		
30	OTHER ANCILLARY SERVICE C	59			
30.97	CARDIAC REHABILITATION	59.97	.781079		
31	CLINIC	60			
31.01	CLINIC CSC	60.01	.791294	62,427	49,398
31.02	CLINIC UNIVERSITY STATION	60.02	1.072243		
31.03	CLINIC WAI SMAN	60.03	1.171900		
31.04	CLINIC WEST	60.04	1.377244		
31.05	CLINIC EAST	60.05	1.274110		
31.06	CLINIC RESEARCH PARK	60.06	1.116173		
32	EMERGENCY	61	.337575		
33	OBSERVATION BEDS (NON-DIS	62			
34	OTHER OUTPATIENT SERVICE	63			
35	TOTAL (SUM OF LINES 8-34)			995,391	326,275

LIVER

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
	D	1	2	3
43	CLINIC			20
43.01	CLINIC CSC	62,427	20.01	
43.02	CLINIC UNIVERSITY STATION		20.02	
43.03	CLINIC WAI SMAN		20.03	
43.04	CLINIC WEST		20.04	
43.05	CLINIC EAST		20.05	
43.06	CLINIC RESEARCH PARK		20.06	
44	EMERGENCY		21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
46	OTHER OUTPATIENT SERVICE COST CENTER		23	
47	TOTAL (SUM OF LINES 43-46)	62,427		

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	367,281		1,032,867	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	4,285,789			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	4,653,070		1,032,867	
54	TOTAL USABLE ORGANS		180		
55	MEDICARE USABLE ORGANS		125		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.694444		
57	MEDICARE COST/CHARGES	3,231,297		717,268	
58	REVENUE FOR ORGANS SOLD	487,630			
59	SUBTOTAL (LN 57 MINUS LN 58)	2,743,667		717,268	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	2,743,667		717,268	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)			20
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)	1		85
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			83
66	TOTAL (SUM OF LINES 62-65)	1		188
67	ORGANS TRANSPLANTED	1		83
68	ORGANS SOLD TO OTHER HOSPITALS			13
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			83
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			3
75	UNUSABLE/DISCARDED ORGANS			6
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)	1		188

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

HEART

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1 D	2	3	
1	ADULTS & PEDIATRICS	38	1,136.08		
2	INTENSIVE CARE UNIT	43			
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	2,750.57		
2.02	BURN INTENSIVE CARE UNIT	43.02	2,566.47		
2.03	SURGICAL INTENSIVE CARE UNIT	5,474 43.03	6,397.09	1	6,397
2.04	MEDICAL INTENSIVE CARE UNIT	43.04	2,901.69		
2.05	PEDIATRIC INTENSIVE CARE UNIT	43.05	2,622.59		
2.06	NEURO INTENSIVE CARE UNIT	43.06	2,023.26		
3	CORONARY CARE UNIT	44			
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	PSYCHIATRIC INTENSIVE CARE UNIT	47			
7	TOTAL (SUM OF LINES 1-6)	5,474		1	6,397

