

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		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		52-3300		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/6/2011 TIME 14:23

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: CHILDREN'S HOSPITAL OF WISCONSIN 52-3300 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1 HOSPITAL	0	212,657	101,975	52,899,155	
100 TOTAL	0	212,657	101,975	52,899,155	

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

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

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 52-3300
 SATELLITE NO:
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		4				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00			5.00		7.00
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00			8.00		
4 CAPD EXCHANGES PER DAY						11.00
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	156					
6 NUMBER OF STATIONS	5			1		
7 TREATMENT CAPACITY PER DAY PER STATION	2					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST		8				
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD		7				
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		78,665				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		8,994				
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-3300

PERIOD: FROM 1/1/2010 TO 12/31/2010

PREPARED 6/6/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	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		19,528,125	19,528,125	16,818,732	36,346,857
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		16,958,794	16,958,794	909,236	17,868,030
5	0500 EMPLOYEE BENEFITS				5,038,315	5,038,315
6	0600 ADMINISTRATIVE & GENERAL	13,621,432	97,487,801	111,109,233	-33,354,418	77,754,815
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	2,476,712	11,618,482	14,095,194	198,479	14,293,673
9	0900 LAUNDRY & LINEN SERVICE		1,083,134	1,083,134		1,083,134
10	1000 HOUSEKEEPING	3,012,879	2,856,146	5,869,025	-1,677	5,867,348
11	1100 DIETARY	1,118,160	2,708,499	3,826,659		3,826,659
12	1200 CAFETERIA	616,991	802,283	1,419,274	137,977	1,557,251
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	6,317,576	2,253,905	8,571,481	-140,155	8,431,326
15	1500 CENTRAL SERVICES & SUPPLY	3,543,317	5,917,441	9,460,758	-2,961,519	6,499,239
16	1600 PHARMACY	6,958,187	24,100,287	31,058,474	-21,854,559	9,203,915
17	1700 MEDICAL RECORDS & LIBRARY	2,484,102	2,386,684	4,870,786		4,870,786
18	1800 SOCIAL SERVICE	2,268,852	828,603	3,097,455	-446,543	2,650,912
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		9,884,237	9,884,237	4,532,866	14,417,103
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				11,246,699	11,246,699
24	2400 PARAMEDICAL PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,329,530	6,984,126	24,313,656	-747,003	23,566,653
26	2600 INTENSIVE CARE UNIT	27,642,200	12,450,288	40,092,488	-3,101,806	36,990,682
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2601 OTHER SPEC CARE HOT	3,499,308	3,522,616	7,021,924	86,807	7,108,731
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	8,979,533	17,527,882	26,507,415	-13,835,362	12,672,053
38	3800 RECOVERY ROOM	1,699,348	589,572	2,288,920	-170	2,288,750
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	273,883	1,370,406	1,644,289	-885,932	758,357
41	4100 RADIOLOGY-DIAGNOSTIC	7,311,764	6,843,664	14,155,428	-102,253	14,053,175
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	5,588,899	13,401,953	18,990,852	811,718	19,802,570
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.		6,581,373	6,581,373		6,581,373
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	4,663,012	4,056,641	8,719,653	-510,149	8,209,504
50	5000 PHYSICAL THERAPY	2,028,604	817,778	2,846,382	-127,016	2,719,366
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY	2,019,692	1,126,157	3,145,849	-437,281	2,708,568
53	5300 ELECTROCARDIOLOGY	2,086,429	2,722,482	4,808,911	196,206	5,005,117
54	5400 ELECTROENCEPHALOGRAPHY	577,860	229,102	806,962	67,368	874,330
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				25,903,800	25,903,800
56	5600 DRUGS CHARGED TO PATIENTS				21,816,474	21,816,474
57	5700 RENAL DIALYSIS	268,419	303,238	571,657	43,590	615,247
58	5800 ASC (NON-DIAGNOSTIC PART)					
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,557,433	481,866	2,039,299	328,218	2,367,517
59.01	3950 TRANSPORT	2,158,163	2,959,120	5,117,283	-77,746	5,039,537
59.02	3951 GENETICS CENTER	596,977	408,972	1,005,949	79,804	1,085,753
59.03	3470 NUCLEAR MEDICINE-THERAPEUTIC	236,453	498,037	734,490	-159	734,331
59.04	3551 CHILD DEVELOPMENT CENTER	82,708	349,440	432,148	84,147	516,295
59.05	3552 CHILD PROTECTION CENTER	947,450	998,000	1,945,450	180,365	2,125,815
59.06	3250 DENTAL SERVICES	2,139,195	1,008,763	3,147,958	-361,989	2,785,969
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 URGENT CARE					
60.02	6002 ID PRIM CARE SUPP NETWORK	324,845	129,082	453,927	152,952	606,879
60.03	6003 PAIN/PALLIATIVE CARE	488,784	163,100	651,884	-6,494	645,390
60.04	6004 PEDIATRIC EXTENDED CARE	1,202	383	1,585	18	1,603
60.05	6005 DIABETIC CLINIC	499,105	197,303	696,408	7,776	704,184
60.06	6006 GI CLINIC	1,305,178	448,542	1,753,720	323,250	2,076,970
60.07	6007 CLINIC FOR SPECIAL NEEDS	509,438	384,197	893,635	-266,399	627,236
60.08	6008 DIETETICS	1,444,470	424,274	1,868,744	-33,411	1,835,333
60.09	6009 INFUSION ROOM	217,991	62,103	280,094	-4,591	275,503
60.10	6010 RADIOLOGY CLINIC	804,464	357,830	1,162,294	-362	1,161,932
60.11	6011 PULMONARY CLINIC	405,019	163,698	568,717	-11,715	557,002
60.12	6012 CLINIC					
60.13	6013 ENT CLINIC	500,865	200,864	701,729	303,772	1,005,501
60.14	6014 ORTHOPEDIC CLINIC	569,449	286,344	855,793	-95,287	760,506
60.15	6015 EYE CLINIC	192,278	77,557	269,835	20,026	289,861
60.16	6016 CLINIC					
60.17	6017 ONCOLOGY CLINIC	1,270,584	621,553	1,892,137	-226,977	1,665,160
60.18	6018 SURGICAL SPECIALTIES	819,594	323,275	1,142,869	12,763	1,155,632

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OUTPAT SERVICE COST CNTRS					
60.19 6019	ALLERGY CLINIC	730,105	363,784	1,093,889	212,049	1,305,938
60.20 6020	CLINIC					
60.21 6021	CLINIC					
60.22 6022	CLINIC					
60.23 6023	LASER CLINIC	1,877	621	2,498	28	2,526
60.24 6024	DERMATOLOGY CLINIC	428,641	209,170	637,811	50,953	688,764
60.25 6025	CLINIC					
60.26 6026	CLINIC					
60.27 6027	CLINIC ADMINISTRATION	251,053	101,192	352,245	-352,245	
60.28 6028	CRANIOFACIAL CENTER	113,122	38,344	151,466	1,697	153,163
60.29 6029	HEMATOLOGY CLINIC	298,641	83,951	382,592	-488	382,104
60.30 6030	SPINA BIFIDA	230,303	70,690	300,993	39,020	340,013
60.31 6031	NEUROSCIENCES CENTER	773,767	253,193	1,026,960	71,420	1,098,380
60.32 6032	RHEUMATOLOGY CLINIC	192,877	66,575	259,452	77,762	337,214
60.33 6033	ENDOCRINE CENTER	150,756	49,235	199,991	143,877	343,868
60.34 6034	CLINIC					
60.35 6035	CLINIC					
60.36 6036	CLINIC					
60.37 6037	RENAL CLINIC	257,266	75,720	332,986	3,321	336,307
60.38 6038	GREENWAY CLINIC	360,696	567,398	928,094	-255,541	672,553
60.39 6039	NEW BERLIN CLINIC	1,103,302	3,795,194	4,898,496	-93	4,898,403
61 6100	EMERGENCY	5,336,239	2,630,461	7,966,700	-792,562	7,174,138
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64 6400	HOME PROGRAM DIALYSIS	16,938	90,279	107,217	27,100	134,317
65 6500	AMBULANCE SERVICES					
66 6600	DURABLE MEDICAL EQUIP-RENTED					
67 6700	DURABLE MEDICAL EQUIP-SOLD					
69 6900	CORF					
70 7000	I&R SERVICES-NOT APPRVD PRGM					
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
82 8200	LUNG ACQUISITION					
83 8300	KIDNEY ACQUISITION	130,741	247,196	377,937	-31,670	346,267
84 8400	LIVER ACQUISITION	2,610	152,121	154,731		154,731
85 8500	HEART ACQUISITION	120,208	901,145	1,021,353		1,021,353
85.01 8510	PANCREAS ACQUISITION					
86 8600	SOLID ORGAN TRANSPLANT	73,355	32,342	105,697		105,697
88 8800	INTEREST EXPENSE		14,751,365	14,751,365	-14,751,365	
89 8900	UTILIZATION REVIEW-SNF					
90 9000	OTHER CAPITAL RELATED COSTS		371,513	371,513	-371,513	
92 9200	AMBULATORY SURGICAL CENTER (D. P.)					
93 9300	HOSPICE					
95	SUBTOTALS	154,030,831	312,337,491	466,368,322	-6,217,865	460,150,457
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		204,676	204,676		204,676
97 9700	RESEARCH				474,518	474,518
97.01 9701	RESEARCH/GRANT ACTIVITY	1,626,505	1,591,762	3,218,267	141,850	3,360,117
98 9800	PHYSICIANS' PRIVATE OFFICES					
99 9900	NONPAID WORKERS					
100 7950	DOWNTOWN HEALTH CENTER		352,768	352,768		352,768
100.01 7951	POISON CENTER	1,296,207	495,856	1,792,063		1,792,063
100.02 7952	PUBLIC RELATIONS		114,819	114,819	2,590,294	2,705,113
100.03 7953	OUTREACH	316,511	117,345	433,856	1,293,169	1,727,025
100.04 7954	OTHER OFFSITE CLINICS	303,802	261,974	565,776	1,585,590	2,151,366
100.05 7955	CHILDREN'S SPECIALTY GROUP	258,059	81,445	339,504		339,504
100.08 7958	EAST SIDE SPEECH AND HEARING	5,819	2,873	8,692	96	8,788
100.09 7959	NORTH SHORE CLINIC	11,634	9,132	20,766	-4,653	16,113
100.10 7960	OTHER CHS SUPPORT					
100.11 7961	PHYSICIAN RELATIONS				77,475	77,475
100.12 7962	ADOLESCENT MEDICINE	99,493	45,500	144,993	59,526	204,519
101	TOTAL	157,948,861	315,615,641	473,564,502	-0-	473,564,502

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 6/2011
 I 52-3300 I FROM 1/ 1/2010 I WORKSHEET A
 I I TO 12/31/2010 I

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	-11,041,945	25,304,912
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	106,244	17,974,274
5	0500 EMPLOYEE BENEFITS		5,038,315
6	0600 ADMINISTRATIVE & GENERAL	-5,933,067	71,821,748
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-106,757	14,186,916
9	0900 LAUNDRY & LINEN SERVICE		1,083,134
10	1000 HOUSEKEEPING		5,867,348
11	1100 DIETARY	-778,015	3,048,644
12	1200 CAFETERIA	-1,538,848	18,403
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-183,388	8,247,938
15	1500 CENTRAL SERVICES & SUPPLY		6,499,239
16	1600 PHARMACY	-1,841,527	7,362,388
17	1700 MEDICAL RECORDS & LIBRARY	-41,414	4,829,372
18	1800 SOCIAL SERVICE	-14,470	2,636,442
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		14,417,103
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-6,349,294	4,897,405
24	2400 PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-173,172	23,393,481
26	2600 INTENSIVE CARE UNIT	-533,390	36,457,292
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2601 OTHER SPEC CARE HOT	-402,828	6,705,903
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-485,398	12,186,655
38	3800 RECOVERY ROOM		2,288,750
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-32,459	725,898
41	4100 RADIOLOGY-DIAGNOSTIC	-663,654	13,389,521
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-368,420	19,434,150
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		6,581,373
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-124,389	8,085,115
50	5000 PHYSICAL THERAPY		2,719,366
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		2,708,568
53	5300 ELECTROCARDIOLOGY	-142,309	4,862,808
54	5400 ELECTROENCEPHALOGRAPHY		874,330
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		25,903,800
56	5600 DRUGS CHARGED TO PATIENTS		21,816,474
57	5700 RENAL DIALYSIS	-20,560	594,687
58	5800 ASC (NON-DIAGNOSTIC PART)		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-20,944	2,346,573
59.01	3950 TRANSPORT	-500	5,039,037
59.02	3951 GENETICS CENTER	-45,151	1,040,602
59.03	3470 NUCLEAR MEDICINE-THERAPEUTIC		734,331
59.04	3551 CHILD DEVELOPMENT CENTER	-43,064	473,231
59.05	3552 CHILD PROTECTION CENTER	-114,857	2,010,958
59.06	3250 DENTAL SERVICES		2,785,969
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 URGENT CARE		
60.02	6002 ID PRIM CARE SUPP NETWORK	-85,746	521,133
60.03	6003 PAIN/PALLIATIVE CARE	-34,821	610,569
60.04	6004 PEDIATRIC EXTENDED CARE		1,603
60.05	6005 DIABETIC CLINIC		704,184
60.06	6006 GI CLINIC	-175,503	1,901,467
60.07	6007 CLINIC FOR SPECIAL NEEDS		627,236
60.08	6008 DIETETICS	-18,459	1,816,874
60.09	6009 INFUSION ROOM		275,503
60.10	6010 CARDIOLOGY CLINIC		1,161,932
60.11	6011 PULMONARY CLINIC	-21,314	535,688
60.12	6012 CLINIC		
60.13	6013 ENT CLINIC	-25,637	979,864
60.14	6014 ORTHOPEDIC CLINIC	-45,861	714,645
60.15	6015 EYE CLINIC		289,861
60.16	6016 CLINIC		
60.17	6017 ONCOLOGY CLINIC		1,665,160
60.18	6018 SURGICAL SPECIALTIES		1,155,632

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-3300
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OUTPAT SERVICE COST CNTRS		
60.19 6019	ALLERGY CLINIC	-412,006	893,932
60.20 6020	CLINIC		
60.21 6021	CLINIC		
60.22 6022	CLINIC		
60.23 6023	LASER CLINIC		2,526
60.24 6024	DERMATOLOGY CLINIC		688,764
60.25 6025	CLINIC		
60.26 6026	CLINIC		
60.27 6027	CLINIC ADMINISTRATION		
60.28 6028	CRANIOFACIAL CENTER		153,163
60.29 6029	HEMATOLOGY CLINIC		382,104
60.30 6030	SPIROGRAPHY		340,013
60.31 6031	NEUROSCIENCES CENTER		1,098,380
60.32 6032	RHEUMATOLOGY CLINIC	-45,114	292,100
60.33 6033	ENDOCRINE CENTER	-81,000	262,868
60.34 6034	CLINIC		
60.35 6035	CLINIC		
60.36 6036	CLINIC		
60.37 6037	RENAL CLINIC	-85,351	250,956
60.38 6038	GREENWAY CLINIC		672,553
60.39 6039	NEW BERLIN CLINIC		4,898,403
61 6100	EMERGENCY	-87,447	7,086,691
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		134,317
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		346,267
84 8400	LIVER ACQUISITION		154,731
85 8500	HEART ACQUISITION	-48,508	972,845
85.01 8510	PANCREAS ACQUISITION		
86 8600	SOLID ORGAN TRANSPLANT		105,697
88 8800	INTEREST EXPENSE		-0-
89 8900	UTILIZATION REVIEW-SNF		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
92 9200	AMBULATORY SURGICAL CENTER (D. P.)		
93 9300	HOSPICE		
95	SUBTOTALS	-32,060,343	428,090,114
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-204,676	
97 9700	RESEARCH		474,518
97.01 9701	RESEARCH/GRANT ACTIVITY	-96,976	3,263,141
98 9800	PHYSICIANS' PRIVATE OFFICES		
99 9900	NONPAID WORKERS		
100 7950	DOWNTOWN HEALTH CENTER		352,768
100.01 7951	POISON CENTER	-22,386	1,769,677
100.02 7952	PUBLIC RELATIONS		2,705,113
100.03 7953	OUTREACH	-525,835	1,201,190
100.04 7954	OTHER OFFSITE CLINICS		2,151,366
100.05 7955	CHILDREN'S SPECIALTY GROUP		339,504
100.08 7958	EAST SIDE SPEECH AND HEARING		8,788
100.09 7959	NORTH SHORE CLINIC	-16,113	
100.10 7960	OTHER CHS SUPPORT		
100.11 7961	PHYSICIAN RELATIONS		77,475
100.12 7962	ADOLESCENT MEDICINE		204,519
101	TOTAL	-32,926,329	440,638,173

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	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	OTHER SPEC CARE HOT	2601	INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	TRANSPORT	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.02	GENETICS CENTER	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	NUCLEAR MEDICINE-THERAPEUTIC	3470	NUCLEAR MEDICINE-THERAPEUTIC
59.04	CHILD DEVELOPMENT CENTER	3551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.05	CHILD PROTECTION CENTER	3552	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.06	DENTAL SERVICES	3250	DENTAL SERVICES
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	URGENT CARE	6001	CLINIC
60.02	ID PRIM CARE SUPP NETWORK	6002	CLINIC
60.03	PAIN/PALLIATIVE CARE	6003	CLINIC
60.04	PEDIATRIC EXTENDED CARE	6004	CLINIC
60.05	DIABETIC CLINIC	6005	CLINIC
60.06	GI CLINIC	6006	CLINIC
60.07	CLINIC FOR SPECIAL NEEDS	6007	CLINIC
60.08	DIETETICS	6008	CLINIC
60.09	INFUSION ROOM	6009	CLINIC
60.10	CARDIOLOGY CLINIC	6010	CLINIC
60.11	PULMONARY CLINIC	6011	CLINIC
60.12	CLINIC	6012	CLINIC
60.13	ENT CLINIC	6013	CLINIC
60.14	ORTHOPEDIC CLINIC	6014	CLINIC
60.15	EYE CLINIC	6015	CLINIC
60.16	CLINIC	6016	CLINIC
60.17	ONCOLOGY CLINIC	6017	CLINIC
60.18	SURGICAL SPECIALTIES	6018	CLINIC
60.19	ALLERGY CLINIC	6019	CLINIC

COST CENTERS USED IN COST REPORT

PROVIDER NO: 52-3300
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
60.20	CLINIC	6020	CLINIC
60.21	CLINIC	6021	CLINIC
60.22	CLINIC	6022	CLINIC
60.23	LASER CLINIC	6023	CLINIC
60.24	DERMATOLOGY CLINIC	6024	CLINIC
60.25	CLINIC	6025	CLINIC
60.26	CLINIC	6026	CLINIC
60.27	CLINIC ADMINISTRATION	6027	CLINIC
60.28	CRANIOFACIAL CENTER	6028	CLINIC
60.29	HEMATOLOGY CLINIC	6029	CLINIC
60.30	SPIROLOGY CLINIC	6030	CLINIC
60.31	NEUROSCIENCES CENTER	6031	CLINIC
60.32	RHEUMATOLOGY CLINIC	6032	CLINIC
60.33	ENDOCRINE CENTER	6033	CLINIC
60.34	CLINIC	6034	CLINIC
60.35	CLINIC	6035	CLINIC
60.36	CLINIC	6036	CLINIC
60.37	RENAL CLINIC	6037	CLINIC
60.38	GREENWAY CLINIC	6038	CLINIC
60.39	NEW BERLIN CLINIC	6039	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	SOLID ORGAN TRANSPLANT	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	RESEARCH/GRANT ACTIVITY	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	DOWNTOWN HEALTH CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	POISON CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PUBLIC RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OUTREACH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER OFFSITE CLINICS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	CHILDREN'S SPECIALTY GROUP	7955	OTHER NONREIMBURSABLE COST CENTERS
100.08	EAST SIDE SPEECH AND HEARING	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	NORTH SHORE CLINIC	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	OTHER CHS SUPPORT	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	PHYSICIAN RELATIONS	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	ADOLESCENT MEDICINE	7962	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
523300