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
C		1	2	3
8	OPERATING ROOM	37	.365649	16,579
9	RECOVERY ROOM	38		6,062
10	DELIVERY ROOM & LABOR ROO	39		
11	ANESTHESIOLOGY	40	.183088	2,339
12	RADIOLOGY-DIAGNOSTIC	41	.200105	44,811
13	RADIOLOGY-THERAPEUTIC	42	.194701	8,967
14	RADIOISOTOPE	43	.435213	
15	LABORATORY	44	.291895	75,304
16	PBP CLINICAL LAB SERVICES	45		21,981
17	WHOLE BLOOD & PACKED RED	46		
18	BLOOD STORING, PROCESSING	47		
19	INTRAVENOUS THERAPY	48		
20	RESPIRATORY THERAPY	49	.558502	12,726
20.01	NEURO PSYCH TESTING	49.01	.393765	7,107
21	PHYSICAL THERAPY	50	.497876	
22	OCCUPATIONAL THERAPY	51		
23	SPEECH PATHOLOGY	52		
24	ELECTROCARDIOLOGY	53	.292023	43,039
25	ELECTROENCEPHALOGRAPHY	54	.333554	64,396
26	MEDICAL SUPPLIES CHARGED	55	.429591	3,933
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.613068	1,690
27	DRUGS CHARGED TO PATIENTS	56	.478355	5,356
28	RENAL DIALYSIS	57	.668244	2,562
29	ASC (NON-DIAGNOSTIC PART)	58		
29.01	PULMONARY FUNCTION TESTIN	58.01	.298164	
29.02	ORTHOTICS LAB	58.02	.839188	
30	OTHER ANCILLARY SERVICE C	59		
30.97	CARDIAC REHABILITATION	59.97	.781079	
31	CLINIC	60		
31.01	CLINIC CSC	60.01	.791294	69,862
31.02	CLINIC UNIVERSITY STATION	60.02	1.072243	55,281
31.03	CLINIC WAI SMAN	60.03	1.171900	
31.04	CLINIC WEST	60.04	1.377244	
31.05	CLINIC EAST	60.05	1.274110	
31.06	CLINIC RESEARCH PARK	60.06	1.116173	
32	EMERGENCY	61	.337575	
33	OBSERVATION BEDS (NON-DIS	62		
34	OTHER OUTPATIENT SERVICE	63		
35	TOTAL (SUM OF LINES 8-34)		338,345	138,126

HEART

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
	D	1	2	3
43	CLINIC			20
43.01	CLINIC CSC	69,862	20.01	
43.02	CLINIC UNIVERSITY STATION		20.02	
43.03	CLINIC WAI SMAN		20.03	
43.04	CLINIC WEST		20.04	
43.05	CLINIC EAST		20.05	
43.06	CLINIC RESEARCH PARK		20.06	
44	EMERGENCY		21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
46	OTHER OUTPATIENT SERVICE COST CENTER		23	
47	TOTAL (SUM OF LINES 43-46)	69,862		

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	144,523		343,819	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,848,638			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,993,161		343,819	
54	TOTAL USABLE ORGANS		56		
55	MEDICARE USABLE ORGANS		39		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.696429		
57	MEDICARE COST/CHARGES	1,388,095		239,446	
58	REVENUE FOR ORGANS SOLD	562,800			
59	SUBTOTAL (LN 57 MINUS LN 58)	825,295		239,446	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	825,295		239,446	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)			3
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			32
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			21
66	TOTAL (SUM OF LINES 62-65)			56
67	ORGANS TRANSPLANTED			21
68	ORGANS SOLD TO OTHER HOSPITALS			14
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			21
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)			56

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

LUNG

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	2	3	
1	ADULTS & PEDIATRICS	38	1,136.08		
2	INTENSIVE CARE UNIT	43			
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	2,750.57		
2.02	BURN INTENSIVE CARE UNIT	43.02	2,566.47		
2.03	SURGICAL INTENSIVE CARE UNIT	11,226 43.03	6,397.09	2	12,794
2.04	MEDICAL INTENSIVE CARE UNIT	43.04	2,901.69		
2.05	PEDIATRIC INTENSIVE CARE UNIT	43.05	2,622.59		
2.06	NEURO INTENSIVE CARE UNIT	43.06	2,023.26		
3	CORONARY CARE UNIT	44			
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	PSYCHIATRIC INTENSIVE CARE UNIT	47			
7	TOTAL (SUM OF LINES 1-6)	11,226		2	12,794

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
C		1	2	3	
8	OPERATING ROOM	37	.365649	56,202	20,550
9	RECOVERY ROOM	38			
10	DELIVERY ROOM & LABOR ROOM	39			
11	ANESTHESIOLOGY	40	.183088	4,384	803
12	RADIOLOGY-DIAGNOSTIC	41	.200105	46,812	9,367
13	RADIOLOGY-THERAPEUTIC	42	.194701		
14	RADIOISOTOPE	43	.435213	8,834	3,845
15	LABORATORY	44	.291895	48,064	14,030
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47			
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.558502	19,485	10,882
20.01	NEURO PSYCH TESTING	49.01	.393765		
21	PHYSICAL THERAPY	50	.497876		
22	OCCUPATIONAL THERAPY	51			
23	SPEECH PATHOLOGY	52			
24	ELECTROCARDIOLOGY	53	.292023	86,291	25,199
25	ELECTROENCEPHALOGRAPHY	54	.333554	67,553	22,533
26	MEDICAL SUPPLIES CHARGED	55	.429591	13,355	5,737
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.613068		
27	DRUGS CHARGED TO PATIENTS	56	.478355	11,840	5,664
28	RENAL DIALYSIS	57	.668244		
29	ASC (NON-DIAGNOSTIC PART)	58			
29.01	PULMONARY FUNCTION TESTING	58.01	.298164		
29.02	ORTHOTICS LAB	58.02	.839188		
30	OTHER ANCILLARY SERVICE C	59			
30.97	CARDIAC REHABILITATION	59.97	.781079		
31	CLINIC	60			
31.01	CLINIC CSC	60.01	.791294	60,104	47,560
31.02	CLINIC UNIVERSITY STATION	60.02	1.072243		
31.03	CLINIC WATSON	60.03	1.171900		
31.04	CLINIC WEST	60.04	1.377244		
31.05	CLINIC EAST	60.05	1.274110		
31.06	CLINIC RESEARCH PARK	60.06	1.116173		
32	EMERGENCY	61	.337575		
33	OBSERVATION BEDS (NON-DIS	62			
34	OTHER OUTPATIENT SERVICE	63			
35	TOTAL (SUM OF LINES 8-34)			422,924	166,170

LUNG

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
	D	1	2	3
43	CLINIC			20
43.01	CLINIC CSC	60,104	20.01	
43.02	CLINIC UNIVERSITY STATION		20.02	
43.03	CLINIC WAI SMAN		20.03	
43.04	CLINIC WEST		20.04	
43.05	CLINIC EAST		20.05	
43.06	CLINIC RESEARCH PARK		20.06	
44	EMERGENCY		21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
46	OTHER OUTPATIENT SERVICE COST CENTER		23	
47	TOTAL (SUM OF LINES 43-46)	60,104		

LUNG

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	178,964		434,150	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	3,007,543			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	3,186,507		434,150	
54	TOTAL USABLE ORGANS		128		
55	MEDICARE USABLE ORGANS		68		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.531250		
57	MEDICARE COST/CHARGES	1,692,832		230,642	
58	REVENUE FOR ORGANS SOLD	131,360			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,561,472		230,642	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,561,472		230,642	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)		8	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)		63	
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		62	
66	TOTAL (SUM OF LINES 62-65)		133	
67	ORGANS TRANSPLANTED		62	
68	ORGANS SOLD TO OTHER HOSPITALS		4	
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS		62	
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		4	
75	UNUSABLE/DISCARDED ORGANS		1	
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		133	

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

PANCREAS

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	3	
1	ADULTS & PEDIATRICS		38	1,136.08		
2	INTENSIVE CARE UNIT		43			
2.01	TRAUMA INTENSIVE CARE UNIT		43.01	2,750.57		
2.02	BURN INTENSIVE CARE UNIT		43.02	2,566.47		
2.03	SURGICAL INTENSIVE CARE UNIT	18,921	43.03	6,397.09	3	19,191
2.04	MEDICAL INTENSIVE CARE UNIT		43.04	2,901.69		
2.05	PEDIATRIC INTENSIVE CARE UNIT		43.05	2,622.59		
2.06	NEURO INTENSIVE CARE UNIT		43.06	2,023.26		
3	CORONARY CARE UNIT		44			
4	BURN INTENSIVE CARE UNIT		45			
5	SURGICAL INTENSIVE CARE UNIT		46			
6	PSYCHIATRIC INTENSIVE CARE UNIT		47			
7	TOTAL (SUM OF LINES 1-6)	18,921			3	19,191