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 6/6/2011
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS INSURANCE EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		283,120
2		NEW CAP REL COSTS-MVBLE EQUIP	4		88,393
3 RECLASS INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		14,730,090
4		NEW CAP REL COSTS-MVBLE EQUIP	4		21,275
5 RECLASS MALPRACTICE INSURANCE TO I&R	C	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		467,018
6 RECLASS DENTAL I&R SALARIES AND BENE	D	I&R SERVICES-SALARY & FRINGES APPRVD	22	310,182	86,806
7 RECLASS DRUGS CHARGES TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	56		21,854,559
8 RECLASS MED SUPPLIES CHARGED TO PTS	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,961,519
9 RECLASS RENTAL COSTS TO CRC-BUILDING	G	NEW CAP REL COSTS-BLDG & FIXT	3		1,707,312
10 RECLASS EQUIPMENT RENTAL COSTS	H	NEW CAP REL COSTS-MVBLE EQUIP	4		897,778
11					
12					
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18					
19					
20					
21					
22 RECLASS MC PURCH SERV FROM A&G	J	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		10,779,681
23		ADULTS & PEDIATRICS	25		302,821
24		INTENSIVE CARE UNIT	26		686,327
25		OTHER SPEC CARE HOT	30		466,024
26		OPERATING ROOM	37		679,199
27		ANESTHESIOLOGY	40		107,627
28		LABORATORY	44		835,897
29		RESPIRATORY THERAPY	49		147,022
30		ELECTROCARDIOLOGY	53		227,299
31		ELECTROENCEPHALOGRAPHY	54		48,850
32		RENAL DIALYSIS	57		35,972
33		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59		280,255
34		GENETICS CENTER	59.02		73,595
35		CHILD DEVELOPMENT CENTER	59.04		75,307
1 RECLASS MC PURCH SERV FROM A&G	J	CHILD PROTECTION CENTER	59.05		163,410
2		ID PRIM CARE SUPP NETWORK	60.02		147,884
3		GI CLINIC	60.06		306,759
4		ADOLESCENT MEDICINE	100.12		57,912
5		ENT CLINIC	60.13		327,381
6		EYE CLINIC	60.15		17,014
7		ALLERGY CLINIC	60.19		199,904
8		DERMATOLOGY CLINIC	60.24		44,426
9		SPIINA BIFIDA	60.30		37,096
10		NEUROSCIENCES CENTER	60.31		48,850
11		RHEUMATOLOGY CLINIC	60.32		78,845
12		ENDOCRINE CENTER	60.33		141,634
13		EMERGENCY	61		152,271
14		RESEARCH/GRANT ACTIVITY	97.01		48,823
15 RECLASS IRIS FELLOWS FROM A&G	K	I&R SERVICES-SALARY & FRINGES APPRVD	22		4,135,878
16 RECLASS DEPRECIATION FOR A&E FEES FY	M	NEW CAP REL COSTS-BLDG & FIXT	3		98,210
17 RECLASS SOCIAL SERVICES EXPENSES	O	ADMINISTRATIVE & GENERAL	6	287,321	138,746
18 RECLASS SALARIES AND BENEFITS TO REN	P	RENAL DIALYSIS	57	11,171	3,748
19		HOME PROGRAM DIALYSIS	64	19,453	6,528
20 RECLASS CHHS SALARY TO OTHER EXP	Q	EMPLOYEE BENEFITS	5	2,605,227	2,433,088
21		OPERATION OF PLANT	8	67,534	130,945
22		CAFETERIA	12		137,977
23		PHYSICIAN RELATIONS	100.11	47,792	29,683
24		PUBLIC RELATIONS	100.02	881,938	1,708,356
25		OUTREACH	100.03	765,267	527,065
26		OTHER OFFSITE CLINICS	100.04	1,002,091	646,899
27		ADMINISTRATIVE & GENERAL	6	15,140,166	16,909,002
28 RECLASS AMBULATORY ADMIN	R	PHYSICAL THERAPY	50	23,353	5,521
29		SPEECH PATHOLOGY	52	23,297	11,526
30		ELECTROENCEPHALOGRAPHY	54	6,666	2,345
31		RENAL DIALYSIS	57	177	1,656
32		RENAL DIALYSIS	57	2,919	1,447
33		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	17,965	4,932
34		GENETICS CENTER	59.02	6,886	4,186
35		CHILD DEVELOPMENT CENTER	59.04	954	3,577

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 RECLASS AMBULATORY ADMIN	R	CHILD PROTECTION CENTER	59.05	9,639	7,316
2		DENTAL SERVICES	59.06	17,858	6,808
3		DENTAL SERVICES	59.06	2,114	973
4		DENTAL SERVICES	59.06	4,702	2,544
5		ID PRIM CARE SUPP NETWORK	60.02	3,747	1,321
6		PEDIATRIC EXTENDED CARE	60.04	14	4
7		DIABETIC CLINIC	60.05	5,757	2,019
8		GI CLINIC	60.06	15,055	4,591
9		CLINIC FOR SPECIAL NEEDS	60.07	5,876	3,932
10		PULMONARY CLINIC	60.11	4,672	1,675
11		ADOLESCENT MEDICINE	100.12	1,148	466
12		ENT CLINIC	60.13	5,777	2,056
13		ORTHOPEDIC CLINIC	60.14	6,569	2,931
14		EYE CLINIC	60.15	2,218	794
15		SURGICAL SPECIALTIES	60.18	4,003	1,407
16		SURGICAL SPECIALTIES	60.18	5,451	1,902
17		ALLERGY CLINIC	60.19	8,422	3,723
18		LASER CLINIC	60.23	22	6
19		DERMATOLOGY CLINIC	60.24	4,944	2,141
20		CRANIOFACIAL CENTER	60.28	1,305	392
21		SPIINA BIFIDA	60.30	1,420	383
22		SPIINA BIFIDA	60.30	1,236	340
23		NEUROSCIENCES CENTER	60.31	8,925	2,591
24		RHEUMATOLOGY CLINIC	60.32	2,225	681
25		ENDOCRINE CENTER	60.33	1,739	504
26		RENAL CLINIC	60.37	2,968	775
27		HOME PROGRAM DIALYSIS	64	195	924
28		OUTREACH	100.03	680	157
29		OTHER OFFSITE CLINICS	100.04	315	445
30		EAST SIDE SPEECH AND HEARING	100.08	67	29
31		NORTH SHORE CLINIC	100.09	134	93
32 RECLASS SUPPLY EX CHARGED TO PTS	S	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		23,209,032
33					
34					
35					
1 RECLASS SUPPLY EX CHARGED TO PTS	S				
2					
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5					
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8					
9 RECLASS COST OF EPO TO DIALYSIS	T	RENAL DIALYSIS	57		97,189
10 RECLASS BEHAV HLTH AND NEURO ADMIN	U	ELECTROENCEPHALOGRAPHY	54	7,656	2,107
11		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	20,635	4,431
12		CHILD DEVELOPMENT CENTER	59.04	1,096	3,213
13		NEUROSCIENCES CENTER	60.31	10,252	2,328
14 RECLASS CLIN TRIAL TO RESEARCH	V	RESEARCH/GRANT ACTIVITY	97.01		93,027
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RECLASSIFICATIONS

PROVIDER NO:
523300

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CLIN TRIAL TO RESEARCH	V				
2					
3					
4					
5					
6 RECLASS RESEARCH GRANT EXPENSES	W	RESEARCH	97	51,080	228,265
7					
8		RESEARCH	97	5,030	1,464
9		RESEARCH	97	7,416	2,373
10		RESEARCH	97	1,152	303
11		RESEARCH	97	12,153	3,646
12		RESEARCH	97	3,782	1,081
13		RESEARCH	97		140,155
14		RESEARCH	97		16,618
15 RECLASS KIDNEY COORD PRE OP TIME	X	ADMINISTRATIVE & GENERAL	6	31,670	
36 TOTAL RECLASSIFICATIONS				21,501,478	110,416,425

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

RECLASSIFICATIONS

PROVIDER NO:
523300

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE 7	SALARY 8	OTHER 9	
1 RECLASS INSURANCE EXPENSE	A	OTHER CAPITAL RELATED COSTS	90		371,513	12
2						12
3 RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	88		14,751,365	11
4						11
5 RECLASS MALPRACTICE INSURANCE TO I&R	C	ADMINISTRATIVE & GENERAL	6		467,018	
6 RECLASS DENTAL I&R SALARIES AND BENE	D	DENTAL SERVICES	59.06	310,182	86,806	
7 RECLASS DRUGS CHARGES TO PATIENTS	E	PHARMACY	16		21,854,559	
8 RECLASS MED SUPPLIES CHARGED TO PTS	F	CENTRAL SERVICES & SUPPLY	15		2,961,519	
9 RECLASS RENTAL COSTS TO CRC-BUILDING	G	ADMINISTRATIVE & GENERAL	6		1,707,312	9
10 RECLASS EQUIPMENT RENTAL COSTS	H	HOUSEKEEPING	10		1,677	10
11		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		265,121	
12		DRUGS CHARGED TO PATIENTS	56		20,673	
13		RADIOLOGY-DIAGNOSTIC	41		86,320	
14		RESPIRATORY THERAPY	49		5,698	
15		PHYSICAL THERAPY	50		151,909	
16		ELECTROCARDIOLOGY	53		28,299	
17		RENAL DIALYSIS	57		13,500	
18		GREENWAY CLINIC	60.38		255,541	
19		OTHER OFFSITE CLINICS	100.04		46,689	
20		OTHER OFFSITE CLINICS	100.04		17,471	
21		NORTH SHORE CLINIC	100.09		4,880	
22 RECLASS MC PURCH SERV FROM A&G	J	ADMINISTRATIVE & GENERAL	6		16,518,085	
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1 RECLASS MC PURCH SERV FROM A&G	J					
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13						
14						
15 RECLASS IRIS FELLOWS FROM A&G	K	ADMINISTRATIVE & GENERAL	6		4,135,878	
16 RECLASS DEPRECIATION FOR A&E FEES FY	M	NEW CAP REL COSTS-MVBLE EQUIP	4		98,210	9
17 RECLASS SOCIAL SERVICES EXPENSES	O	SOCIAL SERVICE	18	287,321	138,746	
18 RECLASS SALARIES AND BENEFITS TO REN	P	SOCIAL SERVICE	18	12,981	4,357	
19		DIETETICS	60.08	17,643	5,919	
20 RECLASS CHHS SALARY TO OTHER EXP	Q	ADMINISTRATIVE & GENERAL	6	20,510,015	22,523,015	
21						
22						
23						
24						
25						
26						
27						
28 RECLASS AMBULATORY ADMIN	R	CLINIC ADMINISTRATION	60.27	211,414	89,113	
29						
30						
31						
32						
33						
34						
35						

RECLASSIFICATIONS

PROVIDER NO:
523300

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 6/6/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				OTHER	A-7 REF 10
			LINE NO	SALARY				
1 RECLASS AMBULATORY ADMIN	R	6	7	8	9			
2								
3								
4								
5								
6								
7								
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9								
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22								
23								
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25								
26								
27								
28								
29								
30								
31								
32 RECLASS SUPPLY EX CHARGED TO PTS	S	ADULTS & PEDIATRICS	25			1,048,703		
33		INTENSIVE CARE UNIT	26			3,788,133		
34		OTHER SPEC CARE HOT	30			362,282		
35		OPERATING ROOM	37			14,514,260		
1 RECLASS SUPPLY EX CHARGED TO PTS	S	ANESTHESIOLOGY	40			993,474		
2		RESPIRATORY THERAPY	49			650,730		
3		SPEECH PATHOLOGY	52			471,533		
4		TRANSPORT	59.01			77,746		
5		ENT CLINIC	60.13			31,442		
6		ORTHOPEDIC CLINIC	60.14			104,787		
7		ONCOLOGY CLINIC	60.17			221,109		
8		EMERGENCY	61			944,833		
9 RECLASS COST OF EPO TO DIALYSIS	T	RENAL DIALYSIS	57			97,189		
10 RECLASS BEHAV HLTH AND NEURO ADMIN	U	CLINIC ADMINISTRATION	60.27		39,639	12,079		
11								
12								
13								
14 RECLASS CLIN TRIAL TO RESEARCH	V	ADULTS & PEDIATRICS	25			1,121		
15		OTHER SPEC CARE HOT	30			317		
16		OPERATING ROOM	37			301		
17		RECOVERY ROOM	38			170		
18		ANESTHESIOLOGY	40			85		
19		RADIOLOGY-DIAGNOSTIC	41			15,933		
20		LABORATORY	44			24,179		
21		RESPIRATORY THERAPY	49			743		
22		PHYSICAL THERAPY	50			3,981		
23		SPEECH PATHOLOGY	52			571		
24		ELECTROCARDIOLOGY	53			2,794		
25		ELECTROENCEPHALOGRAPHY	54			256		
26		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,630		
27		DRUGS CHARGED TO PATIENTS	56			17,412		
28		NUCLEAR MEDICINE-THERAPEUTIC	59.03			159		
29		GI CLINIC	60.06			3,155		
30		DIETETICS	60.08			60		
31		INFUSION ROOM	60.09			4,591		
32		CARDIOLOGY CLINIC	60.10			362		
33		PULMONARY CLINIC	60.11			2,263		
34		ONCOLOGY CLINIC	60.17			5,868		
35		DERMATOLOGY CLINIC	60.24			558		

RECLASSIFICATIONS

PROVIDER NO:
523300

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 1	6	LINE NO 7	SALARY 8	
1 RECLASS CLIN TRIAL TO RESEARCH	V			60.29		488
2				60.31		1,526
3				60.32		3,989
4				60.37		422
5				60.39		93
6 RECLASS RESEARCH GRANT EXPENSES	W			60.07	48,632	227,575
7				18	2,448	690
8				60.03	5,030	1,464
9				60.08	7,416	2,373
10				60.30	1,152	303
11				60.11	12,153	3,646
12				59.02	3,782	1,081
13				14		140,155
14				30		16,618
15 RECLASS KIDNEY COORD PRE OP TIME	X			83	31,670	
36 TOTAL RECLASSIFICATIONS					21,501,478	110,416,425

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

RECLASSIFICATIONS

PROVIDER NO:
523300

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	283,120	OTHER CAPITAL RELATED COSTS	90	371,513	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	88,393			0	
TOTAL RECLASSIFICATIONS FOR CODE A			371,513	371,513			

RECLASS CODE: B
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	14,730,090	INTEREST EXPENSE	88	14,751,365	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	21,275			0	
TOTAL RECLASSIFICATIONS FOR CODE B			14,751,365	14,751,365			

RECLASS CODE: C
EXPLANATION : RECLASS MALPRACTICE INSURANCE TO I&R

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	467,018	ADMINISTRATIVE & GENERAL	6	467,018	
TOTAL RECLASSIFICATIONS FOR CODE C			467,018	467,018			

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	396,988	DENTAL SERVICES	59.06	396,988	
TOTAL RECLASSIFICATIONS FOR CODE D			396,988	396,988			

RECLASS CODE: E
EXPLANATION : RECLASS DRUGS CHARGES TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	21,854,559	PHARMACY	16	21,854,559	
TOTAL RECLASSIFICATIONS FOR CODE E			21,854,559	21,854,559			

RECLASS CODE: F
EXPLANATION : RECLASS MED SUPPLIES CHARGED TO PTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,961,519	CENTRAL SERVICES & SUPPLY	15	2,961,519	
TOTAL RECLASSIFICATIONS FOR CODE F			2,961,519	2,961,519			

RECLASS CODE: G
EXPLANATION : RECLASS RENTAL COSTS TO CRC-BUILDING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,707,312	ADMINISTRATIVE & GENERAL	6	1,707,312	
TOTAL RECLASSIFICATIONS FOR CODE G			1,707,312	1,707,312			

RECLASS CODE: H
EXPLANATION : RECLASS EQUIPMENT RENTAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	897,778	HOUSEKEEPING	10	1,677	
2.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	265,121	
3.00			0	DRUGS CHARGED TO PATIENTS	56	20,673	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	86,320	
5.00			0	RESPIRATORY THERAPY	49	5,698	
6.00			0	PHYSICAL THERAPY	50	151,909	
7.00			0	ELECTROCARDIOLOGY	53	28,299	
8.00			0	RENAL DIALYSIS	57	13,500	
9.00			0	GREENWAY CLINIC	60.38	255,541	
10.00			0	OTHER OFFSITE CLINICS	100.04	46,689	

RECLASSIFICATIONS

PROVIDER NO:
523300

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : RECLASS EQUIPMENT RENTAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
11.00			0	OTHER OFFSITE CLINICS	100.04	17,471	
12.00			0	NORTH SHORE CLINIC	100.09	4,880	
TOTAL RECLASSIFICATIONS FOR CODE H			897,778				897,778

RECLASS CODE: J
EXPLANATION : RECLASS MC PURCH SERV FROM A&G

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	10,779,681	ADMINISTRATIVE & GENERAL	6	16,518,085	
2.00	ADULTS & PEDIATRICS	25	302,821			0	
3.00	INTENSIVE CARE UNIT	26	686,327			0	
4.00	OTHER SPEC CARE HOT	30	466,024			0	
5.00	OPERATING ROOM	37	679,199			0	
6.00	ANESTHESIOLOGY	40	107,627			0	
7.00	LABORATORY	44	835,897			0	
8.00	RESPIRATORY THERAPY	49	147,022			0	
9.00	ELECTROCARDIOLOGY	53	227,299			0	
10.00	ELECTROENCEPHALOGRAPHY	54	48,850			0	
11.00	RENAL DIALYSIS	57	35,972			0	
12.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	280,255			0	
13.00	GENETICS CENTER	59.02	73,595			0	
14.00	CHILD DEVELOPMENT CENTER	59.04	75,307			0	
15.00	CHILD PROTECTION CENTER	59.05	163,410			0	
16.00	ID PRIM CARE SUPP NETWORK	60.02	147,884			0	
17.00	GI CLINIC	60.06	306,759			0	
18.00	ADOLESCENT MEDICINE	100.12	57,912			0	
19.00	ENT CLINIC	60.13	327,381			0	
20.00	EYE CLINIC	60.15	17,014			0	
21.00	ALLERGY CLINIC	60.19	199,904			0	
22.00	DERMATOLOGY CLINIC	60.24	44,426			0	
23.00	SPI NABI FIDA	60.30	37,096			0	
24.00	NEUROSCIENCES CENTER	60.31	48,850			0	
25.00	RHEUMATOLOGY CLINIC	60.32	78,845			0	
26.00	ENDOCRINE CENTER	60.33	141,634			0	
27.00	EMERGENCY	61	152,271			0	
28.00	RESEARCH/GRANT ACTIVITY	97.01	48,823			0	
TOTAL RECLASSIFICATIONS FOR CODE J			16,518,085				16,518,085

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	4,135,878	ADMINISTRATIVE & GENERAL	6	4,135,878	
TOTAL RECLASSIFICATIONS FOR CODE K			4,135,878				4,135,878

RECLASS CODE: M
EXPLANATION : RECLASS DEPRECIATION FOR A&E FEES FY

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

RECLASS CODE: O
EXPLANATION : RECLASS SOCIAL SERVICES EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	426,067	SOCIAL SERVICE	18	426,067	
TOTAL RECLASSIFICATIONS FOR CODE O			426,067				426,067

RECLASS CODE: P
EXPLANATION : RECLASS SALARIES AND BENEFITS TO REN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	14,919	SOCIAL SERVICE	18	17,338	
2.00	HOME PROGRAM DIALYSIS	64	25,981	DIETETICS	60.08	23,562	
TOTAL RECLASSIFICATIONS FOR CODE P			40,900				40,900