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
	C	1	2	3	
8	OPERATING ROOM	37	.365649	67,571	24,707
9	RECOVERY ROOM	38			
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.183088	7,596	1,391
12	RADIOLOGY-DIAGNOSTIC	41	.200105	6,764	1,354
13	RADIOLOGY-THERAPEUTIC	42	.194701		
14	RADIOISOTOPE	43	.435213	1,026	447
15	LABORATORY	44	.291895	39,267	11,462
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47			
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.558502	3,588	2,004
20.01	NEURO PSYCH TESTING	49.01	.393765		
21	PHYSICAL THERAPY	50	.497876		
22	OCCUPATIONAL THERAPY	51			
23	SPEECH PATHOLOGY	52			
24	ELECTROCARDIOLOGY	53	.292023	8,960	2,617
25	ELECTROENCEPHALOGRAPHY	54	.333554	9,820	3,276
26	MEDICAL SUPPLIES CHARGED	55	.429591	6,216	2,670
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.613068		
27	DRUGS CHARGED TO PATIENTS	56	.478355	6,536	3,127
28	RENAL DIALYSIS	57	.668244	681	455
29	ASC (NON-DIAGNOSTIC PART)	58			
29.01	PULMONARY FUNCTION TESTIN	58.01	.298164		
29.02	ORTHOTICS LAB	58.02	.839188		
30	OTHER ANCILLARY SERVICE C	59			
30.97	CARDIAC REHABILITATION	59.97	.781079		
31	CLINIC	60			
31.01	CLINIC CSC	60.01	.791294	10,454	8,272
31.02	CLINIC UNIVERSITY STATION	60.02	1.072243		
31.03	CLINIC WAI SMAN	60.03	1.171900		
31.04	CLINIC WEST	60.04	1.377244		
31.05	CLINIC EAST	60.05	1.274110		
31.06	CLINIC RESEARCH PARK	60.06	1.116173		
32	EMERGENCY	61	.337575		
33	OBSERVATION BEDS (NON-DIS	62			
34	OTHER OUTPATIENT SERVICE	63			
35	TOTAL (SUM OF LINES 8-34)			168,479	61,782

PANCREAS

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	20		
43.01	CLINIC CSC	10,454	20.01	
43.02	CLINIC UNIVERSITY STATION		20.02	
43.03	CLINIC WAI SMAN		20.03	
43.04	CLINIC WEST		20.04	
43.05	CLINIC EAST		20.05	
43.06	CLINIC RESEARCH PARK		20.06	
44	EMERGENCY	21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	22		
46	OTHER OUTPATIENT SERVICE COST CENTER	23		
47	TOTAL (SUM OF LINES 43-46)	10,454		

PANCREAS

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A 1	PART B 2	PART A 3	PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	80,973		187,400	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,834,746			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,915,719		187,400	
54	TOTAL USABLE ORGANS		86		
55	MEDICARE USABLE ORGANS		63		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.732558		
57	MEDICARE COST/CHARGES	1,403,375		137,281	
58	REVENUE FOR ORGANS SOLD	74,000			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,329,375		137,281	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,329,375		137,281	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		12	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)		45	
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		42	
66	TOTAL (SUM OF LINES 62-65)		99	
67	ORGANS TRANSPLANTED		42	
68	ORGANS SOLD TO OTHER HOSPITALS		2	
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS		42	
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		5	
75	UNUSABLE/DISCARDED ORGANS		8	
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		99	

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



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	8.71	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	8,345	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	1.811767	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	403.13	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	131,283,234	
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)	131,283,234	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	9,643,530	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	6,308,331	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	16,656,595	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	72,091	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	454,324	
16 TOTAL	164,418,105	
17 PRIMARY PAYER PAYMENTS	297,013	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	164,121,092	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,513,556	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	617,847	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	170,439	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	119,307	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	13,612	
22 SUBTOTAL	158,108,996	
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	158,108,996	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	155,131,424	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	2,977,572	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,013	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,566	10,367
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,076	13,494
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.	77	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	2,013	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	5,111	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	5,111	
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)	5,111	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	3,098	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,013	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	17,647	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,675	
19	SUBTOTAL (SEE INSTRUCTIONS)	15,985	
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	15,985	
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL	15,985	
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	15,985	
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	15,985	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	13,895	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	2,090	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		







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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,295,391
1.09	NET IPF PPS OUTLIER PAYMENTS	90,583
1.10	NET IPF PPS ECT PAYMENTS	4,518
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	5.66
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	3.37
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	3.37
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.542466
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	.121249
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	157,065
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,547,557
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,547,557
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,547,557
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,547,557
7	DEDUCTIBLES	167,876
8	SUBTOTAL	1,379,681
9	COINSURANCE	23,971
10	SUBTOTAL	1,355,710
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,355,710
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	5,323
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,361,033
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,361,166
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-133
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT	433,130	1,381,981
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0431	
1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	51,144	119,085
1.05 OUTLIER PAYMENTS	372,094	
1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,469,629	
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09 NET IPF PPS OUTLIER PAYMENTS		
1.10 NET IPF PPS ECT PAYMENTS		
1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .		
1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
INPATIENT REHABILITATION FACILITY (IRF)		
1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	1.50	
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	1.49	
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)	1.49	
1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17.621918	
1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	.075891	.057399
1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	32,871	79,324
2 ORGAN ACQUISITION		
3 COST OF TEACHING PHYSICIANS		
4 SUBTOTAL (SEE INSTRUCTIONS)	2,469,629	
5 PRIMARY PAYER PAYMENTS	2,216	
6 SUBTOTAL	2,467,413	
7 DEDUCTIBLES	11,812	
8 SUBTOTAL	2,455,601	
9 COINSURANCE	114,910	
10 SUBTOTAL	2,340,691	
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12 SUBTOTAL	2,340,691	
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2,847	
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15 OTHER ADJUSTMENTS (SPECIFY)		
15.99 OUTLIER RECONCILIATION ADJUSTMENT		
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,343,538
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,343,612
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-74
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

	TITLE XIX HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	31,695,955	
2	MEDICAL AND OTHER SERVICES	16,084,561	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	47,780,516	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	47,780,516	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	89,425,344	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	89,425,344	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	89,425,344	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	41,644,828	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	47,780,516	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	47,780,516	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	47,780,516	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	47,780,516	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	47,780,516	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)		
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
51	SUBTOTAL	47,780,516	
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER	47,780,516	
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
56	INTERIM PAYMENTS		
57	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
57.01	BALANCE DUE PROVIDER/PROGRAM	47,780,516	
58	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		
59			

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

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

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

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

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

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

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

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

TITLE XIX

SUBPROVIDER 2

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		324.18
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		324.18
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		355.58
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		324.18
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		86.77
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.		237.80
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		324.57
3.10	SEE INSTRUCTIONS		295.91
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		216.80
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		213.95
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		205.81
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	212.19
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)		212.19
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		76,640.38
3.18	SEE INSTRUCTIONS		16,262,322
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		80.52
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		84.42
3.21	SEE INSTRUCTIONS	RES INIT YEARS	81.35
3.22	SEE INSTRUCTIONS		81.35
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		76,640.38
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		6,234,695
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		22,497,017

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		45,982
5	TOTAL INPATIENT DAYS		136,817
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.336084
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,560,887 428,788	7,989,675
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		7,940
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		136,817
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		1,121,112
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	63,580	63,580

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		5,550,757
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)	149,336,316
13	ORGAN ACQUISITION COSTS	16,656,595
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	299,229
16	TOTAL PART A REASONABLE COST	165,693,682

PART B REASONABLE COST

17	REASONABLE COST	75,296,567
18	PRIMARY PAYER PAYMENTS	17,855
19	TOTAL PART B REASONABLE COST	75,278,712
20	TOTAL REASONABLE COST	240,972,394
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.687604
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.312396

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)	9,174,367
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	6,308,331
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,866,036

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	15.50	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	31.40	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	14.15	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	90,165.00	
9 MULTIPLY LINE 7 TIMES LINE 8	1,275,835	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.336084	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	428,788	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )	63,580	