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	5,038,315	ADMINISTRATIVE & GENERAL	6	43,033,030	
2.00	OPERATION OF PLANT	8	198,479			0	
3.00	CAFETERIA	12	137,977			0	
4.00	PHYSICIAN RELATIONS	100.11	77,475			0	
5.00	PUBLIC RELATIONS	100.02	2,590,294			0	
6.00	OUTREACH	100.03	1,292,332			0	
7.00	OTHER OFFSITE CLINICS	100.04	1,648,990			0	
8.00	ADMINISTRATIVE & GENERAL	6	32,049,168			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			43,033,030				43,033,030

RECLASS CODE: R
EXPLANATION : RECLASS AMBULATORY ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	28,874	CLINIC ADMINISTRATION	60.27	300,527	
2.00	SPEECH PATHOLOGY	52	34,823			0	
3.00	ELECTROENCEPHALOGRAPHY	54	9,011			0	
4.00	RENAL DIALYSIS	57	1,833			0	
5.00	RENAL DIALYSIS	57	4,366			0	
6.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	22,897			0	
7.00	GENETICS CENTER	59.02	11,072			0	
8.00	CHILD DEVELOPMENT CENTER	59.04	4,531			0	
9.00	CHILD PROTECTION CENTER	59.05	16,955			0	
10.00	DENTAL SERVICES	59.06	24,666			0	
11.00	DENTAL SERVICES	59.06	3,087			0	
12.00	DENTAL SERVICES	59.06	7,246			0	
13.00	ID PRIM CARE SUPP NETWORK	60.02	5,068			0	
14.00	PEDIATRIC EXTENDED CARE	60.04	18			0	
15.00	DIABETIC CLINIC	60.05	7,776			0	
16.00	GI CLINIC	60.06	19,646			0	
17.00	CLINIC FOR SPECIAL NEEDS	60.07	9,808			0	
18.00	PULMONARY CLINIC	60.11	6,347			0	
19.00	ADOLESCENT MEDICINE	100.12	1,614			0	
20.00	ENT CLINIC	60.13	7,833			0	
21.00	ORTHOPEDIC CLINIC	60.14	9,500			0	
22.00	EYE CLINIC	60.15	3,012			0	
23.00	SURGICAL SPECIALTIES	60.18	5,410			0	
24.00	SURGICAL SPECIALTIES	60.18	7,353			0	
25.00	ALLERGY CLINIC	60.19	12,145			0	
26.00	LASER CLINIC	60.23	28			0	
27.00	DERMATOLOGY CLINIC	60.24	7,085			0	
28.00	CRANIOFACIAL CENTER	60.28	1,697			0	
29.00	SPINA BIFIDA	60.30	1,803			0	
30.00	SPINA BIFIDA	60.30	1,576			0	
31.00	NEUROSCIENCES CENTER	60.31	11,516			0	
32.00	RHEUMATOLOGY CLINIC	60.32	2,906			0	
33.00	ENDOCRINE CENTER	60.33	2,243			0	
34.00	RENAL CLINIC	60.37	3,743			0	
35.00	HOME PROGRAM DIALYSIS	64	1,119			0	
36.00	OUTREACH	100.03	837			0	
37.00	OTHER OFFSITE CLINICS	100.04	760			0	
38.00	EAST SIDE SPEECH AND HEARING	100.08	96			0	
39.00	NORTH SHORE CLINIC	100.09	227			0	
TOTAL RECLASSIFICATIONS FOR CODE R			300,527				300,527

RECLASS CODE: S
EXPLANATION : RECLASS SUPPLY EX CHARGED TO PTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	23,209,032	ADULTS & PEDIATRICS	25	1,048,703	
2.00			0	INTENSIVE CARE UNIT	26	3,788,133	
3.00			0	OTHER SPEC CARE HOT	30	362,282	
4.00			0	OPERATING ROOM	37	14,514,260	
5.00			0	ANESTHESIOLOGY	40	993,474	
6.00			0	RESPIRATORY THERAPY	49	650,730	
7.00			0	SPEECH PATHOLOGY	52	471,533	
8.00			0	TRANSPORT	59.01	77,746	
9.00			0	ENT CLINIC	60.13	31,442	
10.00			0	ORTHOPEDIC CLINIC	60.14	104,787	
11.00			0	ONCOLOGY CLINIC	60.17	221,109	
12.00			0	EMERGENCY	61	944,833	
TOTAL RECLASSIFICATIONS FOR CODE S			23,209,032				23,209,032

RECLASSIFICATIONS

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PERIOD:
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PREPARED 6/ 6/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	97,189	RENAL DIALYSIS	57	97,189	
TOTAL RECLASSIFICATIONS FOR CODE T			97,189				97,189

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROENCEPHALOGRAPHY	54	9,763	CLINIC ADMINISTRATION	60.27	51,718	
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	25,066			0	
3.00	CHILD DEVELOPMENT CENTER	59.04	4,309			0	
4.00	NEUROSCIENCES CENTER	60.31	12,580			0	
TOTAL RECLASSIFICATIONS FOR CODE U			51,718				51,718

RECLASS CODE: V
EXPLANATION : RECLASS CLIN TRIAL TO RESEARCH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESEARCH/GRANT ACTIVITY	97.01	93,027	ADULTS & PEDIATRICS	25	1,121	
2.00			0	OTHER SPEC CARE HOT	30	317	
3.00			0	OPERATING ROOM	37	301	
4.00			0	RECOVERY ROOM	38	170	
5.00			0	ANESTHESIOLOGY	40	85	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	15,933	
7.00			0	LABORATORY	44	24,179	
8.00			0	RESPIRATORY THERAPY	49	743	
9.00			0	PHYSICAL THERAPY	50	3,981	
10.00			0	SPEECH PATHOLOGY	52	571	
11.00			0	ELECTROCARDIOLOGY	53	2,794	
12.00			0	ELECTROENCEPHALOGRAPHY	54	256	
13.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,630	
14.00			0	DRUGS CHARGED TO PATIENTS	56	17,412	
15.00			0	NUCLEAR MEDICINE-THERAPEUTIC	59.03	159	
16.00			0	GI CLINIC	60.06	3,155	
17.00			0	DIETETICS	60.08	60	
18.00			0	INFUSION ROOM	60.09	4,591	
19.00			0	CARDIOLOGY CLINIC	60.10	362	
20.00			0	PULMONARY CLINIC	60.11	2,263	
21.00			0	ONCOLOGY CLINIC	60.17	5,868	
22.00			0	DERMATOLOGY CLINIC	60.24	558	
23.00			0	HEMATOLOGY CLINIC	60.29	488	
24.00			0	NEUROSCIENCES CENTER	60.31	1,526	
25.00			0	RHEUMATOLOGY CLINIC	60.32	3,989	
26.00			0	RENAL CLINIC	60.37	422	
27.00			0	NEW BERLIN CLINIC	60.39	93	
TOTAL RECLASSIFICATIONS FOR CODE V			93,027				93,027

RECLASS CODE: W
EXPLANATION : RECLASS RESEARCH GRANT EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESEARCH	97	279,345	CLINIC FOR SPECIAL NEEDS	60.07	276,207	
2.00			0	SOCIAL SERVICE	18	3,138	
3.00	RESEARCH	97	6,494	PAIN/PALLIATIVE CARE	60.03	6,494	
4.00	RESEARCH	97	9,789	DIETETICS	60.08	9,789	
5.00	RESEARCH	97	1,455	SPIRITUALITY	60.30	1,455	
6.00	RESEARCH	97	15,799	PULMONARY CLINIC	60.11	15,799	
7.00	RESEARCH	97	4,863	GENETICS CENTER	59.02	4,863	
8.00	RESEARCH	97	140,155	NURSING ADMINISTRATION	14	140,155	
9.00	RESEARCH	97	16,618	OTHER SPEC CARE HOT	30	16,618	
TOTAL RECLASSIFICATIONS FOR CODE W			474,518				474,518

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	31,670	KIDNEY ACQUISITION	83	31,670	
TOTAL RECLASSIFICATIONS FOR CODE X			31,670				31,670

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND								
2 LAND IMPROVEMENTS	9,884,132	482,719			482,719	47,892	10,318,959	
3 BUILDINGS & FIXTURE	389,012,422	787,358			787,358	1,296,445	388,503,335	
4 BUILDING IMPROVEMEN	72,113,098	7,950,215			7,950,215	830,057	79,233,256	
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	141,858,220	12,438,514			12,438,514	11,548,637	142,748,097	
7 SUBTOTAL	612,867,872	21,658,806			21,658,806	13,723,031	620,803,647	
8 RECONCILING ITEMS	13,318,549					2,800,191	10,518,358	
9 TOTAL	599,549,323	21,658,806			21,658,806	10,922,840	610,285,289	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	481,226,260		481,226,260	.778502				
4	NEW CAP REL COSTS-MV	136,917,985		136,917,985	.221498				
5	TOTAL	618,144,245		618,144,245	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	15,770,404	-39,840	9,291,228	283,120			25,304,912
4	NEW CAP REL COSTS-MV	16,966,828	897,778	21,275	88,393			17,974,274
5	TOTAL	32,737,232	857,938	9,312,503	371,513			43,279,186

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	19,528,125						19,528,125
4	NEW CAP REL COSTS-MV	16,958,794						16,958,794
5	TOTAL	36,486,919						36,486,919

* 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	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-4,946,434	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	A	-91,020	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES	A	-521,630	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-57,284	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-64,893	ADMINISTRATIVE & GENERAL	6	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-8,325,659			
13 SALE OF SCRAP, WASTE, ETC.	B	-147,128	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,538,848	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-5,318,214	NEW CAP REL COSTS-BLDG &	3	9
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,841,127	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-41,414	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-61,268	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 DEDUCT REGIONAL SERVICES	A	-308,203	OUTREACH	100.03	
37.01 ADD LOSS ON ADVANCED REFUNDING	A	12,725	NEW CAP REL COSTS-BLDG &	3	11
37.02 ADDBACK SITE SELECTION COSTS	A	125,840	NEW CAP REL COSTS-BLDG &	3	9
37.03 ADDBACK BUI LDER'S RISK INSURANCE	A	1,161	NEW CAP REL COSTS-BLDG &	3	9
37.04 1989 CAPITALIZED INTEREST	A	105,865	NEW CAP REL COSTS-MVBLE E	4	9
37.05 INTEREST OFF-SET 1998 REVENUE BONDS	A	-675,030	NEW CAP REL COSTS-BLDG &	3	11
37.06 DEDUCT PRESIDENT ADMINISTRATION	A	-4,796,819	ADMINISTRATIVE & GENERAL	6	
37.07 ADDBACK LOSS ON 2004 REFUNDING	A	169,877	NEW CAP REL COSTS-BLDG &	3	11
37.08 NUTRITION SERVICE REVENUE	B	-716,747	DIETARY	11	
37.09 GIFT, FLOWER & COFFEE SHOP	B	-204,676	GIFT, FLOWER, COFFEE SHOP	96	
37.10					
37.11 INVESTIGATION STUDIES	B	-400	PHARMACY	16	
37.12 MISCELLANEOUS REVENUE	B	-401,421	ADMINISTRATIVE & GENERAL	6	
37.13					
37.14 MANAGEMENT FEE REVENUE	B	-39,840	NEW CAP REL COSTS-BLDG &	3	10
37.15 CLINICAL ENGINEERING REVENUE	B	-106,757	OPERATION OF PLANT	8	
37.16 DELIVERY TEAM	B	-140,836	INTENSIVE CARE UNIT	26	
37.17 LAB REVENUE	B	-271,655	LABORATORY	44	
37.18 MISC REVENUE	B	-381,323	OPERATING ROOM	37	
37.19 MISC REVENUE	B	-21,409	CHILD PROTECTION CENTER	59.05	
37.20					
37.21 MISC REVENUE	B	-183,388	NURSING ADMINISTRATION	14	
37.22 MISC REVENUE	B	-345	EMERGENCY	61	
37.23 1989 AHA ADJUSTMENT	A	-395,633	NEW CAP REL COSTS-BLDG &	3	9
37.24 AHA GUIDELINES 1990	A	23,603	NEW CAP REL COSTS-BLDG &	3	9
37.25					
37.26					
37.27					
37.28 AHA GUIDELINES 1990	A	379	NEW CAP REL COSTS-MVBLE E	4	9
37.29					
37.30					
37.31 MISC REVENUE OUTREACH	B	-217,632	OUTREACH	100.03	
37.32 ALLERGY REVENUE	B	-297,679	ALLERGY CLINIC	60.19	
37.33 MISC REVENUE-EKG	B	-12,281	ELECTROCARDIOLOGY	53	
37.34 MISC REVENUE - RESEARCH	B	-3,949	RESEARCH/GRANT ACTIVITY	97.01	
37.35 HEART TRANSPLANT - REVENUE	B	-48,508	HEART ACQUISITION	85	
37.36					
37.37					
37.38 POISON CTR	B	-22,386	POISON CENTER	100.01	
37.39 NORTH SHORE CLINIC	B	-16,113	NORTH SHORE CLINIC	100.09	
37.40 RADIOLOGY	B	-516,526	RADIOLOGY-DIAGNOSTIC	41	
37.41 GENETIC CENTER	B	-3,056	GENETICS CENTER	59.02	
37.42 RESPIRATORY THERAPY REV	B	-40,299	RESPIRATORY THERAPY	49	
37.43 PSYCH REVENUE	B	-49	PSYCHIATRIC/PSYCHOLOGICAL	59	
37.44 FAMILY SERVICES REVENUE	B	-14,452	SOCIAL SERVICE	18	
37.45					
37.46					
37.47					
37.48 GI CLINIC	B	-83	GI CLINIC	60.06	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
52-3300

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-8

DESCR IPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
37. 49						
37. 50 DI ETETICS	B	-18, 459	DI ETETICS	60. 08		
37. 51						
37. 52 ONCOLOGY	B	-136, 280	OTHER SPEC CARE HOT	30		
37. 53 HIV-OUTSIDE SALARY SUPPORT	B	-1, 200	ID PRIM CARE SUPP NETWORK	60. 02		
37. 54 ANESTHESIOLOGY	B	-32, 459	ANESTHESIOLOGY	40		
37. 55 OUTSIDE SALARY SUPPORT	B	-21, 314	PULMONARY CLINIC	60. 11		
37. 56 ORTHOPEDIC CLINIC	B	-45, 861	ORTHOPE DIC CLINIC	60. 14		
37. 57 RENAL OUTSIDE SALARY SUPPORT	B	-85, 351	RENAL CLINIC	60. 37		
37. 58 SURGERY REBATES	B	-104, 075	OPERATING ROOM	37		
37. 59						
37. 60						
37. 61 TRANSPORT	B	-500	TRANSPORT	59. 01		
37. 62 PAIN CLINIC	B	-34, 821	PAI N/PALLI ATI VE CARE	60. 03		
37. 63 SOCIAL WORKERS MISC REVENUE	B	-18	SOCI AL SERVI CE	18		
37. 64 RESEARCH COSTS	A	-93, 027	RESEARCH/GRANT ACTI VI TY	97. 01		
37. 65						
38						
39 OTHER ADJUSTMENTS (SPECI FY)						
40 OTHER ADJUSTMENTS (SPECI FY)						
41 OTHER ADJUSTMENTS (SPECI FY)						
42 OTHER ADJUSTMENTS (SPECI FY)						
43 OTHER ADJUSTMENTS (SPECI FY)						
44 OTHER ADJUSTMENTS (SPECI FY)						
45 OTHER ADJUSTMENTS (SPECI FY)						
46 OTHER ADJUSTMENTS (SPECI FY)						
47 OTHER ADJUSTMENTS (SPECI FY)						
48 OTHER ADJUSTMENTS (SPECI FY)						
49 OTHER ADJUSTMENTS (SPECI FY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-32, 926, 329				

(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 37 thru 49 and subscripts thereof.

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	PURCHASED SERVICES	43,119,415	43,119,415	
2	53	ELECTROCARDIOLOGY	PURCHASED SERVICES	434,795	434,795	
3	59 5	CHILD PROTECTION CENTER	PURCHASED SERVICES	181,276	181,276	
4						
5		TOTALS		43,735,486	43,735,486	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	SEEGER HEALTH RESOURCES		0.00	
2	G	CHILDREN'S HEALTH SYSTEM		0.00	
3	G	CHILDREN'S SECURITY OF WI		0.00	
4	G	CHILDREN'S HEALTH SYSTEM		0.00	
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 52-3300
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 6/6/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 23	I & R SERVICES - OTHER	15,341,881		15,341,881	140,600	133,034	8,992,587	449,629
2 25	ADULTS AND PEDIATRICS	302,821		302,821	140,600	1,918	129,649	6,482
3 26	INTENSIVE CARE UNIT	686,327		686,327	140,600	4,346	293,773	14,689
4 30	OTHER SPECIAL CARE	466,024		466,024	140,600	2,951	199,476	9,974
5 37	OPERATING ROOM	619,100		619,100	208,000	12,701	1,270,100	63,505
6 40	ANESTHESIOLOGY	104,113		104,113	200,300	6,657	641,056	32,053
7 44	PATHOLOGY	690,251		690,251	215,700	5,723	593,486	29,674
8 49	PULMONARY	147,022		147,022	140,600	931	62,932	3,147
9 53	PEDS - CARDIOLOGY	227,299		227,299	140,600	1,439	97,271	4,864
10 54	NEUROLOGY	36,254		36,254	140,600	1,339	90,511	4,526
11 57	PEDS - NEPHROLOGY	35,972		35,972	140,600	228	15,412	771
12 59	PSYCH - CHILD	200,110		200,110	154,100	2,419	179,215	8,961
13 59 2	PEDS GENETICS	73,595		73,595	140,600	466	31,500	1,575
14 59 4	PEDS - CHILD DEVELOPMENT	75,307		75,307	140,600	477	32,243	1,612
15 59 5	PEDS - CHILD PROTECTION	163,410		163,410	140,600	1,035	69,962	3,498
16 60 2	PEDS - INFECTION DISEASE	147,884		147,884	140,600	937	63,338	3,167
17 60 6	PEDS - GI	306,759		306,759	140,600	1,943	131,339	6,567
18 60 13	OTOLARYNGOLOGY	242,756		242,756	140,600	3,212	217,119	10,856
19 60 15	OPHTHALMOLOGY	28,121		28,121	140,600	972	65,704	3,285
20 60 19	PEDS - ALLERGY	199,904		199,904	140,600	1,266	85,577	4,279
21 60 24	DERMATOLOGY	11,047		11,047	140,600	1,320	89,227	4,461
22 60 30	PHYS MED AND REHAB	31,765		31,765	140,600	1,192	80,575	4,029
23 60 31	NEUROLOGY	36,254		36,254	140,600	1,339	90,511	4,526
24 60 32	PEDS - RHEUMATOLOGY	78,845		78,845	140,600	499	33,731	1,687
25 60 33	PEDS - ENDOCRINE	141,634		141,634	140,600	897	60,634	3,032
26 61	EMERGENCY	152,265		152,265	140,600	964	65,163	3,258
27								
28								
29								
30								
101	TOTAL	20,546,720		20,546,720		190,205	13,682,091	684,107

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
52-3300

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 23	I & R SERVICES - OTHER					8,992,587	6,349,294	6,349,294
2 25	ADULTS AND PEDIATRICS					129,649	173,172	173,172
3 26	INTENSIVE CARE UNIT					293,773	392,554	392,554
4 30	OTHER SPECIAL CARE					199,476	266,548	266,548
5 37	OPERATING ROOM					1,270,100		
6 40	ANESTHESIOLOGY					641,056		
7 44	PATHOLOGY					593,486	96,765	96,765
8 49	PULMONARY					62,932	84,090	84,090
9 53	PEDS - CARDIOLOGY					97,271	130,028	130,028
10 54	NEUROLOGY					90,511		
11 57	PEDS - NEPHROLOGY					15,412	20,560	20,560
12 59	PSYCH - CHILD					179,215	20,895	20,895
13 59 2	PEDS GENETICS					31,500	42,095	42,095
14 59 4	PEDS - CHILD DEVELOPMENT					32,243	43,064	43,064
15 59 5	PEDS - CHILD PROTECTION					69,962	93,448	93,448
16 60 2	PEDS - INFECTION DISEASE					63,338	84,546	84,546
17 60 6	PEDS - GI					131,339	175,420	175,420
18 60 13	OTOLARYNGOLOGY					217,119	25,637	25,637
19 60 15	OPHTHALMOLOGY					65,704		
20 60 19	PEDS - ALLERGY					85,577	114,327	114,327
21 60 24	DERMATOLOGY					89,227		
22 60 30	PHYS MED AND REHAB					80,575		
23 60 31	NEUROLOGY					90,511		
24 60 32	PEDS - RHEUMATOLOGY					33,731	45,114	45,114
25 60 33	PEDS - ENDOCRINE					60,634	81,000	81,000
26 61	EMERGENCY					65,163	87,102	87,102
27								
28								
29								
30								
101	TOTAL					13,682,091	8,325,659	8,325,659