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	15.50	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	63.06	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	15.50	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.035434	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.009373	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	82,554,142	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	15,100,250	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	915,315	



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	22,387,749			
29 SALARIES, WAGES & FEES PAYABLE	45,380,487			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	1,696,693			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	43,111,751			
36 TOTAL CURRENT LIABILITIES	112,576,680			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	332,033,666			
42 TOTAL LONG-TERM LIABILITIES	332,033,666			
43 TOTAL LIABILITIES	444,610,346			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	565,508,368			
45 SPECIFIC PURPOSE FUND		7,135,229		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			1,279,855	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	565,508,368	7,135,229	1,279,855	
52 TOTAL LIABILITIES AND FUND BALANCES	1010,118,714	7,135,229	1,279,855	

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		496,112,759		7,366,482
2	NET INCOME (LOSS)		68,609,539		
3	TOTAL		564,722,298		7,366,482
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		564,722,298		7,366,482
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	65,193,234		231,183	
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		65,193,234		231,183
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		499,529,064		7,135,299

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		1,080,245		
2	NET INCOME (LOSS)				
3	TOTAL		1,080,245		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	199,640			
6					
7					
8					
9					
10	TOTAL ADDITIONS		199,640		
11	SUBTOTAL		1,279,885		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,279,885		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	156,650,021		156,650,021
2 00 SUBPROVIDER	5,824,820		5,824,820
2 01 SUBPROVIDER-REHAB	7,988,684		7,988,684
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	170,463,525		170,463,525
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
10 01 TRAUMA INTENSIVE CARE UNIT	37,469,339		37,469,339
10 02 BURN INTENSIVE CARE UNIT	6,714,298		6,714,298
10 03 SURGICAL INTENSIVE CARE UNIT	20,622,106		20,622,106
10 04 MEDICAL INTENSIVE CARE UNIT	7,375,270		7,375,270
10 05 PEDIATRIC INTENSIVE CARE UNIT	22,714,044		22,714,044
10 06 NEURO INTENSIVE CARE UNIT	23,370,468		23,370,468
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 PSYCHIATRIC INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	118,265,525		118,265,525
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	288,729,050		288,729,050
17 00 ANCILLARY SERVICES	717,274,986	874,439,187	1,591,714,173
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		10,839,875	10,839,875
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	1,006,004,036	885,279,062	1,891,283,098

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	937,359,152		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		937,359,152	

DESCRIPTION

1	TOTAL PATIENT REVENUES	1891,283,098
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	897,057,835
3	NET PATIENT REVENUES	994,225,263
4	LESS: TOTAL OPERATING EXPENSES	937,359,152
5	NET INCOME FROM SERVICE TO PATIENTS	56,866,111
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	518,710
7	INCOME FROM INVESTMENTS	7,611,697
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	1,632,323
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	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	JOINT VENTURES, OTHER INCOME	3,419,199
25	TOTAL OTHER INCOME	13,181,929
26	TOTAL	70,048,040
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF CAPITAL ASSETS	-100,105
28	CAPITAL SUPPORT	1,538,606
29		
30	TOTAL OTHER EXPENSES	1,438,501
31	NET INCOME (OR LOSS) FOR THE PERIOD	68,609,539

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	220,588	85,529	964	1,780	214,500	523,361
HHA REIMBURSABLE SERVICES						
6	1,391,908	539,686				1,931,594
7	381,052	147,746				528,798
8	105,040	40,727				145,767
9	2,949	1,143				4,092
10	36,503	14,153				50,656
11	51,959	20,146				72,105
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,189,999	849,130	964	1,780	214,500	3,256,373

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		523,361		523,361
HHA REIMBURSABLE SERVICES				
6		1,931,594		1,931,594
7		528,798		528,798
8		145,767		145,767
9		4,092		4,092
10		50,656		50,656
11		72,105		72,105
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		3,256,373		3,256,373



HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATION ( MILEAGE )	RECONCILIATION ( 5A )	ADMINISTRATIVE & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-523,361	2,733,012
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					1,931,594
7	PHYSICAL THERAPY					528,798
8	OCCUPATIONAL THERAPY					145,767
9	SPEECH PATHOLOGY					4,092
10	MEDICAL SOCIAL SERVICES					50,656
11	HOME HEALTH AIDE					72,105
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-523,361	2,733,012
25	COST TO BE ALLOCATED					523,361
26	UNIT COST MULTIPLIER					.191496

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & (1)	OLD CAP REL COSTS-MVBLE (2)	NEW CAP REL COSTS-BLDG & (3)	NEW CAP REL COSTS-RESEAR (3.01)	NEW CAP REL COSTS-WEST C (3.02)
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	2,301,486					
3 PHYSICAL THERAPY	630,061					
4 OCCUPATIONAL THERAPY	173,681					
5 SPEECH PATHOLOGY	4,876					
6 MEDICAL SOCIAL SERVICES	60,356					
7 HOME HEALTH AIDE	85,913					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,256,373					
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NEW CAP REL COSTS-EAST C (3.03)	NEW CAP REL COSTS-600 HI (3.04)	NEW CAP REL COSTS-WAISMA (3.05)	NEW CAP REL COSTS-USTATI (3.06)	NEW CAP REL COSTS-MVBLE (4)	EMPLOYEE BENEFITS (5)
1 ADMIN & GENERAL		1,212				5,603
2 SKILLED NURSING CARE						35,354
3 PHYSICAL THERAPY						9,679
4 OCCUPATIONAL THERAPY						2,668
5 SPEECH PATHOLOGY						75
6 MEDICAL SOCIAL SERVICES						927
7 HOME HEALTH AIDE						1,320
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,212				55,626
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	6,815	1,696				
2 SKILLED NURSING CARE	2,336,840	581,655	241,746			96,161
3 PHYSICAL THERAPY	639,740	159,236				
4 OCCUPATIONAL THERAPY	176,349	43,895				
5 SPEECH PATHOLOGY	4,951	1,232				
6 MEDICAL SOCIAL SERVICES	61,283	15,254				
7 HOME HEALTH AIDE	87,233	21,713				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,313,211	824,681	241,746			96,161
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE				305,088	4,191	3,996
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				305,088	4,191	3,996
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	CLINICAL OFFICES 19	HISTOCOMPATIBILITY 19.01	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	38,908					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	38,908					
21 UNIT COST MULTIPLIER						

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

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

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

HHA 1

HHA COST CENTER	PARAMED ED P RGM-DIAGNOST 24.04	PARAMED ED P RGM-ULTRASOU 24.05	PARAMED ED P RGM-RADIOTHE 24.06	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				8,511		8,511
2 SKILLED NURSING CARE				3,608,585		3,608,585
3 PHYSICAL THERAPY				798,976		798,976
4 OCCUPATIONAL THERAPY				220,244		220,244
5 SPEECH PATHOLOGY				6,183		6,183
6 MEDICAL SOCIAL SERVICES				76,537		76,537
7 HOME HEALTH AIDE				108,946		108,946
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				4,827,982		4,827,982
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	6,373	3,614,958
3 PHYSICAL THERAPY	1,411	800,387
4 OCCUPATIONAL THERAPY	389	220,633
5 SPEECH PATHOLOGY	11	6,194
6 MEDICAL SOCIAL SERVICES	135	76,672
7 HOME HEALTH AIDE	192	109,138
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	8,511	4,827,982
21 UNIT COST MULTIPLIER	0.001766	

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

HHA 1

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

HHA COST CENTER	NEW CAP REL COSTS-600 HI (SQUARE FEET )	NEW CAP REL COSTS-WAISMA (SQUARE FEET )	NEW CAP REL COSTS-USTATI (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE )	EMPLOYEE BENEFITS (GROSS SALARIES )	RECONCILIATION
	3.04	3.05	3.06	4	5	6A
1	ADMIN & GENERAL	72			220,588	
2	SKILLED NURSING CARE				1,391,907	
3	PHYSICAL THERAPY				381,052	
4	OCCUPATIONAL THERAPY				105,040	
5	SPEECH PATHOLOGY				2,949	
6	MEDICAL SOCIAL SERVICES				36,503	
7	HOME HEALTH AIDE				51,959	
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)	72			2,189,998	
21	COST TO BE ALLOCATED	1,212			55,626	
22	UNIT COST MULTIPLIER	16.833333			0.025400	