COST ALLOCATION STATISTICS

PROVIDER NO: 52-3300
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTES		ENTERED
13	MAINTENANCE OF PERSONNEL	13	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	14	NURSING	FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED	REQUIS.	ENTERED
16	PHARMACY	16	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	18	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	20	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	23	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	25,304,912			25,304,912			
005 NEW CAP REL COSTS-MVBLE E	17,974,274				17,974,274		
006 EMPLOYEE BENEFITS	5,038,315			192,383		1,187	5,231,885
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	71,821,748			2,580,745		5,749,835	777,510
008 OPERATION OF PLANT	14,186,916			855,691		230,551	76,151
009 LAUNDRY & LINEN SERVICE	1,083,134					3,326	
010 HOUSEKEEPING	5,867,348			190,689		132,393	92,637
011 DIETARY	3,048,644			30,398		1,245	34,380
012 CAFETERIA	18,403			695,662		50,543	18,971
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	8,247,938			78,118		39,376	194,247
015 CENTRAL SERVICES & SUPPLY	6,499,239						6,499,239
016 PHARMACY	7,362,388						7,362,388
017 MEDICAL RECORDS & LIBRARY	4,829,372			239,006		9,744	76,379
018 SOCIAL SERVICE	2,636,442			195,390		14,227	56,485
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	14,417,103			31,090		759	9,537
023 I&R SERVICES-OTHER PRGM C	4,897,405			716			
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	23,393,481			5,057,362		438,650	510,666
026 INTENSIVE CARE UNIT	36,457,292			2,720,756		2,038,564	865,380
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPEC CARE HOT	6,705,903			661,948		64,969	107,593
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	12,186,655			1,562,830		916,449	276,094
040 RECOVERY ROOM	2,288,750			141,585		40,186	52,250
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	725,898			45,883		275,842	8,421
043 RADIOLOGY-DIAGNOSTIC	13,389,521			1,458,896		3,206,860	224,815
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE LABORATORY	19,434,150			956,118		516,579	171,842
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED BLOOD STORING, PROCESSING	6,581,373					110,986	
048 INTRAVENOUS THERAPY							6,692,359
049 RESPIRATORY THERAPY	8,085,115			215,742		274,449	144,975
050 PHYSICAL THERAPY	2,719,366			546,752		174,660	63,247
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	2,708,568			288,444		65,337	62,995
053 ELECTROCARDIOLOGY	4,862,808			403,496		680,441	58,190
054 ELECTROENCEPHALOGRAPHY	874,330			64,207		118,716	18,030
055 MEDICAL SUPPLIES CHARGED	25,903,800			330,461		880,436	108,946
056 DRUGS CHARGED TO PATIENTS	21,816,474			291,832		237,182	213,943
057 RENAL DIALYSIS	594,687			59,817		30,426	8,347
058 ASC (NON-DI STINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL	2,346,573			195,700		20,893	49,813
059 01 TRANSPORT	5,039,037					97,231	66,357
059 02 GENETICS CENTER	1,040,602			251,103		9,506	18,612
059 03 NUCLEAR MEDICINE-THERAPEU	734,331			35,790		88,306	7,270
059 04 CHILD DEVELOPMENT CENTER	473,231					8,136	2,577
059 05 CHILD PROTECTION CENTER	2,010,958			28,012		4,342	29,580
059 06 DENTAL SERVICES	2,785,969			122,807		73,556	56,600
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 URGENT CARE							
060 03 ID PRIM CARE SUPP NETWORK	521,133			69,456		159	10,126
060 04 PAIN/PALLIATIVE CARE	610,569			127,890		6,645	15,029
060 05 PEDIATRIC EXTENDED CARE	1,603						129
060 06 DIABETIC CLINIC	704,184			157,500		22,973	15,575
060 07 GI CLINIC	1,901,467			428,168		66,452	40,698
060 08 CLINIC FOR SPECIAL NEEDS	627,236			96,800		24,294	10,745
060 09 DIETETICS	1,816,874						37,672
060 10 INFUSION ROOM	275,503			42,948		1,203	6,703
060 11 CARDIOLOGY CLINIC	1,161,932			39,297		21,452	24,735
060 12 PULMONARY CLINIC	535,688			45,644		12,891	12,157
060 13 CLINIC							
060 14 ENT CLINIC	979,864			83,749		36,054	15,609
060 15 ORTHOPEDIC CLINIC	714,645			292,237		29,495	17,776
060 16 EYE CLINIC	289,861			38,438		12,501	6,000
060 17 CLINIC							
060 18 ONCOLOGY CLINIC	1,665,160			314,427		56,350	39,067

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
060 18 OUTPAT SERVICE COST CNTRS							
060 18 SURGICAL SPECIALTIES	1,155,632			87,017	33,960	25,555	1,302,164
060 19 ALLERGY CLINIC	893,932			250,745	73,122	22,776	1,240,575
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC	2,526			13,982	6,701	73	23,282
060 24 DERMATOLOGY CLINIC	688,764			72,511	23,899	13,377	798,551
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION							
060 28 CRANIOFACIAL CENTER	153,163			54,878	1,026	3,516	212,583
060 29 HEMATOLOGY CLINIC	382,104			90,429		9,182	481,715
060 30 SPINA BIFIDA	340,013			67,118		7,186	414,317
060 31 NEUROSCIENCES CENTER	1,098,380			57,789	38,823	24,144	1,219,136
060 32 RHEUMATOLOGY CLINIC	292,100			94,629	1,946	6,015	394,690
060 33 ENDOCRINE CENTER	262,868			85,872	72	4,705	353,517
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC	250,956			22,118	1,997	8,027	283,098
060 38 GREENWAY CLINIC	672,553				312,864	11,090	996,507
060 39 NEW BERLIN CLINIC	4,898,403			650,185	332,996	33,923	5,915,507
061 EMERGENCY	7,086,691			453,984	116,345	164,073	7,821,093
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS	134,317			16,797		559	151,673
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	346,267					4,020	350,287
084 LIVER ACQUISITION	154,731					80	154,811
085 HEART ACQUISITION	972,845					3,696	976,541
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT	105,697			8,279		2,255	116,231
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	428,090,114			24,292,316	17,840,108	5,059,113	426,770,580
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				39,822			39,822
097 RESEARCH	474,518			276,132	3,141	50,675	804,466
097 01 RESEARCH/GRANT ACTIVITY	3,263,141						3,263,141
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER	352,768				6,164		358,932
100 01 POISON CENTER	1,769,677			73,012	20,556	39,854	1,903,099
100 02 PUBLIC RELATIONS	2,705,113			212,927	1,690	31,857	2,951,587
100 03 OUTREACH	1,201,190			259,788		22,022	1,483,000
100 04 OTHER OFFSITE CLINICS	2,151,366				80,418	9,341	2,241,125
100 05 CHILDREN'S SPECIALTY GROU	339,504				1,919	7,935	349,358
100 08 EAST SIDE SPEECH AND HEAR	8,788					232	9,020
100 09 NORTH SHORE CLINIC					4,792	366	5,158
100 10 OTHER CHS SUPPORT				87,829			87,829
100 11 PHYSICIAN RELATIONS	77,475					1,469	78,944
100 12 ADOLESCENT MEDICINE	204,519			63,086	15,486	9,021	292,112
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	440,638,173			25,304,912	17,974,274	5,231,885	440,638,173

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS	OPERATION OF PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12		
060 18 OUTPAT SERVICE COST CNTRS									
060 18 SURGICAL SPECIALTIES	292,970		75,090		636	33,483			14,281
060 19 ALLERGY CLINIC	279,113		216,374		752	96,483			10,996
060 20 CLINIC									
060 21 CLINIC									
060 22 CLINIC									
060 23 LASER CLINIC	5,238		12,065			5,380			57
060 24 DERMATOLOGY CLINIC	179,664		62,571		1,376	27,901			7,021
060 25 CLINIC									
060 26 CLINIC									
060 27 CLINIC ADMINISTRATION									
060 28 CRANIOFACIAL CENTER	47,828		47,356			21,116			1,174
060 29 HEMATOLOGY CLINIC	108,380		78,034		1,572	34,796		135	3,178
060 30 SPINA BIFIDA	93,216		57,918			25,826			2,850
060 31 NEUROSCIENCES CENTER	274,290		49,868			22,236		34	11,087
060 32 RHEUMATOLOGY CLINIC	88,800		81,658			36,412		34	3,137
060 33 ENDOCRINE CENTER	79,537		74,101			33,043			2,488
060 34 CLINIC									
060 35 CLINIC									
060 36 CLINIC									
060 37 RENAL CLINIC	63,693		19,086			8,511			3,170
060 38 GREENWAY CLINIC	224,201				2,145				
060 39 NEW BERLIN CLINIC	1,330,912		561,061		27,245				
061 EMERGENCY	1,759,644		391,755		141,157	174,687		1,893	66,322
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)									
064 HOME PROGRAM DIALYSIS	34,124		14,495			6,463			485
065 AMBULANCE SERVICES									
066 DURABLE MEDICAL EQUIP-REN									
067 DURABLE MEDICAL EQUIP-SOL									
069 CORF									
070 I&R SERVICES-NOT APPRVD P									
071 HOME HEALTH AGENCY									
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS									
083 KIDNEY ACQUISITION	78,810								1,429
084 LIVER ACQUISITION	34,830								
085 HEART ACQUISITION	219,709								
085 01 PANCREAS ACQUISITION									
086 SOLID ORGAN TRANSPLANT	26,150		7,145			3,186			862
092 AMBULATORY SURGICAL CENTER									
093 HOSPICE									
095 SUBTOTALS	77,809,812		17,902,143		1,330,899	7,537,983		3,853,355	1,762,336
096 NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP	8,959		34,364			15,323			
097 RESEARCH	180,994		238,281			128,213			14,659
097 01 RESEARCH/GRANT ACTIVITY	734,164								
098 PHYSICIANS' PRIVATE OFFICE									
099 NONPAID WORKERS									
100 DOWNTOWN HEALTH CENTER	80,755								
100 01 POISON CENTER	428,173		63,004			28,094			11,924
100 02 PUBLIC RELATIONS	664,069		183,740			81,931			14,544
100 03 OUTREACH	333,656		250,944			99,963			18,223
100 04 OTHER OFFSITE CLINICS	504,224								
100 05 CHILDREN'S SPECIALTY GROUP	78,601								4,295
100 08 EAST SIDE SPEECH AND HEAR	2,029								
100 09 NORTH SHORE CLINIC	1,160								
100 10 OTHER CHS SUPPORT	19,760		75,790			33,795			
100 11 PHYSICIAN RELATIONS	17,761								468
100 12 ADOLESCENT MEDICINE	65,721		54,438			24,275			1,470
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL	80,929,838		18,802,704		1,330,899	7,949,577		3,853,355	1,827,919

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		10,651,027						
016 CENTRAL SERVICES & SUPPLY			7,961,483					
017 PHARMACY				9,018,830				
018 MEDICAL RECORDS & LIBRARY			5,313		6,666,024			
020 SOCIAL SERVICE			866			3,829,930		
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI			3,803					
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		3,344,054	111,874	2,561	704,758	1,401,755		
028 INTENSIVE CARE UNIT		4,624,062	107,971	502	1,067,987	429,699		
029 CORONARY CARE UNIT								
030 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
033 OTHER SPEC CARE HOT		663,850	25,852	377	194,521	95,086		
034 SUBPROVIDER								
035 NURSERY								
036 SKILLED NURSING FACILITY								
037 NURSING FACILITY								
038 01 ICF/MR								
039 OTHER LONG TERM CARE								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM		151,080	139,511	2,076	235,891	16,173		
042 RECOVERY ROOM			4,501	157	80,925			
043 DELIVERY ROOM & LABOR ROO								
044 ANESTHESIOLOGY			13,279	93,438	45,275			
045 RADIOLOGY-DIAGNOSTIC			62,202	30,442	481,808	30,673		
046 RADIOLOGY-THERAPEUTIC								
047 RADIOISOTOPE								
048 LABORATORY			105,643	1,423	801,843	7,250		
049 PBP CLINICAL LAB SERVICES								
050 WHOLE BLOOD & PACKED RED								
051 BLOOD STORING, PROCESSING						123,298		
052 INTRAVENOUS THERAPY								
053 RESPIRATORY THERAPY		690,571	8,584	271	295,177			
054 PHYSICAL THERAPY			10,841	33	83,598	118,788		
055 OCCUPATIONAL THERAPY								
056 SPEECH PATHOLOGY			1,680		51,124	13,385		
057 ELECTROCARDIOLOGY		259,993	8,958	553	104,831			
058 ELECTROENCEPHALOGRAPHY			446	272	42,996			
059 MEDICAL SUPPLIES CHARGED		292,577	6,496,396		938,460			
060 DRUGS CHARGED TO PATIENTS			194,999	8,801,138	833,365			
061 RENAL DIALYSIS			332	78	25,248	50,750		
062 ASC (NON-DI STINCT PART)								
063 PSYCHIATRIC/PSYCHOLOGICAL			3,561		21,139	12,269		
064 01 TRANSPORT			8,883		48,354			
065 02 GENETICS CENTER			3,297		3,554	128,268		
066 03 NUCLEAR MEDICINE-THERAPEU			2,145	396	15,097			
067 04 CHILD DEVELOPMENT CENTER			2,753		3,485	13,942		
068 05 CHILD PROTECTION CENTER			9,675	21,862	8,575			
069 06 DENTAL SERVICES			92,375	130	41,241	4,183		
070 OUTPAT SERVICE COST CNTRS								
071 CLINIC								
072 01 URGENT CARE								
073 02 ID PRIM CARE SUPP NETWORK					304	20,077		
074 03 PAIN/PALLIATIVE CARE			2,976	39	1,912			
075 04 PEDIATRIC EXTENDED CARE								
076 05 DIABETIC CLINIC			1,398	1,486	10,042	114,605		
077 06 GI CLINIC			5,538	488	17,760	119,624		
078 07 CLINIC FOR SPECIAL NEEDS			2,272	168	2,409	56,048		
079 08 DIETETICS			702		6,033			
080 09 INFUSION ROOM		34,613		30	20,718			
081 10 CARDIOLOGY CLINIC		157,732	6,828	55	13,404	144,441		
082 11 PULMONARY CLINIC			3,344	2,215	4,954	67,759		
083 12 CLINIC								
084 13 ENT CLINIC			6,791	2,281	11,853	22,865		
085 14 ORTHOPEDIC CLINIC			3,725	145	14,927	17,288		
086 15 EYE CLINIC			1,009	1,613	4,901	15,894		
087 16 CLINIC								
088 17 ONCOLOGY CLINIC		255,145	8,778		31,020	55,769		

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20	
060 18 OUTPAT SERVICE COST CNTRS								
060 18 SURGICAL SPECIALTIES		46,113	5,225	1,394	12,782		11,154	
060 19 ALLERGY CLINIC			7,505	7,186	11,956		24,538	
060 20 CLINIC								
060 21 CLINIC								
060 22 CLINIC								
060 23 LASER CLINIC					1			
060 24 DERMATOLOGY CLINIC			2,857	12,191	8,704		13,663	
060 25 CLINIC								
060 26 CLINIC								
060 27 CLINIC ADMINISTRATION								
060 28 CRANIOFACIAL CENTER				21	2,836		10,596	
060 29 HEMATOLOGY CLINIC		43,633			2,891			
060 30 SPINA BIFIDA			311		2,252			
060 31 NEUROSCIENCES CENTER			608	143	7,517		166,191	
060 32 RHEUMATOLOGY CLINIC			1,171	993	2,732		26,211	
060 33 ENDOCRINE CENTER			133	111	3,486		5,298	
060 34 CLINIC								
060 35 CLINIC								
060 36 CLINIC								
060 37 RENAL CLINIC			413		2,152		21,192	
060 38 GREENWAY CLINIC			5,778	166	15,374			
060 39 NEW BERLIN CLINIC			18,543	19,386	27,707			
061 EMERGENCY			31,223	3,746	130,252		516,141	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)								
064 HOME PROGRAM DIALYSIS					18,140			
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION				232	2,370		55,769	
084 LIVER ACQUISITION		11,275			2,224			
085 HEART ACQUISITION					13,199			
085 01 PANCREAS ACQUISITION								
086 SOLID ORGAN TRANSPLANT								
092 AMBULATORY SURGICAL CENTER								
093 HOSPICE								
095 SUBTOTALS		10,574,698	7,542,868	9,010,075	6,659,362		3,807,344	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP			391,576					
097 RESEARCH		32,358			3,138			
097 01 RESEARCH/GRANT ACTIVITY			2,509					
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
100 DOWNTOWN HEALTH CENTER			2,659					
100 01 POISON CENTER			753					
100 02 PUBLIC RELATIONS								
100 03 OUTREACH		43,971	303	101				
100 04 OTHER OFFSITE CLINICS			203	3,269	3,524			
100 05 CHILDREN'S SPECIALTY GROUP			11,453					
100 08 EAST SIDE SPEECH AND HEAR			213					
100 09 NORTH SHORE CLINIC			90					
100 10 OTHER CHS SUPPORT								
100 11 PHYSICIAN RELATIONS								
100 12 ADOLESCENT MEDICINE			8,856	5,385			22,586	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL		10,651,027	7,961,483	9,018,830	6,666,024		3,829,930	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI		17,845,509					
024 I&R SERVICES-OTHER PRGM C			6,001,028				
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		4,314,812	1,450,973		57,129,942	-5,765,785	51,364,157
028 INTENSIVE CARE UNIT		2,456,084	825,924		65,293,020	-3,282,008	62,011,012
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 OTHER SPEC CARE HOT		232,793	78,283		11,999,837	-311,076	11,688,761
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 O1 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		2,188,644	735,990		24,023,490	-2,924,634	21,098,856
041 RECOVERY ROOM					3,399,465		3,399,465
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY		1,481,755	498,280		3,487,276	-1,980,035	1,507,241
044 RADIOLOGY-DIAGNOSTIC		409,410	137,675		25,531,341	-547,085	24,984,256
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY		97,875	32,913		28,142,400	-130,788	28,011,612
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING					8,321,351		8,321,351
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY					12,015,529		12,015,529
053 PHYSICAL THERAPY		153,253	51,535		5,400,675	-204,788	5,195,887
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY					4,280,545		4,280,545
056 ELECTROCARDIOLOGY					8,232,088		8,232,088
057 ELECTROENCEPHALOGRAPHY		122,837	41,307		1,626,475	-164,144	1,462,331
058 MEDICAL SUPPLIES CHARGED					41,630,977		41,630,977
059 DRUGS CHARGED TO PATIENTS					37,894,865		37,894,865
060 RENAL DIALYSIS					1,005,309	-78,665	926,644
061 ASC (NON-DI STINCT PART)							
062 PSYCHIATRIC/PSYCHOLOGICAL		517,909	174,161		4,200,050	-692,070	3,507,980
063 O1 TRANSPORT					6,453,732		6,453,732
064 GENETICS CENTER					1,977,854		1,977,854
065 NUCLEAR MEDICINE-THERAPEU					1,128,561		1,128,561
066 CHILD DEVELOPMENT CENTER		1,457	490		616,718	-1,947	614,771
067 CHILD PROTECTION CENTER					2,628,715		2,628,715
068 DENTAL SERVICES		808,243	271,793		5,226,531	-1,080,036	4,146,495
069 OUTPAT SERVICE COST CNTRS							
070 CLINIC							
071 O1 URGENT CARE							
072 ID PRIM CARE SUPP NETWORK		161,056	54,159		1,061,581	-215,215	846,366
073 PAIN/PALLIATIVE CARE		247,978	83,389		1,432,991	-331,367	1,101,624
074 PEDIATRIC EXTENDED CARE					2,138		2,138
075 DIABETIC CLINIC					1,440,571		1,440,571
076 GI CLINIC		522,140	175,583		4,379,281	-697,723	3,681,558
077 CLINIC FOR SPECIAL NEEDS					1,117,313		1,117,313
078 DIETETICS					2,301,467		2,301,467
079 INFUSION ROOM					514,526		514,526
080 CARDIOLOGY CLINIC		717,654	241,330		2,874,779	-958,984	1,915,795
081 PULMONARY CLINIC		407,718	137,106		1,430,997	-544,824	886,173
082 CLINIC							
083 ENT CLINIC		243,230	81,792		1,847,920	-325,022	1,522,898
084 ORTHOPEDIC CLINIC		14,385	4,837		1,709,096	-19,222	1,709,874
085 EYE CLINIC		86,545	29,103		614,906	-115,648	499,258
086 CLINIC							
087 ONCOLOGY CLINIC		212,908	71,596		3,727,237	-284,504	3,442,733