HHA 1

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCU. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11
1 ADMIN & GENERAL	6,815					
2 SKILLED NURSING CARE	2,336,840	5,985			5,985	
3 PHYSICAL THERAPY	639,740					
4 OCCUPATIONAL THERAPY	176,349					
5 SPEECH PATHOLOGY	4,951					
6 MEDICAL SOCIAL SERVICES	61,283					
7 HOME HEALTH AIDE	87,233					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	3,313,211	5,985			5,985	
21 COST TO BE ALLOCATED	824,681	241,746			96,161	
22 UNIT COST MULTIPLIER	0.248907	40.391980			16.067001	

HHA COST CENTER	CAFETERIAS (MEALS SERVED) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT SING HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.) 15	PHARMACY (COSTED EQUIP.) 16	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 17
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE			3,065	11,959	4,206	3,130,461
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			3,065	11,959	4,206	3,130,461
21 COST TO BE ALLOCATED			305,088	4,191	3,996	38,908
22 UNIT COST MULTIPLIER			99.539315	0.350447	0.950071	0.012429

HHA 1

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

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

HHA 1

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

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
								PART A
1	SKILLED NURSING	2	3,614,958	2	3,614,958	10,236	353.16	2,973
2	PHYSICAL THERAPY	3	800,387		800,387	3,702	216.20	1,367
3	OCCUPATIONAL THERAPY	4	220,633		220,633	772	285.79	348
4	SPEECH PATHOLOGY	5	6,194		6,194	38	163.00	10
5	MEDICAL SOCIAL SERVICES	6	76,672		76,672	269	285.03	84
6	HOME HEALTH AIDE SERVICE	7	109,138		109,138	884	123.46	307
7	TOTAL		4,827,982		4,827,982	15,901		5,089

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
1	7	8	9	10	11	12
1	SKILLED NURSING	1,968	1,049,945	695,019		1,744,964
2	PHYSICAL THERAPY	740	295,545	159,988		455,533
3	OCCUPATIONAL THERAPY	214	99,455	61,159		160,614
4	SPEECH PATHOLOGY	9	1,630	1,467		3,097
5	MEDICAL SOCIAL SERVICES	106	23,943	30,213		54,156
6	HOME HEALTH AIDE SERVICES	386	37,902	47,656		85,558
7	TOTAL	3,423	1,508,420	995,502		2,503,922

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

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
8	7	8	9	10	11	12
8	SKILLED NURSING					
8.01	SKILLED NURSING					
8.02	SKILLED NURSING					
8.03	SKILLED NURSING					
9	PHYSICAL THERAPY					
9.01	PHYSICAL THERAPY					
9.02	PHYSICAL THERAPY					
9.03	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
10.01	OCCUPATIONAL THERAPY					
10.02	OCCUPATIONAL THERAPY					
10.03	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					

TITLE V  TITLE XVIII  TITLE XIX

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

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

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

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

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.497876			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.429591			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.613068			
5 DRUGS CHARGED TO PATIENTS	56	.478355			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		216.20	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		285.79					
3 SPEECH PATHOLOGY		163.00					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII I      HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	1,003,998	675,135
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	1,003,998	675,135
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1,003,998	675,135
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST	
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	846,417
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	22,101
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	25,575
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	6,069
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	11,642
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)	
12	SUBTOTAL	911,804
13	EXCESS REASONABLE COST	585,401
14	SUBTOTAL	911,804
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	911,804
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	911,804
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION	
21	OTHER ADJUSTMENTS (SPECIFY)	
22	SUBTOTAL	911,804
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	911,804
25	INTERIM PAYMENTS	911,804
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	585,401
26	BALANCE DUE PROVIDER/PROGRAM	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2	