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR	GM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27		
060 18 OUTPAT SERVICE COST CNTRS					1,795,292				1,795,292
060 19 SURGICAL SPECIALTIES					2,392,936				1,895,478
060 20 ALLERGY CLINIC		372,272	125,186					-497,458	
060 21 CLINIC									
060 22 CLINIC									
060 23 LASER CLINIC					46,023				46,023
060 24 DERMATOLOGY CLINIC		578,270	194,459		1,887,228			-772,729	1,114,499
060 25 CLINIC									
060 26 CLINIC									
060 27 CLINIC ADMINISTRATION									
060 28 CRANIOFACIAL CENTER					343,510				343,510
060 29 HEMATOLOGY CLINIC		128,572	43,236		926,142			-171,808	754,334
060 30 SPINA BIFIDA					596,690				596,690
060 31 NEUROSCIENCES CENTER		180,189	60,593		1,991,892			-240,782	1,751,110
060 32 RHEUMATOLOGY CLINIC		70,421	23,681		729,940			-94,102	635,838
060 33 ENDOCRINE CENTER		355,349	119,495		1,026,558			-474,844	551,714
060 34 CLINIC									
060 35 CLINIC									
060 36 CLINIC									
060 37 RENAL CLINIC					401,315				401,315
060 38 GREENWAY CLINIC					1,244,171				1,244,171
060 39 NEW BERLIN CLINIC					7,900,361				7,900,361
061 EMERGENCY		704,257	236,825		11,978,995			-941,082	11,037,913
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)									
064 HOME PROGRAM DIALYSIS					225,380				225,380
065 AMBULANCE SERVICES									
066 DURABLE MEDICAL EQUIP-REN									
067 DURABLE MEDICAL EQUIP-SOL									
069 CORF									
070 I&R SERVICES-NOT APPRVD P									
071 HOME HEALTH AGENCY									
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS									
083 KIDNEY ACQUISITION					488,897				488,897
084 LIVER ACQUISITION					203,140				203,140
085 HEART ACQUISITION					1,209,449				1,209,449
085 01 PANCREAS ACQUISITION									
086 SOLID ORGAN TRANSPLANT					153,574				153,574
092 AMBULATORY SURGICAL CENTE									
093 HOSPICE									
095 SUBTOTALS		17,788,016	5,981,694		421,663,042			-23,848,375	397,814,667
096 NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP					490,044				490,044
097 RESEARCH					1,402,109				1,402,109
097 01 RESEARCH/GRANT ACTIVITY					3,999,814				3,999,814
098 PHYSICIANS' PRIVATE OFFIC									
099 NONPAID WORKERS									
100 DOWNTOWN HEALTH CENTER		8,462	2,846		453,654			-11,308	442,346
100 01 POISON CENTER					2,435,047				2,435,047
100 02 PUBLIC RELATIONS					3,895,871				3,895,871
100 03 OUTREACH					2,230,161				2,230,161
100 04 OTHER OFFSITE CLINICS					2,752,345				2,752,345
100 05 CHILDREN'S SPECIALTY GROU					443,707				443,707
100 08 EAST SIDE SPEECH AND HEAR					11,262				11,262
100 09 NORTH SHORE CLINIC					6,408				6,408
100 10 OTHER CHS SUPPORT					217,174				217,174
100 11 PHYSICIAN RELATIONS					97,173				97,173
100 12 ADOLESCENT MEDICINE		49,031	16,488		540,362			-65,519	474,843
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL		17,845,509	6,001,028		440,638,173			-23,925,202	416,712,971

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	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-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				192,383	1,187	193,570	193,570
007 ADMINISTRATIVE & GENERAL				2,580,745	5,749,835	8,330,580	28,777
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				855,691	230,551	1,086,242	2,818
010 LAUNDRY & LINEN SERVICE					3,326	3,326	
011 HOUSEKEEPING				190,689	132,393	323,082	3,429
012 DIETARY				30,398	1,245	31,643	1,272
013 CAFETERIA				695,662	50,543	746,205	702
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				78,118	39,376	117,494	7,189
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY				239,006	9,744	248,750	2,827
019 SOCIAL SERVICE				195,390	14,227	209,617	2,091
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				31,090	759	31,849	353
023 I&R SERVICES-OTHER PRGM C				716		716	
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				5,057,362	438,650	5,496,012	18,901
027 INTENSIVE CARE UNIT				2,720,756	2,038,564	4,759,320	31,955
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 OTHER SPEC CARE HOT				661,948	64,969	726,917	3,982
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM				1,562,830	916,449	2,479,279	10,219
040 RECOVERY ROOM				141,585	40,186	181,771	1,934
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY				45,883	275,842	321,725	312
043 RADIOLOGY-DIAGNOSTIC				1,458,896	3,206,860	4,665,756	8,321
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY				956,118	516,579	1,472,697	6,360
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING					110,986	110,986	
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY				215,742	274,449	490,191	5,366
052 PHYSICAL THERAPY				546,752	174,660	721,412	2,341
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY				288,444	65,337	353,781	2,332
055 ELECTROCARDIOLOGY				403,496	680,441	1,083,937	2,154
056 ELECTROENCEPHALOGRAPHY				64,207	118,716	182,923	667
057 MEDICAL SUPPLIES CHARGED				330,461	880,436	1,210,897	4,032
058 DRUGS CHARGED TO PATIENTS				291,832	237,182	529,014	7,918
059 RENAL DIALYSIS				59,817	30,426	90,243	309
060 ASC (NON-DI STINCT PART)							
061 PSYCHIATRIC/PSYCHOLOGICAL				195,700	20,893	216,593	1,844
062 01 TRANSPORT					97,231	97,231	2,456
063 02 GENETICS CENTER	86,840			251,103	9,506	347,449	689
064 03 NUCLEAR MEDICINE-THERAPEU				35,790	88,306	124,096	269
065 04 CHILD DEVELOPMENT CENTER	272,025				8,136	280,161	95
066 05 CHILD PROTECTION CENTER	158,130			28,012	4,342	190,484	1,095
067 06 DENTAL SERVICES	65,747			122,807	73,556	262,110	2,095
068 OUTPAT SERVICE COST CNTRS							
069 CLINIC							
070 01 URGENT CARE							
071 02 ID PRIM CARE SUPP NETWORK				69,456	159	69,615	375
072 03 PAIN/PALLIATIVE CARE				127,890	6,645	134,535	556
073 04 PEDIATRIC EXTENDED CARE							5
074 05 DIABETIC CLINIC				157,500	22,973	180,473	576
075 06 GI CLINIC				428,168	66,452	494,620	1,506
076 07 CLINIC FOR SPECIAL NEEDS				96,800	24,294	121,094	398
077 08 DIETETICS							1,394
078 09 INFUSION ROOM				42,948	1,203	44,151	248
079 10 CARDIOLOGY CLINIC				39,297	21,452	60,749	915
080 11 PULMONARY CLINIC				45,644	12,891	58,535	450
081 12 CLINIC							
082 13 ENT CLINIC				83,749	36,054	119,803	578
083 14 ORTHOPEDIC CLINIC				292,237	29,495	321,732	658
084 15 EYE CLINIC				38,438	12,501	50,939	222
085 16 CLINIC							
086 17 ONCOLOGY CLINIC				314,427	56,350	370,777	1,446

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
060 18 OUTPAT SERVICE COST CNTRS							
060 18 SURGICAL SPECIALTIES				87,017	33,960	120,977	946
060 19 ALLERGY CLINIC				250,745	73,122	323,867	843
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC				13,982	6,701	20,683	3
060 24 DERMATOLOGY CLINIC				72,511	23,899	96,410	495
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION	1,639					1,639	
060 28 CRANIOFACIAL CENTER				54,878	1,026	55,904	130
060 29 HEMATOLOGY CLINIC				90,429		90,429	340
060 30 SPINA BIFIDA				67,118		67,118	266
060 31 NEUROSCIENCES CENTER				57,789	38,823	96,612	894
060 32 RHEUMATOLOGY CLINIC				94,629	1,946	96,575	223
060 33 ENDOCRINE CENTER				85,872	72	85,944	174
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC				22,118	1,997	24,115	297
060 38 GREENWAY CLINIC	974				312,864	313,838	410
060 39 NEW BERLIN CLINIC	2,571,661			650,185	332,996	3,554,842	1,256
061 EMERGENCY				453,984	116,345	570,329	6,073
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS				16,797		16,797	21
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							149
084 LIVER ACQUISITION							3
085 HEART ACQUISITION							137
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT				8,279		8,279	83
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	3,157,016			24,292,316	17,840,108	45,289,440	187,174
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				39,822		39,822	
097 RESEARCH				276,132	3,141	279,273	1,876
097 01 RESEARCH/GRANT ACTIVITY							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER	283,697				6,164	289,861	
100 01 POISON CENTER				73,012	20,556	93,568	1,475
100 02 PUBLIC RELATIONS	114,819			212,927	1,690	329,436	1,179
100 03 OUTREACH	30,000			259,788		289,788	815
100 04 OTHER OFFSITE CLINICS	35,232				80,418	115,650	346
100 05 CHILDREN'S SPECIALTY GROU					1,919	1,919	294
100 08 EAST SIDE SPEECH AND HEAR	52					52	9
100 09 NORTH SHORE CLINIC	29,094				4,792	33,886	14
100 10 OTHER CHS SUPPORT				87,829		87,829	
100 11 PHYSICIAN RELATIONS							54
100 12 ADOLESCENT MEDICINE				63,086	15,486	78,572	334
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,649,910			25,304,912	17,974,274	46,929,096	193,570

ALLOCATION OF NEW CAPITAL RELATED COSTS

52-3300

FROM 1/1/2010

WORKSHEET B

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TO 12/31/2010

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	8,359,357						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	356,703		1,445,763				
010 LAUNDRY & LINEN SERVICE	25,248			28,574			
011 HOUSEKEEPING	146,012		12,652	1,897	487,072		
012 DIETARY	72,382		2,017		717	108,031	
013 CAFETERIA	18,210		46,158	1	16,401		827,677
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	198,918		5,183		1,842		30,819
016 CENTRAL SERVICES & SUPPLY	151,036						
017 PHARMACY	171,095						
018 MEDICAL RECORDS & LIBRARY	119,785		15,858		5,635		21,872
019 SOCIAL SERVICE	67,452		12,964		4,607		13,446
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	336,001		2,063	91	733		39,498
023 I&R SERVICES-OTHER PRGM C	113,827		47		17		
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	683,230		335,564	8,215	119,232	80,096	106,148
027 INTENSIVE CARE UNIT	978,037		180,526	3,091	65,939	8,875	156,762
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 OTHER SPEC CARE HOT	175,232		43,921	1,478	15,606	14,834	21,872
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 ICU/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	347,238		103,696	4,770	35,339	8	46,421
040 RECOVERY ROOM	58,627		9,394	584	3,338		8,909
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	24,541		3,044		1,082		1,975
043 RADIOLOGY-DIAGNOSTIC	424,811		96,800	1,591	34,395		41,606
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	489,848		63,440	2	22,541		36,809
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING	155,524						
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	202,651		14,315	136	5,086	12	28,413
052 PHYSICAL THERAPY	81,430		36,278	105	12,890	16	1,168
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY	72,630		19,139		6,800	21	11,412
055 ELECTROCARDIOLOGY	139,549		26,773	187	7,718		8,575
056 ELECTROENCEPHALOGRAPHY	24,989		4,260	251	1,514		4,347
057 MEDICAL SUPPLIES CHARGED	632,650		21,927	1,410	7,791		34,842
058 DRUGS CHARGED TO PATIENTS	524,259		19,363	1	6,880		29,975
059 RENAL DIALYSIS	16,111		3,969	39	1,410		1,446
060 ASC (NON-DIAGNOSTIC PART)							
061 PSYCHIATRIC/PSYCHOLOGICAL	60,723		12,985		4,614	206	8,437
062 TRANSPORT	120,904						10,572
063 GENETICS CENTER	30,671		16,661				4,079
064 NUCLEAR MEDICINE-THERAPEU	20,118		2,375	76	844		1,019
065 CHILD DEVELOPMENT CENTER	11,246						799
066 CHILD PROTECTION CENTER	48,172		1,859	30	660		5,886
067 DENTAL SERVICES	70,622		13,613	211	4,837		9,092
068 OUTPAT SERVICE COST CNTRS							
069 CLINIC							
070 URGENT CARE							
071 ID PRIM CARE SUPP NETWORK	13,964		4,609		1,638		1,476
072 PAIN/PALLIATIVE CARE	17,665		8,486	11	3,015		2,473
073 PEDIATRIC EXTENDED CARE	40						7
074 DIABETIC CLINIC	20,920		10,450	1	3,713	199	3,001
075 GI CLINIC	56,628		28,410	6	10,094	31	7,917
076 CLINIC FOR SPECIAL NEEDS	17,640		6,423		2,282		2,618
077 DIETETICS	43,098						10,386
078 INFUSION ROOM	7,584		2,850	70	1,013		1,142
079 CARDIOLOGY CLINIC	28,989		2,607	102	926		5,202
080 PULMONARY CLINIC	14,092		3,029	71	1,076	3	2,134
081 CLINIC							
082 ENT CLINIC	25,918		5,557	28	1,974		3,224
083 ORTHOPEDIC CLINIC	24,497		19,390	184	6,890		4,206
084 EYE CLINIC	8,059		2,550		906		1,383
085 CLINIC							
086 ONCOLOGY CLINIC	48,221		20,863	179	7,413	3,671	8,415

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
060 18 OUTPAT SERVICE COST CNTRS							
060 18 SURGICAL SPECIALTIES	30,261		5,774	14	2,052		6,466
060 19 ALLERGY CLINIC	28,830		16,637	16	5,912		4,979
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC	541		928		330		26
060 24 DERMATOLOGY CLINIC	18,558		4,811	30	1,710		3,179
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION							
060 28 CRANIOFACIAL CENTER	4,940		3,641		1,294		532
060 29 HEMATOLOGY CLINIC	11,195		6,000	34	2,132	4	1,439
060 30 SPINA BIFIDA	9,628		4,453		1,582		1,290
060 31 NEUROSCIENCES CENTER	28,332		3,834		1,362	1	5,020
060 32 RHEUMATOLOGY CLINIC	9,172		6,279		2,231	1	1,420
060 33 ENDOCRINE CENTER	8,215		5,698		2,025		1,127
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC	6,579		1,468		521		1,435
060 38 GREENWAY CLINIC	23,158			46			
060 39 NEW BERLIN CLINIC	137,470		43,141	585			
061 EMERGENCY	181,754		30,122	3,031	10,703	53	30,030
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS	3,525		1,115		396		219
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	8,140						647
084 LIVER ACQUISITION	3,598						
085 HEART ACQUISITION	22,694						
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT	2,701		549		195		390
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	8,037,088		1,376,518	28,574	461,853	108,031	797,982
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	925		2,642		939		
097 RESEARCH	18,695		18,322		7,856		6,637
097 01 RESEARCH/GRANT ACTIVITY	75,832						
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER	8,341						
100 01 POISON CENTER	44,226		4,844		1,721		5,399
100 02 PUBLIC RELATIONS	68,592		14,128		5,020		6,585
100 03 OUTREACH	34,463		19,295		6,125		8,251
100 04 OTHER OFFSITE CLINICS	52,082						
100 05 CHILDREN'S SPECIALTY GROU	8,119						1,945
100 08 EAST SIDE SPEECH AND HEAR	210						
100 09 NORTH SHORE CLINIC	120						
100 10 OTHER CHS SUPPORT	2,041		5,828		2,071		
100 11 PHYSICIAN RELATIONS	1,835						212
100 12 ADOLESCENT MEDICINE	6,788		4,186		1,487		666
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,359,357		1,445,763	28,574	487,072	108,031	827,677

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		361,445						
016 CENTRAL SERVICES & SUPPLY			151,036					
017 PHARMACY				171,095				
018 MEDICAL RECORDS & LIBRARY			101		414,828			
020 SOCIAL SERVICE			16			310,193		
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI			72					
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		113,481	2,122	49	43,824		113,532	
028 INTENSIVE CARE UNIT		156,917	2,048	10	66,729		34,802	
029 CORONARY CARE UNIT								
030 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
033 OTHER SPEC CARE HOT		22,528	490	7	12,096		7,701	
034 SUBPROVIDER								
035 NURSERY								
036 SKILLED NURSING FACILITY								
037 NURSING FACILITY								
038 01 ICF/MR								
039 OTHER LONG TERM CARE								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM		5,127	2,647	39	14,668		1,310	
042 RECOVERY ROOM			85	3	5,032			
043 DELIVERY ROOM & LABOR ROO								
044 ANESTHESIOLOGY			252	1,773	2,815			
045 RADIOLOGY-DIAGNOSTIC			1,180	578	29,960		2,484	
046 RADIOLOGY-THERAPEUTIC								
047 RADIOISOTOPE								
048 LABORATORY			2,004	27	49,861		587	
049 PBP CLINICAL LAB SERVICES								
050 WHOLE BLOOD & PACKED RED								
051 BLOOD STORING, PROCESSING					7,667			
052 INTRAVENOUS THERAPY								
053 RESPIRATORY THERAPY		23,435	163	5	18,355			
054 PHYSICAL THERAPY			206	1	5,198		9,621	
055 OCCUPATIONAL THERAPY								
056 SPEECH PATHOLOGY			32		3,179		1,084	
057 ELECTROCARDIOLOGY		8,823	170	10	6,519			
058 ELECTROENCEPHALOGRAPHY			8	5	2,674			
059 MEDICAL SUPPLIES CHARGED		9,929	123,241		58,356			
060 DRUGS CHARGED TO PATIENTS			3,699	166,966	51,821			
061 RENAL DIALYSIS			6	1	1,570		4,110	
062 ASC (NON-DI STINCT PART)								
063 PSYCHIATRIC/PSYCHOLOGICAL			68		1,314		994	
064 01 TRANSPORT			169		3,007			
065 02 GENETICS CENTER			63	5	221		10,389	
066 03 NUCLEAR MEDICINE-THERAPEU			41	8	939			
067 04 CHILD DEVELOPMENT CENTER			52		217		1,129	
068 05 CHILD PROTECTION CENTER			184	415	533			
069 06 DENTAL SERVICES			1,752	2	2,564		339	
070 OUTPAT SERVICE COST CNTRS								
071 CLINIC								
072 01 URGENT CARE								
073 02 ID PRIM CARE SUPP NETWORK					19		1,626	
074 03 PAIN/PALLIATIVE CARE			56	1	119			
075 04 PEDIATRIC EXTENDED CARE								
076 05 DIABETIC CLINIC			27	28	624		9,282	
077 06 GI CLINIC			105	9	1,104		9,689	
078 07 CLINIC FOR SPECIAL NEEDS			43	3	150		4,539	
079 08 DIETETICS			13		375			
080 09 INFUSION ROOM		1,175		1	1,288			
081 10 CARDIOLOGY CLINIC		5,353	130	1	834		11,699	
082 11 PULMONARY CLINIC			63	42	308		5,488	
083 12 CLINIC								
084 13 ENT CLINIC			129	43	737		1,852	
085 14 ORTHOPEDIC CLINIC			71	3	928		1,400	
086 15 EYE CLINIC			19	31	305		1,287	
087 16 CLINIC								
088 17 ONCOLOGY CLINIC		8,658	167		1,929		4,517	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20	
060 18 OUTPAT SERVICE COST CNTRS								
060 19 SURGICAL SPECIALTIES		1,565	99	26	795		903	
060 20 ALLERGY CLINIC			142	136	743		1,987	
060 21 CLINIC								
060 22 CLINIC								
060 23 LASER CLINIC								
060 24 DERMATOLOGY CLINIC			54	231	541		1,107	
060 25 CLINIC								
060 26 CLINIC								
060 27 CLINIC ADMINISTRATION								
060 28 CRANIOFACIAL CENTER						176	858	
060 29 HEMATOLOGY CLINIC		1,481				180		
060 30 SPINA BIFIDA			6			140		
060 31 NEUROSCIENCES CENTER			12	3	467		13,460	
060 32 RHEUMATOLOGY CLINIC			22	19	170		2,123	
060 33 ENDOCRINE CENTER			3	2	217		429	
060 34 CLINIC								
060 35 CLINIC								
060 36 CLINIC								
060 37 RENAL CLINIC			8		134		1,716	
060 38 GREENWAY CLINIC			110	3	956			
060 39 NEW BERLIN CLINIC			352	368	1,723			
061 EMERGENCY			592	71	8,099		41,803	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)								
064 HOME PROGRAM DIALYSIS					1,128			
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION				4	147		4,517	
084 LIVER ACQUISITION		383			138			
085 HEART ACQUISITION					821			
085 01 PANCREAS ACQUISITION								
086 SOLID ORGAN TRANSPLANT								
092 AMBULATORY SURGICAL CENTER								
093 HOSPICE								
095 SUBTOTALS		358,855	143,094	170,929	414,414		308,364	
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP RESEARCH			7,429					
097 01 RESEARCH/GRANT ACTIVITY		1,098			195			
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
100 DOWNTOWN HEALTH CENTER				50				
100 01 POISON CENTER				14				
100 02 PUBLIC RELATIONS								
100 03 OUTREACH		1,492	6	2				
100 04 OTHER OFFSITE CLINICS			4	62	219			
100 05 CHILDREN'S SPECIALTY GROUP			217					
100 08 EAST SIDE SPEECH AND HEAR			4					
100 09 NORTH SHORE CLINIC			2					
100 10 OTHER CHS SUPPORT								
100 11 PHYSICIAN RELATIONS								
100 12 ADOLESCENT MEDICINE			168	102			1,829	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		361,445	151,036	171,095	414,828		310,193	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24		26	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI		410,660					
024 I&R SERVICES-OTHER PRGM C			114,607				
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS					7,120,406		7,120,406
027 ADULTS & PEDIATRICS					6,445,011		6,445,011
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 OTHER SPEC CARE HOT					1,046,664		1,046,664
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM					3,050,761		3,050,761
041 RECOVERY ROOM					269,677		269,677
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY					357,519		357,519
044 RADIOLOGY-DIAGNOSTIC					5,307,482		5,307,482
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY					2,144,176		2,144,176
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING					274,177		274,177
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY					788,128		788,128
053 PHYSICAL THERAPY					870,666		870,666
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY					470,410		470,410
056 ELECTROCARDIOLOGY					1,284,415		1,284,415
057 ELECTROENCEPHALOGRAPHY					221,638		221,638
058 MEDICAL SUPPLIES CHARGED					2,105,075		2,105,075
059 DRUGS CHARGED TO PATIENTS					1,339,896		1,339,896
060 RENAL DIALYSIS					119,214		119,214
061 ASC (NON-DI STINCT PART)							
062 PSYCHIATRIC/PSYCHOLOGICAL					307,778		307,778
063 01 TRANSPORT					234,339		234,339
064 02 GENETICS CENTER					410,227		410,227
065 03 NUCLEAR MEDICINE-THERAPEU					149,785		149,785
066 04 CHILD DEVELOPMENT CENTER					293,699		293,699
067 05 CHILD PROTECTION CENTER					249,318		249,318
068 06 DENTAL SERVICES					367,237		367,237
069 OUTPAT SERVICE COST CNTRS							
070 CLINIC							
071 01 URGENT CARE							
072 02 ID PRIM CARE SUPP NETWORK					93,322		93,322
073 03 PAIN/PALLIATIVE CARE					166,917		166,917
074 04 PEDIATRIC EXTENDED CARE					52		52
075 05 DIABETIC CLINIC					229,294		229,294
076 06 GI CLINIC					610,119		610,119
077 07 CLINIC FOR SPECIAL NEEDS					155,190		155,190
078 08 DIETETICS					55,266		55,266
079 09 INFUSION ROOM					59,522		59,522
080 10 RADIOLOGY CLINIC					117,507		117,507
081 11 PULMONARY CLINIC					85,291		85,291
082 12 CLINIC							
083 13 ENT CLINIC					159,843		159,843
084 14 ORTHOPEDIC CLINIC					379,959		379,959
085 15 EYE CLINIC					65,701		65,701
086 16 CLINIC							
087 17 ONCOLOGY CLINIC					476,256		476,256

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
060 18 OUTPAT SERVICE COST CNTRS							
060 18 SURGICAL SPECIALTIES					169,878		169,878
060 19 ALLERGY CLINIC					384,092		384,092
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC					22,511		22,511
060 24 DERMATOLOGY CLINIC					127,126		127,126
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION					1,639		1,639
060 28 CRANIOFACIAL CENTER					67,475		67,475
060 29 HEMATOLOGY CLINIC					113,234		113,234
060 30 SPI NA BIFI DA					84,483		84,483
060 31 NEUROSCIENCES CENTER					149,997		149,997
060 32 RHEUMATOLOGY CLINIC					118,235		118,235
060 33 ENDOCRINE CENTER					103,834		103,834
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC					36,273		36,273
060 38 GREENWAY CLINIC					338,521		338,521
060 39 NEW BERLIN CLINIC					3,739,737		3,739,737
061 EMERGENCY					882,660		882,660
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS					23,201		23,201
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION					13,604		13,604
084 LIVER ACQUISITION					4,122		4,122
085 HEART ACQUISITION					23,652		23,652
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT					12,197		12,197
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS					44,298,408		44,298,408
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					51,757		51,757
097 RESEARCH					333,952		333,952
097 01 RESEARCH/GRANT ACTIVITY					75,880		75,880
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER					298,252		298,252
100 01 POISON CENTER					151,247		151,247
100 02 PUBLIC RELATIONS					424,940		424,940
100 03 OUTREACH					360,237		360,237
100 04 OTHER OFFSITE CLINICS					168,363		168,363
100 05 CHILDREN'S SPECIALTY GROU					12,494		12,494
100 08 EAST SIDE SPEECH AND HEAR					275		275
100 09 NORTH SHORE CLINIC					34,022		34,022
100 10 OTHER CHS SUPPORT					97,769		97,769
100 11 PHYSICIAN RELATIONS					2,101		2,101
100 12 ADOLESCENT MEDICINE					94,132		94,132
101 CROSS FOOT ADJUSTMENTS		410,660	114,607		525,267		525,267
102 NEGATIVE COST CENTER							
103 TOTAL		410,660	114,607		46,929,096		46,929,096

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)
		6	7	8	9	10	11	12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	359,708,335						
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	15,349,309		913,222				
009	LAUNDRY & LINEN SERVICE	1,086,460			1,439,949			
010	HOUSEKEEPING	6,283,067		7,992	95,590	865,870		
011	DIETARY	3,114,667		1,274			114,002	
012	CAFETERIA	783,579		29,156	63	29,156		222,585
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATIVE	8,559,679		3,274		3,274		8,288
015	CENTRAL SERVICES & SUPPORT	6,499,239						
016	PHARMACY	7,362,388						
017	MEDICAL RECORDS & LIBRARY	5,154,501		10,017		10,017		5,882
018	SOCIAL SERVICE	2,902,544		8,189		8,189		3,616
020	NONPHYSICIAN ANESTHESIOLOGIST							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS	14,458,489		1,303	4,570	1,303		10,622
023	I&R SERVICES-OTHER PROGRAMS	4,898,121		30		30		
024	PARAMEDICAL PROGRAM							
025	INPATIENT ROUTINE SERVICE CENTER	29,400,159		211,960	414,197	211,960	84,523	28,546
026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	42,081,992		114,030	155,760	117,220	9,366	42,157
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE UNIT							
030	OTHER SPECIAL CARE HOT	7,540,413		27,743	74,464	27,743	15,654	5,882
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SERVICE COST CENTER							
038	OPERATING ROOM	14,942,028		65,500	240,371	62,822	8	12,484
038	RECOVERY ROOM	2,522,771		5,934	29,412	5,934		2,396
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	1,056,044		1,923		1,923		531
041	RADIOLOGY-DIAGNOSTIC	18,280,092		61,144	80,155	61,144		11,189
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	21,078,689		40,072	85	40,072		9,899
045	PBP CLINICAL LAB SERVICE							
046	WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	6,692,359						
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	8,720,281		9,042	6,840	9,042	13	7,641
050	PHYSICAL THERAPY	3,504,025		22,915	5,300	22,915	17	314
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY	3,125,344		12,089	10	12,089	22	3,069
053	ELECTROCARDIOLOGY	6,004,935		16,911	9,400	13,721		2,306
054	ELECTROENCEPHALOGRAPHY	1,075,283		2,691	12,655	2,691		1,169
055	MEDICAL SUPPLIES CHARACTERIZED	27,223,643		13,850	71,046	13,850		9,370
056	DRUGS CHARGED TO PATIENTS	22,559,431		12,231	35	12,231		8,061
057	RENAL DIALYSIS	693,277		2,507	1,965	2,507		389
058	ASC (NON-DISTINCT PAR)							
059	PSYCHIATRIC/PSYCHOLOGIST	2,612,979		8,202		8,202	217	2,269
059	01 TRANSPORT	5,202,625						2,843
059	02 GENETICS CENTER	1,319,823		10,524				1,097
059	03 NUCLEAR MEDICINE-THER	865,697		1,500	3,840	1,500		274
059	04 CHILD DEVELOPMENT CENTER	483,944						215
059	05 CHILD PROTECTION CENTER	2,072,892		1,174	1,500	1,174		1,583
059	06 DENTAL SERVICES	3,038,932		8,599	10,645	8,599		2,445
060	OUTPATIENT SERVICE COST CENTER							
060	01 URGENT CARE							
060	02 ID PRIM CARE SUPP NET	600,874		2,911		2,911		397
060	03 PAIN/PALLIATIVE CARE	760,133		5,360	556	5,360		665
060	04 PEDIATRIC EXTENDED CARE	1,732						2
060	05 DIABETIC CLINIC	900,232		6,601	30	6,601	210	807
060	06 GI CLINIC	2,436,785		17,945	312	17,945	33	2,129
060	07 CLINIC FOR SPECIAL NEEDS	759,075		4,057		4,057		704
060	08 DIETETICS	1,854,546						2,793
060	09 INFUSION ROOM	326,357		1,800	3,542	1,800		307
060	10 CARDIOLOGY CLINIC	1,247,416		1,647	5,135	1,647		1,399
060	11 PULMONARY CLINIC	606,380		1,913	3,600	1,913	3	574
060	12 CLINIC							
060	13 ENT CLINIC	1,115,276		3,510	1,401	3,510		867

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)
		6	7	8	9	10	11	12
060	14 OUTPAT SERVICE COST C							
060	14 ORTHOPEDIC CLINIC	1,054,153		12,248	9,250	12,248		1,131
060	15 EYE CLINIC	346,800		1,611		1,611		372
060	16 CLINIC							
060	17 ONCOLOGY CLINIC	2,075,004		13,178	9,007	13,178	3,874	2,263
060	18 SURGICAL SPECIALTIES	1,302,164		3,647	688	3,647		1,739
060	19 ALLERGY CLINIC	1,240,575		10,509	814	10,509		1,339
060	20 CLINIC							
060	21 CLINIC							
060	22 CLINIC							
060	23 LASER CLINIC	23,282		586		586		7
060	24 DERMATOLOGY CLINIC	798,551		3,039	1,489	3,039		855
060	25 CLINIC							
060	26 CLINIC							
060	27 CLINIC ADMINISTRATION							
060	28 CRANIOFACIAL CENTER	212,583		2,300		2,300		143
060	29 HEMATOLOGY CLINIC	481,715		3,790	1,701	3,790	4	387
060	30 SPINA BIFIDA	414,317		2,813		2,813		347
060	31 NEUROSCIENCES CENTER	1,219,136		2,422		2,422	1	1,350
060	32 RHEUMATOLOGY CLINIC	394,690		3,966		3,966	1	382
060	33 ENDOCRINE CENTER	353,517		3,599		3,599		303
060	34 CLINIC							
060	35 CLINIC							
060	36 CLINIC							
060	37 RENAL CLINIC	283,098		927		927		386
060	38 GREENWAY CLINIC	996,507			2,321			
060	39 NEW BERLIN CLINIC	5,915,507		27,250	29,477			
061	EMERGENCY	7,821,093		19,027	152,723	19,027	56	8,076
062	OBSERVATION BEDS (NON OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS	151,673		704		704		59
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	350,287						174
084	LIVER ACQUISITION	154,811						
085	HEART ACQUISITION	976,541						
085	01 PANCREAS ACQUISITION							
086	SOLID ORGAN TRANSPLAN	116,231		347		347		105
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS	345,840,742		869,483	1,439,949	821,039	114,002	214,599
096	NONREIMBURS COST CENT							
096	GI FT, FLOWER, COFFEE	39,822		1,669		1,669		
097	RESEARCH	804,466		11,573		13,965		1,785
097	01 RESEARCH/GRANT ACTIVI	3,263,141						
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	DOWNTOWN HEALTH CENTE	358,932						
100	01 POISON CENTER	1,903,099		3,060		3,060		1,452
100	02 PUBLIC RELATIONS	2,951,587		8,924		8,924		1,771
100	03 OUTREACH	1,483,000		12,188		10,888		2,219
100	04 OTHER OFFSITE CLINICS	2,241,125						
100	05 CHILDREN'S SPECIALTY	349,358						523
100	08 EAST SIDE SPEECH AND	9,020						
100	09 NORTH SHORE CLINIC	5,158						
100	10 OTHER CHS SUPPORT	87,829		3,681		3,681		
100	11 PHYSICIAN RELATIONS	78,944						57
100	12 ADOLESCENT MEDICINE	292,112		2,644		2,644		179
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSH T B, PART I)	80,929,838		18,802,704	1,330,899	7,949,577	3,853,355	1,827,919
104	UNIT COST MULTIPLIER (WRKSH T B, PT I)	.224987		20.589412	.924268	9.181028	33.800767	8.212229
105	COST TO BE ALLOCATED (WRKSH T B, PART II)							
106	UNIT COST MULTIPLIER (WRKSH T B, PT II)							
107	COST TO BE ALLOCATED (WRKSH T B, PART III)	8,359,357		1,445,763	28,574	487,072	108,031	827,677
108	UNIT COST MULTIPLIER (WRKSH T B, PT III)	.023239		1.583145	.019844	.562523	.947624	3.718476

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		94,469					
016 CENTRAL SERVICES & SUPPLY			3,889,874				
017 PHARMACY				22,395,124			
018 MEDICAL RECORDS & LIBRARY			2,596		845,991,601		
019 SOCIAL SERVICE			423			13,735	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS			1,858				
023 I&R SERVICES-OTHER PROGRAMS							
024 PARAMEDICAL PROGRAMS							
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS		29,660	54,660	6,359	89,436,311	5,027	
027 INTENSIVE CARE UNIT		41,013	52,753	1,246	135,580,515	1,541	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE UNIT							
031 OTHER SPECIAL CARE HOT		5,888	12,631	935	24,685,399	341	
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM		1,340	68,163	5,155	29,935,426	58	
040 RECOVERY ROOM			2,199	389	10,269,618		
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY			6,488	232,020	5,745,546		
043 RADIOLOGY-DIAGNOSTIC			30,391	75,591	61,143,148	110	
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY			51,616	3,534	101,756,715	26	
047 PBP CLINICAL LAB SERVICE							
048 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING					15,647,015		
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY		6,125	4,194	674	37,458,999		
051 PHYSICAL THERAPY			5,297	83	10,608,923	426	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY			821		6,487,867	48	
054 ELECTROCARDIOLOGY		2,306	4,377	1,373	13,303,364		
055 ELECTROENCEPHALOGRAPHY			218	676	5,456,306		
056 MEDICAL SUPPLIES CHARACTERIZED		2,595	3,174,051		119,093,969		
057 DRUGS CHARGED TO PATIENTS			95,274	21,854,559	105,757,020		
058 RENAL DIALYSIS			162	193	3,204,002	182	
059 ASC (NON-DISTINCT) PARAPROVIDER							
060 PSYCHIATRIC/PSYCHOLOGICAL			1,740		2,682,619	44	
061 01 TRANSPORT			4,340		6,136,319		
062 02 GENETICS CENTER			1,611	689	451,077	460	
063 03 NUCLEAR MEDICINE-THERAPY			1,048	983	1,915,883		
064 04 CHILD DEVELOPMENT CENTER			1,345		442,307	50	
065 05 CHILD PROTECTION CENTER			4,727	54,286	1,088,215		
066 06 DENTAL SERVICES			45,133	324	5,233,666	15	
067 OUTPAT SERVICE COST CENTER							
068 CLINIC							
069 01 URGENT CARE							
070 02 ID PRIM CARE SUPP NET					38,609	72	
071 03 PAIN/PALLIATIVE CARE			1,454	97	242,585		
072 04 PEDIATRIC EXTENDED CARE							
073 05 DIABETIC CLINIC			683	3,689	1,274,332	411	
074 06 GI CLINIC			2,706	1,211	2,253,820	429	
075 07 CLINIC FOR SPECIAL NEEDS			1,110	417	305,717	201	
076 08 DIETETICS			343		765,622		
077 09 INFUSION ROOM		307		75	2,629,196		
078 10 RADIOLOGY CLINIC		1,399	3,336	136	1,701,051	518	
079 11 PULMONARY CLINIC			1,634	5,500	628,642	243	
080 12 CLINIC							
081 13 ENT CLINIC			3,318	5,664	1,504,188	82	

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
060 14 OUTPAT SERVICE COST C							
060 14 ORTHOPEDIC CLINIC			1,820	359	1,894,248	62	
060 15 EYE CLINIC			493	4,006	621,994	57	
060 16 CLINIC							
060 17 ONCOLOGY CLINIC		2,263	4,289		3,936,583	200	
060 18 SURGICAL SPECIALTIES		409	2,553	3,462	1,622,094	40	
060 19 ALLERGY CLINIC			3,667	17,845	1,517,293	88	
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC					82		
060 24 DERMATOLOGY CLINIC			1,396	30,271	1,104,608	49	
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION							
060 28 CRANIOFACIAL CENTER				51	359,873	38	
060 29 HEMATOLOGY CLINIC		387			366,877		
060 30 SPINA BIFIDA			152		285,772		
060 31 NEUROSCIENCES CENTER			297	355	953,959	596	
060 32 RHEUMATOLOGY CLINIC			572	2,466	346,756	94	
060 33 ENDOCRINE CENTER			65	276	442,350	19	
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC			202		273,137	76	
060 38 GREENWAY CLINIC			2,823	413	1,951,011		
060 39 NEW BERLIN CLINIC			9,060	48,139	3,516,061		
061 EMERGENCY			15,255	9,303	16,529,486	1,851	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS					2,302,002		
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
084 KIDNEY ACQUISITION				577	300,734	200	
084 LIVER ACQUISITION		100			282,269		
085 HEART ACQUISITION					1,675,007		
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLAN							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS		93,792	3,685,344	22,373,381	845,146,187	13,654	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			191,319				
097 RESEARCH		287			398,192		
097 01 RESEARCH/GRANT ACTIVI			1,226				
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTE			1,299				
100 01 POISON CENTER			368				
100 02 PUBLIC RELATIONS							
100 03 OUTREACH		390	148	252			
100 04 OTHER OFFSITE CLINICS			99	8,118	447,222		
100 05 CHILDREN'S SPECIALTY			5,596				
100 08 EAST SIDE SPEECH AND			104				
100 09 NORTH SHORE CLINIC			44				
100 10 OTHER CHS SUPPORT							
100 11 PHYSICIAN RELATIONS							
100 12 ADOLESCENT MEDICINE			4,327	13,373		81	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		10,651,027	7,961,483	9,018,830	6,666,024	3,829,930	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		112.746266		.402714		278.844558	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED			2.046720		.007880		
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		361,445	151,036	171,095	414,828	310,193	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		3.826070		.007640		22.584128	
(WRKSHT B, PT III)			.038828		.000490		

COST CENTER DESCRIPTION	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSON				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
019 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &		379,611		
023 I&R SERVICES-OTHER PR			379,611	
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS		91,785	91,785	
027 INTENSIVE CARE UNIT		52,246	52,246	
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE U				
030 SURGICAL INTENSIVE CA				
031 OTHER SPEC CARE HOT		4,952	4,952	
032 SUBPROVIDER				
033 NURSERY				
034 SKILLED NURSING FACIL				
035 NURSING FACILITY				
036 01 ICF/MR				
037 OTHER LONG TERM CARE				
038 ANCILLARY SRVC COST C				
039 OPERATING ROOM		46,557	46,557	
040 RECOVERY ROOM				
041 DELIVERY ROOM & LABOR				
042 ANESTHESIOLOGY		31,520	31,520	
043 RADIOLOGY-DIAGNOSTIC		8,709	8,709	
044 RADIOLOGY-THERAPEUTIC				
045 RADIOISOTOPE				
046 LABORATORY		2,082	2,082	
047 PBP CLINICAL LAB SERV				
048 WHOLE BLOOD & PACKED				
049 BLOOD STORING, PROCES				
050 INTRAVENOUS THERAPY				
051 RESPIRATORY THERAPY				
052 PHYSICAL THERAPY		3,260	3,260	
053 OCCUPATIONAL THERAPY				
054 SPEECH PATHOLOGY				
055 ELECTROCARDIOLOGY				
056 ELECTROENCEPHALOGRAPH		2,613	2,613	
057 MEDICAL SUPPLIES CHAR				
058 DRUGS CHARGED TO PATI				
059 RENAL DIALYSIS				
060 ASC (NON-DISTINCT PAR				
061 PSYCHIATRIC/PSYCHOLOG		11,017	11,017	
062 01 TRANSPORT				
063 02 GENETICS CENTER				
064 03 NUCLEAR MEDICINE-THER				
065 04 CHILD DEVELOPMENT CEN		31	31	
066 05 CHILD PROTECTION CENT				
067 06 DENTAL SERVICES		17,193	17,193	
068 OUTPAT SERVICE COST C				
069 CLINIC				
070 01 URGENT CARE				
071 02 ID PRIM CARE SUPP NET		3,426	3,426	
072 03 PAIN/PALLIATIVE CARE		5,275	5,275	
073 04 PEDIATRIC EXTENDED CA				
074 05 DIABETIC CLINIC				
075 06 GI CLINIC		11,107	11,107	
076 07 CLINIC FOR SPECIAL NE				
077 08 DIETETICS				
078 09 INFUSION ROOM				
079 10 RADIOLOGY CLINIC		15,266	15,266	
080 11 PULMONARY CLINIC		8,673	8,673	
081 12 CLINIC				
082 13 ENT CLINIC		5,174	5,174	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
060 14 OUTPAT SERVICE COST C				
060 15 ORTHOPEDIC CLINIC		306	306	
060 16 EYE CLINIC		1,841	1,841	
060 17 CLINIC				
060 18 ONCOLOGY CLINIC		4,529	4,529	
060 19 SURGICAL SPECIALTIES				
060 20 ALLERGY CLINIC		7,919	7,919	
060 21 CLINIC				
060 22 CLINIC				
060 23 LASER CLINIC				
060 24 DERMATOLOGY CLINIC		12,301	12,301	
060 25 CLINIC				
060 26 CLINIC				
060 27 CLINIC ADMINISTRATION				
060 28 CRANIOFACIAL CENTER				
060 29 HEMATOLOGY CLINIC		2,735	2,735	
060 30 SPINA BIFIDA				
060 31 NEUROSCIENCES CENTER		3,833	3,833	
060 32 RHEUMATOLOGY CLINIC		1,498	1,498	
060 33 ENDOCRINE CENTER		7,559	7,559	
060 34 CLINIC				
060 35 CLINIC				
060 36 CLINIC				
060 37 RENAL CLINIC				
060 38 GREENWAY CLINIC				
060 39 NEW BERLIN CLINIC				
061 EMERGENCY		14,981	14,981	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
069 CORF				
070 I&R SERVICES-NOT APPR				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
SPEC PURPOSE COST CEN				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 SOLID ORGAN TRANSPLAN				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
095 SUBTOTALS		378,388	378,388	
096 NONREIMBURS COST CENT				
097 GIFT, FLOWER, COFFEE RESEARCH				
097 01 RESEARCH/GRANT ACTIVI				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 DOWNTOWN HEALTH CENTE		180	180	
100 01 POISON CENTER				
100 02 PUBLIC RELATIONS				
100 03 OUTREACH				
100 04 OTHER OFFSITE CLINICS				
100 05 CHILDREN'S SPECIALTY				
100 08 EAST SIDE SPEECH AND				
100 09 NORTH SHORE CLINIC				
100 10 OTHER CHS SUPPORT				
100 11 PHYSICIAN RELATIONS				
100 12 ADOLESCENT MEDICINE		1,043	1,043	
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED		17,845,509	6,001,028	
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		47.009989	15.808362	
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT I I)				
107 COST TO BE ALLOCATED		410,660	114,607	
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		1.081792	.301906	
(WRKSHT B, PT I I I)				

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
52-3300

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 6/ 6/2011
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-78,665
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	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	51,364,157		51,364,157		
26	INTENSIVE CARE UNIT	62,011,012		62,011,012		
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPEC CARE HOT	11,688,761		11,688,761		
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,098,856		21,098,856		
38	RECOVERY ROOM	3,399,465		3,399,465		
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,507,241		1,507,241		
41	RADIOLOGY-DIAGNOSTIC	24,984,256		24,984,256		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	28,011,612		28,011,612		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	8,321,351		8,321,351		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	12,015,529		12,015,529		
50	PHYSICAL THERAPY	5,195,887		5,195,887		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	4,280,545		4,280,545		
53	ELECTROCARDIOLOGY	8,232,088		8,232,088		
54	ELECTROENCEPHALOGRAPHY	1,462,331		1,462,331		
55	MEDICAL SUPPLIES CHARGED	41,630,977		41,630,977		
56	DRUGS CHARGED TO PATIENTS	37,894,865		37,894,865		
57	RENAL DIALYSIS	926,644		926,644		
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	3,507,980		3,507,980		
59	01 TRANSPORT	6,453,732		6,453,732		
59	02 GENETICS CENTER	1,977,854		1,977,854		
59	03 NUCLEAR MEDICINE-THERAPEU	1,128,561		1,128,561		
59	04 CHILD DEVELOPMENT CENTER	614,771		614,771		
59	05 CHILD PROTECTION CENTER	2,628,715		2,628,715		
59	06 DENTAL SERVICES	4,146,495		4,146,495		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE					
60	02 ID PRIM CARE SUPP NETWORK	846,366		846,366		
60	03 PAI N/PALLIATIVE CARE	1,101,624		1,101,624		
60	04 PEDIATRIC EXTENDED CARE	2,138		2,138		
60	05 DIABETIC CLINIC	1,440,571		1,440,571		
60	06 GI CLINIC	3,681,558		3,681,558		
60	07 CLINIC FOR SPECIAL NEEDS	1,117,313		1,117,313		
60	08 DIETETICS	2,301,467		2,301,467		
60	09 INFUSION ROOM	514,526		514,526		
60	10 CARDIOLOGY CLINIC	1,915,795		1,915,795		
60	11 PULMONARY CLINIC	886,173		886,173		
60	12 CLINIC					
60	13 ENT CLINIC	1,522,898		1,522,898		
60	14 ORTHOPEDIC CLINIC	1,709,874		1,709,874		
60	15 EYE CLINIC	499,258		499,258		
60	16 CLINIC					
60	17 ONCOLOGY CLINIC	3,442,733		3,442,733		
60	18 SURGICAL SPECIALTIES	1,795,292		1,795,292		
60	19 ALLERGY CLINIC	1,895,478		1,895,478		
60	20 CLINIC					
60	21 CLINIC					
60	22 CLINIC					
60	23 LASER CLINIC	46,023		46,023		
60	24 DERMATOLOGY CLINIC	1,114,499		1,114,499		
60	25 CLINIC					
60	26 CLINIC					
60	27 CLINIC ADMINISTRATION					
60	28 CRANIOFACIAL CENTER	343,510		343,510		
60	29 HEMATOLOGY CLINIC	754,334		754,334		
60	30 SPI NA BIFIDA	596,690		596,690		
60	31 NEUROSCIENCES CENTER	1,751,110		1,751,110		
60	32 RHEUMATOLOGY CLINIC	635,838		635,838		
60	33 ENDOCRINE CENTER	551,714		551,714		
60	34 CLINIC					
60	35 CLINIC					
60	36 CLINIC					
60	37 RENAL CLINIC	401,315		401,315		
60	38 GREENWAY CLINIC	1,244,171		1,244,171		
60	39 NEW BERLIN CLINIC	7,900,361		7,900,361		
61	EMERGENCY	11,037,913		11,037,913		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	225,380		225,380		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	395,759,607		395,759,607		
102	LESS OBSERVATION BEDS					
103	TOTAL	395,759,607		395,759,607		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	89,436,311		89,436,311			
26	INTENSIVE CARE UNIT	135,580,515		135,580,515			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPEC CARE HOT	24,685,399		24,685,399			
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	24,542,540	5,392,886	29,935,426	.704812	.704812	
38	RECOVERY ROOM	2,829,273	7,440,345	10,269,618	.331022	.331022	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,531,285	3,214,261	5,745,546	.262332	.262332	
41	RADIOLOGY-DIAGNOSTIC	20,066,263	41,076,885	61,143,148	.408619	.408619	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	54,946,965	46,809,750	101,756,715	.275280	.275280	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	9,422,874	6,224,142	15,647,016	.531817	.531817	
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	33,031,592	4,427,407	37,458,999	.320765	.320765	
50	PHYSICAL THERAPY	4,736,179	5,872,745	10,608,924	.489766	.489766	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	1,703,273	4,784,594	6,487,867	.659777	.659777	
53	ELECTROCARDIOLOGY	3,980,163	9,323,201	13,303,364	.618797	.618797	
54	ELECTROENCEPHALOGRAPHY	4,289,967	1,166,339	5,456,306	.268008	.268008	
55	MEDICAL SUPPLIES CHARGED	86,320,545	32,773,423	119,093,968	.349564	.349564	
56	DRUGS CHARGED TO PATIENTS	79,366,007	26,391,013	105,757,020	.358320	.358320	
57	RENAL DIALYSIS	1,244,674	1,959,328	3,204,002	.289215	.289215	
58	ASC (NON-DI STINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	232,385	2,450,234	2,682,619	1.307670	1.307670	
59	01 TRANSPORT	5,528,817	607,501	6,136,318	1.051727	1.051727	
59	02 GENETICS CENTER	28,364	422,713	451,077	4.384737	4.384737	
59	03 NUCLEAR MEDICINE-THERAPEU	318,716	1,597,168	1,915,884	.589055	.589055	
59	04 CHILD DEVELOPMENT CENTER	190	442,117	442,307	1.389919	1.389919	
59	05 CHILD PROTECTION CENTER		1,088,215	1,088,215	2.415621	2.415621	
59	06 DENTAL SERVICES	8,392	5,225,274	5,233,666	.792274	.792274	
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 URGENT CARE						
60	02 ID PRIM CARE SUPP NETWORK		38,609	38,609	21.921469	21.921469	
60	03 PAI N/PALLIATIVE CARE	505	242,081	242,586	4.541169	4.541169	
60	04 PEDIATRIC EXTENDED CARE						
60	05 DIABETIC CLINIC	220	1,274,113	1,274,333	1.130451	1.130451	
60	06 GI CLINIC	268,485	1,975,335	2,253,820	1.633475	1.633475	
60	07 CLINIC FOR SPECIAL NEEDS	702	305,015	305,717	3.654730	3.654730	
60	08 DIETETICS	559,393	206,229	765,622	3.006009	3.006009	
60	09 INFUSION ROOM	3,256	2,625,941	2,629,197	.195697	.195697	
60	10 RADIOLOGY CLINIC	136,671	1,564,380	1,701,051	1.126242	1.126242	
60	11 PULMONARY CLINIC	7,511	621,132	628,643	1.409660	1.409660	
60	12 CLINIC						
60	13 ENT CLINIC	7,072	1,497,116	1,504,188	1.012439	1.012439	
60	14 ORTHOPEDIC CLINIC	7,046	1,887,202	1,894,248	.902666	.902666	
60	15 EYE CLINIC	276	621,718	621,994	.802673	.802673	
60	16 CLINIC						
60	17 ONCOLOGY CLINIC	301,231	3,635,352	3,936,583	.874549	.874549	
60	18 SURGICAL SPECIALTIES	9,991	1,612,103	1,622,094	1.106774	1.106774	
60	19 ALLERGY CLINIC	698	1,516,595	1,517,293	1.249250	1.249250	
60	20 CLINIC						
60	21 CLINIC						
60	22 CLINIC						
60	23 LASER CLINIC		82	82	561.256098	561.256098	
60	24 DERMATOLOGY CLINIC	964	1,103,644	1,104,608	1.008954	1.008954	
60	25 CLINIC						
60	26 CLINIC						
60	27 CLINIC ADMINISTRATION						
60	28 CRANIOFACIAL CENTER	1,571	358,302	359,873	.954531	.954531	
60	29 HEMATOLOGY CLINIC	475	366,401	366,876	2.056101	2.056101	
60	30 SPI NA BIFI DA	659	285,113	285,772	2.087993	2.087993	
60	31 NEUROSCIENCES CENTER	10,073	943,886	953,959	1.835624	1.835624	
60	32 RHEUMATOLOGY CLINIC	1,296	345,460	346,756	1.833676	1.833676	
60	33 ENDOCRINE CENTER	89	442,261	442,350	1.247234	1.247234	
60	34 CLINIC						
60	35 CLINIC						
60	36 CLINIC						
60	37 RENAL CLINIC	2,077	271,060	273,137	1.469281	1.469281	
60	38 GREENWAY CLINIC	416	1,950,596	1,951,012	.637705	.637705	
60	39 NEW BERLIN CLINIC	5,322	3,510,739	3,516,061	2.246935	2.246935	
61	EMERGENCY	2,249,504	14,279,982	16,529,486	.667771	.667771	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		2,302,002	2,302,002	.097906	.097906	

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	57,129,942		57,129,942		
26	INTENSIVE CARE UNIT	65,293,020		65,293,020		
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPEC CARE HOT	11,999,837		11,999,837		
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	24,023,490		24,023,490		
38	RECOVERY ROOM	3,399,465		3,399,465		
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	3,487,276		3,487,276		
41	RADIOLOGY-DIAGNOSTIC	25,531,341		25,531,341		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	28,142,400		28,142,400		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	8,321,351		8,321,351		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	12,015,529		12,015,529		
50	PHYSICAL THERAPY	5,400,675		5,400,675		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	4,280,545		4,280,545		
53	ELECTROCARDIOLOGY	8,232,088		8,232,088		
54	ELECTROENCEPHALOGRAPHY	1,626,475		1,626,475		
55	MEDICAL SUPPLIES CHARGED	41,630,977		41,630,977		
56	DRUGS CHARGED TO PATIENTS	37,894,865		37,894,865		
57	RENAL DIALYSIS	926,644		926,644		
58	ASC (NON-DI STINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	4,200,050		4,200,050		
01	TRANSPORT	6,453,732		6,453,732		
02	GENETICS CENTER	1,977,854		1,977,854		
03	NUCLEAR MEDICINE-THERAPEU	1,128,561		1,128,561		
04	CHILD DEVELOPMENT CENTER	616,718		616,718		
05	CHILD PROTECTION CENTER	2,628,715		2,628,715		
06	DENTAL SERVICES	5,226,531		5,226,531		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
01	URGENT CARE					
02	ID PRIM CARE SUPP NETWORK	1,061,581		1,061,581		
03	PAI N/PALLIATIVE CARE	1,432,991		1,432,991		
04	PEDIATRIC EXTENDED CARE	2,138		2,138		
05	DIABETIC CLINIC	1,440,571		1,440,571		
06	GI CLINIC	4,379,281		4,379,281		
07	CLINIC FOR SPECIAL NEEDS	1,117,313		1,117,313		
08	DIETETICS	2,301,467		2,301,467		
09	INFUSION ROOM	514,526		514,526		
10	CARDIOLOGY CLINIC	2,874,779		2,874,779		
11	PULMONARY CLINIC	1,430,997		1,430,997		
12	CLINIC					
13	ENT CLINIC	1,847,920		1,847,920		
14	ORTHOPEDIC CLINIC	1,729,096		1,729,096		
15	EYE CLINIC	614,906		614,906		
16	CLINIC					
17	ONCOLOGY CLINIC	3,727,237		3,727,237		
18	SURGICAL SPECIALTIES	1,795,292		1,795,292		
19	ALLERGY CLINIC	2,392,936		2,392,936		
20	CLINIC					
21	CLINIC					
22	CLINIC					
23	LASER CLINIC	46,023		46,023		
24	DERMATOLOGY CLINIC	1,887,228		1,887,228		
25	CLINIC					
26	CLINIC					
27	CLINIC ADMINISTRATION					
28	CRANIOFACIAL CENTER	343,510		343,510		
29	HEMATOLOGY CLINIC	926,142		926,142		
30	SPI NA BIFI DA	596,690		596,690		
31	NEUROSCIENCES CENTER	1,991,892		1,991,892		
32	RHEUMATOLOGY CLINIC	729,940		729,940		
33	ENDOCRINE CENTER	1,026,558		1,026,558		
34	CLINIC					
35	CLINIC					
36	CLINIC					
37	RENAL CLINIC	401,315		401,315		
38	GREENWAY CLINIC	1,244,171		1,244,171		
39	NEW BERLIN CLINIC	7,900,361		7,900,361		
61	EMERGENCY	11,978,995		11,978,995		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	225,380		225,380		

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	21,098,856	3,050,761	18,048,095			21,098,856
39	RECOVERY ROOM	3,399,465	269,677	3,129,788			3,399,465
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,507,241	357,519	1,149,722			1,507,241
42	RADIOLOGY-DIAGNOSTIC	24,984,256	5,307,482	19,676,774			24,984,256
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	28,011,612	2,144,176	25,867,436			28,011,612
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING	8,321,351	274,177	8,047,174			8,321,351
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	12,015,529	788,128	11,227,401			12,015,529
51	PHYSICAL THERAPY	5,195,887	870,666	4,325,221			5,195,887
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	4,280,545	470,410	3,810,135			4,280,545
54	ELECTROCARDIOLOGY	8,232,088	1,284,415	6,947,673			8,232,088
55	ELECTROENCEPHALOGRAPHY	1,462,331	221,638	1,240,693			1,462,331
56	MEDICAL SUPPLIES CHARGED	41,630,977	2,105,075	39,525,902			41,630,977
57	DRUGS CHARGED TO PATIENTS	37,894,865	1,339,896	36,554,969			37,894,865
58	RENAL DIALYSIS	926,644	119,214	807,430			926,644
59	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	3,507,980	307,778	3,200,202			3,507,980
59	01 TRANSPORT	6,453,732	234,339	6,219,393			6,453,732
59	02 GENETICS CENTER	1,977,854	410,227	1,567,627			1,977,854
59	03 NUCLEAR MEDICINE-THERAPEU	1,128,561	149,785	978,776			1,128,561
59	04 CHILD DEVELOPMENT CENTER	614,771	293,699	321,072			614,771
59	05 CHILD PROTECTION CENTER	2,628,715	249,318	2,379,397			2,628,715
59	06 DENTAL SERVICES	4,146,495	367,237	3,779,258			4,146,495
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE						
60	02 ID PRIM CARE SUPP NETWORK	846,366	93,322	753,044			846,366
60	03 PAIN/PALLIATIVE CARE	1,101,624	166,917	934,707			1,101,624
60	04 PEDIATRIC EXTENDED CARE	2,138	52	2,086			2,138
60	05 DIABETIC CLINIC	1,440,571	229,294	1,211,277			1,440,571
60	06 GI CLINIC	3,681,558	610,119	3,071,439			3,681,558
60	07 CLINIC FOR SPECIAL NEEDS	1,117,313	155,190	962,123			1,117,313
60	08 DIETETICS	2,301,467	55,266	2,246,201			2,301,467
60	09 INFUSION ROOM	514,526	59,522	455,004			514,526
60	10 CARDIOLOGY CLINIC	1,915,795	117,507	1,798,288			1,915,795
60	11 PULMONARY CLINIC	886,173	85,291	800,882			886,173
60	12 CLINIC						
60	13 ENT CLINIC	1,522,898	159,843	1,363,055			1,522,898
60	14 ORTHOPEDIC CLINIC	1,709,874	379,959	1,329,915			1,709,874
60	15 EYE CLINIC	499,258	65,701	433,557			499,258
60	16 CLINIC						
60	17 ONCOLOGY CLINIC	3,442,733	476,256	2,966,477			3,442,733
60	18 SURGICAL SPECIALTIES	1,795,292	169,878	1,625,414			1,795,292
60	19 ALLERGY CLINIC	1,895,478	384,092	1,511,386			1,895,478
60	20 CLINIC						
60	21 CLINIC						
60	22 CLINIC						
60	23 LASER CLINIC	46,023	22,511	23,512			46,023
60	24 DERMATOLOGY CLINIC	1,114,499	127,126	987,373			1,114,499
60	25 CLINIC						
60	26 CLINIC						
60	27 CLINIC ADMINISTRATION		1,639	-1,639			
60	28 CRANIOFACIAL CENTER	343,510	67,475	276,035			343,510
60	29 HEMATOLOGY CLINIC	754,334	113,234	641,100			754,334
60	30 SPINA BIFIDA	596,690	84,483	512,207			596,690
60	31 NEUROSCIENCES CENTER	1,751,110	149,997	1,601,113			1,751,110
60	32 RHEUMATOLOGY CLINIC	635,838	118,235	517,603			635,838
60	33 ENDOCRINE CENTER	551,714	103,834	447,880			551,714
60	34 CLINIC						
60	35 CLINIC						
60	36 CLINIC						
60	37 RENAL CLINIC	401,315	36,273	365,042			401,315
60	38 GREENWAY CLINIC	1,244,171	338,521	905,650			1,244,171
60	39 NEW BERLIN CLINIC	7,900,361	3,739,737	4,160,624			7,900,361
61	EMERGENCY	11,037,913	882,660	10,155,253			11,037,913
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS	225,380	23,201	202,179			225,380
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	270,695,677	29,632,752	241,062,925			270,695,677
102	LESS OBSERVATION BEDS						
103	TOTAL	270,695,677	29,632,752	241,062,925			270,695,677

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			
	OPERATING ROOM	29,935,426	.704812	.704812
38	RECOVERY ROOM	10,269,618	.331022	.331022
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	5,745,546	.262332	.262332
41	RADIOLOGY-DIAGNOSTIC	61,143,148	.408619	.408619
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	101,756,715	.275280	.275280
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	15,647,016	.531817	.531817
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	37,458,999	.320765	.320765
50	PHYSICAL THERAPY	10,608,924	.489766	.489766
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	6,487,867	.659777	.659777
53	ELECTROCARDIOLOGY	13,303,364	.618797	.618797
54	ELECTROENCEPHALOGRAPHY	5,456,306	.268008	.268008
55	MEDICAL SUPPLIES CHARGED	119,093,968	.349564	.349564
56	DRUGS CHARGED TO PATIENTS	105,757,020	.358320	.358320
57	RENAL DIALYSIS	3,204,002	.289215	.289215
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	2,682,619	1.307670	1.307670
59	01 TRANSPORT	6,136,318	1.051727	1.051727
59	02 GENETICS CENTER	451,077	4.384737	4.384737
59	03 NUCLEAR MEDICINE-THERAPEU	1,915,884	.589055	.589055
59	04 CHILD DEVELOPMENT CENTER	442,307	1.389919	1.389919
59	05 CHILD PROTECTION CENTER	1,088,215	2.415621	2.415621
59	06 DENTAL SERVICES	5,233,666	.792274	.792274
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 URGENT CARE			
60	02 ID PRIM CARE SUPP NETWORK	38,609	21.921469	21.921469
60	03 PAI N/PALLIATIVE CARE	242,586	4.541169	4.541169
60	04 PEDIATRIC EXTENDED CARE			
60	05 DIABETIC CLINIC	1,274,333	1.130451	1.130451
60	06 GI CLINIC	2,253,820	1.633475	1.633475
60	07 CLINIC FOR SPECIAL NEEDS	305,717	3.654730	3.654730
60	08 DIETETICS	765,622	3.006009	3.006009
60	09 INFUSION ROOM	2,629,197	.195697	.195697
60	10 RADIOLOGY CLINIC	1,701,051	1.126242	1.126242
60	11 PULMONARY CLINIC	628,643	1.409660	1.409660
60	12 CLINIC			
60	13 ENT CLINIC	1,504,188	1.012439	1.012439
60	14 ORTHOPEDIC CLINIC	1,894,248	.902666	.902666
60	15 EYE CLINIC	621,994	.802673	.802673
60	16 CLINIC			
60	17 ONCOLOGY CLINIC	3,936,583	.874549	.874549
60	18 SURGICAL SPECIALTIES	1,622,094	1.106774	1.106774
60	19 ALLERGY CLINIC	1,517,293	1.249250	1.249250
60	20 CLINIC			
60	21 CLINIC			
60	22 CLINIC			
60	23 LASER CLINIC	82	561.256098	561.256098
60	24 DERMATOLOGY CLINIC	1,104,608	1.008954	1.008954
60	25 CLINIC			
60	26 CLINIC			
60	27 CLINIC ADMINISTRATION			
60	28 CRANIOFACIAL CENTER	359,873	.954531	.954531
60	29 HEMATOLOGY CLINIC	366,876	2.056101	2.056101
60	30 SPINA BIFIDA	285,772	2.087993	2.087993
60	31 NEUROSCIENCES CENTER	953,959	1.835624	1.835624
60	32 RHEUMATOLOGY CLINIC	346,756	1.833676	1.833676
60	33 ENDOCRINE CENTER	442,350	1.247234	1.247234
60	34 CLINIC			
60	35 CLINIC			
60	36 CLINIC			
60	37 RENAL CLINIC	273,137	1.469281	1.469281
60	38 GREENWAY CLINIC	1,951,012	.637705	.637705
60	39 NEW BERLIN CLINIC	3,516,061	2.246935	2.246935
61	EMERGENCY	16,529,486	.667771	.667771
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	2,302,002	.097906	.097906
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	593,185,957		
102	LESS OBSERVATION BEDS			
103	TOTAL	593,185,957		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	24,023,490	3,050,761	20,972,729			24,023,490
39	RECOVERY ROOM	3,399,465	269,677	3,129,788			3,399,465
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	3,487,276	357,519	3,129,757			3,487,276
42	RADIOLOGY-DIAGNOSTIC	25,531,341	5,307,482	20,223,859			25,531,341
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	28,142,400	2,144,176	25,998,224			28,142,400
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING	8,321,351	274,177	8,047,174			8,321,351
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	12,015,529	788,128	11,227,401			12,015,529
51	PHYSICAL THERAPY	5,400,675	870,666	4,530,009			5,400,675
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	4,280,545	470,410	3,810,135			4,280,545
54	ELECTROCARDIOLOGY	8,232,088	1,284,415	6,947,673			8,232,088
55	ELECTROENCEPHALOGRAPHY	1,626,475	221,638	1,404,837			1,626,475
56	MEDICAL SUPPLIES CHARGED	41,630,977	2,105,075	39,525,902			41,630,977
57	DRUGS CHARGED TO PATIENTS	37,894,865	1,339,896	36,554,969			37,894,865
58	RENAL DIALYSIS	926,644	119,214	807,430			926,644
59	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	4,200,050	307,778	3,892,272			4,200,050
59	01 TRANSPORT	6,453,732	234,339	6,219,393			6,453,732
59	02 GENETICS CENTER	1,977,854	410,227	1,567,627			1,977,854
59	03 NUCLEAR MEDICINE-THERAPEU	1,128,561	149,785	978,776			1,128,561
59	04 CHILD DEVELOPMENT CENTER	616,718	293,699	323,019			616,718
59	05 CHILD PROTECTION CENTER	2,628,715	249,318	2,379,397			2,628,715
59	06 DENTAL SERVICES	5,226,531	367,237	4,859,294			5,226,531
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE						
60	02 ID PRIM CARE SUPP NETWORK	1,061,581	93,322	968,259			1,061,581
60	03 PAI N/PALLIATIVE CARE	1,432,991	166,917	1,266,074			1,432,991
60	04 PEDIATRIC EXTENDED CARE	2,138	52	2,086			2,138
60	05 DIABETIC CLINIC	1,440,571	229,294	1,211,277			1,440,571
60	06 GI CLINIC	4,379,281	610,119	3,769,162			4,379,281
60	07 CLINIC FOR SPECIAL NEEDS	1,117,313	155,190	962,123			1,117,313
60	08 DIETETICS	2,301,467	55,266	2,246,201			2,301,467
60	09 INFUSION ROOM	514,526	59,522	455,004			514,526
60	10 CARDIOLOGY CLINIC	2,874,779	117,507	2,757,272			2,874,779
60	11 PULMONARY CLINIC	1,430,997	85,291	1,345,706			1,430,997
60	12 CLINIC						
60	13 ENT CLINIC	1,847,920	159,843	1,688,077			1,847,920
60	14 ORTHOPEDIC CLINIC	1,729,096	379,959	1,349,137			1,729,096
60	15 EYE CLINIC	614,906	65,701	549,205			614,906
60	16 CLINIC						
60	17 ONCOLOGY CLINIC	3,727,237	476,256	3,250,981			3,727,237
60	18 SURGICAL SPECIALTIES	1,795,292	169,878	1,625,414			1,795,292
60	19 ALLERGY CLINIC	2,392,936	384,092	2,008,844			2,392,936
60	20 CLINIC						
60	21 CLINIC						
60	22 CLINIC						
60	23 LASER CLINIC	46,023	22,511	23,512			46,023
60	24 DERMATOLOGY CLINIC	1,887,228	127,126	1,760,102			1,887,228
60	25 CLINIC						
60	26 CLINIC						
60	27 CLINIC ADMINISTRATION		1,639	-1,639			
60	28 CRANIOFACIAL CENTER	343,510	67,475	276,035			343,510
60	29 HEMATOLOGY CLINIC	926,142	113,234	812,908			926,142
60	30 SPINA BIFIDA	596,690	84,483	512,207			596,690
60	31 NEUROSCIENCES CENTER	1,991,892	149,997	1,841,895			1,991,892
60	32 RHEUMATOLOGY CLINIC	729,940	118,235	611,705			729,940
60	33 ENDOCRINE CENTER	1,026,558	103,834	922,724			1,026,558
60	34 CLINIC						
60	35 CLINIC						
60	36 CLINIC						
60	37 RENAL CLINIC	401,315	36,273	365,042			401,315
60	38 GREENWAY CLINIC	1,244,171	338,521	905,650			1,244,171
60	39 NEW BERLIN CLINIC	7,900,361	3,739,737	4,160,624			7,900,361
61	EMERGENCY	11,978,995	882,660	11,096,335			11,978,995
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS	225,380	23,201	202,179			225,380
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	285,106,518	29,632,752	255,473,766			285,106,518
102	LESS OBSERVATION BEDS						
103	TOTAL	285,106,518	29,632,752	255,473,766			285,106,518

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			
	OPERATING ROOM	29,935,426	.802510	.802510
38	RECOVERY ROOM	10,269,618	.331022	.331022
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	5,745,546	.606953	.606953
41	RADIOLOGY-DIAGNOSTIC	61,143,148	.417567	.417567
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	101,756,715	.276566	.276566
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	15,647,016	.531817	.531817
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	37,458,999	.320765	.320765
50	PHYSICAL THERAPY	10,608,924	.509069	.509069
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	6,487,867	.659777	.659777
53	ELECTROCARDIOLOGY	13,303,364	.618797	.618797
54	ELECTROENCEPHALOGRAPHY	5,456,306	.298091	.298091
55	MEDICAL SUPPLIES CHARGED	119,093,968	.349564	.349564
56	DRUGS CHARGED TO PATIENTS	105,757,020	.358320	.358320
57	RENAL DIALYSIS	3,204,002	.289215	.289215
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	2,682,619	1.565653	1.565653
59	01 TRANSPORT	6,136,318	1.051727	1.051727
59	02 GENETICS CENTER	451,077	4.384737	4.384737
59	03 NUCLEAR MEDICINE-THERAPEU	1,915,884	.589055	.589055
59	04 CHILD DEVELOPMENT CENTER	442,307	1.394321	1.394321
59	05 CHILD PROTECTION CENTER	1,088,215	2.415621	2.415621
59	06 DENTAL SERVICES	5,233,666	.998637	.998637
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 URGENT CARE			
60	02 ID PRIM CARE SUPP NETWORK	38,609	27.495688	27.495688
60	03 PAIN/PALLIATIVE CARE	242,586	5.907146	5.907146
60	04 PEDIATRIC EXTENDED CARE			
60	05 DIABETIC CLINIC	1,274,333	1.130451	1.130451
60	06 GI CLINIC	2,253,820	1.943048	1.943048
60	07 CLINIC FOR SPECIAL NEEDS	305,717	3.654730	3.654730
60	08 DIETETICS	765,622	3.006009	3.006009
60	09 INFUSION ROOM	2,629,197	.195697	.195697
60	10 CARDIOLOGY CLINIC	1,701,051	1.690002	1.690002
60	11 PULMONARY CLINIC	628,643	2.276327	2.276327
60	12 CLINIC			
60	13 ENT CLINIC	1,504,188	1.228517	1.228517
60	14 ORTHOPEDIC CLINIC	1,894,248	.912814	.912814
60	15 EYE CLINIC	621,994	.988604	.988604
60	16 CLINIC			
60	17 ONCOLOGY CLINIC	3,936,583	.946820	.946820
60	18 SURGICAL SPECIALTIES	1,622,094	1.106774	1.106774
60	19 ALLERGY CLINIC	1,517,293	1.577109	1.577109
60	20 CLINIC			
60	21 CLINIC			
60	22 CLINIC			
60	23 LASER CLINIC	82	561.256098	561.256098
60	24 DERMATOLOGY CLINIC	1,104,608	1.708505	1.708505
60	25 CLINIC			
60	26 CLINIC			
60	27 CLINIC ADMINISTRATION			
60	28 CRANIOFACIAL CENTER	359,873	.954531	.954531
60	29 HEMATOLOGY CLINIC	366,876	2.524401	2.524401
60	30 SPINA BIFIDA	285,772	2.087993	2.087993
60	31 NEUROSCIENCES CENTER	953,959	2.088027	2.088027
60	32 RHEUMATOLOGY CLINIC	346,756	2.105054	2.105054
60	33 ENDOCRINE CENTER	442,350	2.320692	2.320692
60	34 CLINIC			
60	35 CLINIC			
60	36 CLINIC			
60	37 RENAL CLINIC	273,137	1.469281	1.469281
60	38 GREENWAY CLINIC	1,951,012	.637705	.637705
60	39 NEW BERLIN CLINIC	3,516,061	2.246935	2.246935
61	EMERGENCY	16,529,486	.724705	.724705
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	2,302,002	.097906	.097906
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	593,185,957		
102	LESS OBSERVATION BEDS			
103	TOTAL	593,185,957		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				7,120,406		7,120,406
26	INTENSIVE CARE UNIT				6,445,011		6,445,011
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPEC CARE HOT				1,046,664		1,046,664
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL				14,612,081		14,612,081

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

PROVIDER NO: 52-3300
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 WORKSHEET D
 PART III
 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					36,177	
26	INTENSIVE CARE UNIT					33,513	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPEC CARE HOT					6,436	
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					76,126	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		100
26	INTENSIVE CARE UNIT		36
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	OTHER SPEC CARE HOT		7
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL		143

TITLE XVIII, PART A

HOSPITAL

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			29,935,426			58,261	
39	RECOVERY ROOM			10,269,618			3,884	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			5,745,546			7,630	
42	RADIOLOGY-DIAGNOSTIC			61,143,148			42,568	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			101,756,715			168,332	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING			15,647,016			67,644	
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			37,458,999			47,552	
51	PHYSICAL THERAPY			10,608,924			3,119	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			6,487,867			2,625	
54	ELECTROCARDIOLOGY			13,303,364			16,694	
55	ELECTROENCEPHALOGRAPHY			5,456,306				
56	MEDICAL SUPPLIES CHARGED			119,093,968			200,952	
57	DRUGS CHARGED TO PATIENTS			105,757,020			416,674	
58	RENAL DIALYSIS			3,204,002			18,318	
59	ASC (NON-DIAGNOSTIC PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			2,682,619				
59	01 TRANSPORT			6,136,318			4,329	
59	02 GENETICS CENTER			451,077				
59	03 NUCLEAR MEDICINE-THERAPEU			1,915,884				
59	04 CHILD DEVELOPMENT CENTER			442,307				
59	05 CHILD PROTECTION CENTER			1,088,215				
59	06 DENTAL SERVICES			5,233,666			524	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 URGENT CARE							
60	02 ID PRIM CARE SUPP NETWORK			38,609				
60	03 PAIN/PALLIATIVE CARE			242,586				
60	04 PEDIATRIC EXTENDED CARE							
60	05 DIABETIC CLINIC			1,274,333				
60	06 GI CLINIC			2,253,820			137	
60	07 CLINIC FOR SPECIAL NEEDS			305,717				
60	08 DIETETICS			765,622				
60	09 INFUSION ROOM			2,629,197				
60	10 CARDIOLOGY CLINIC			1,701,051				
60	11 PULMONARY CLINIC			628,643				
60	12 CLINIC							
60	13 ENT CLINIC			1,504,188				
60	14 ORTHOPEDIC CLINIC			1,894,248				
60	15 EYE CLINIC			621,994				
60	16 CLINIC							
60	17 ONCOLOGY CLINIC			3,936,583			661	
60	18 SURGICAL SPECIALTIES			1,622,094			128	
60	19 ALLERGY CLINIC			1,517,293				
60	20 CLINIC							
60	21 CLINIC							
60	22 CLINIC							
60	23 LASER CLINIC			82				
60	24 DERMATOLOGY CLINIC			1,104,608				
60	25 CLINIC							
60	26 CLINIC							
60	27 CLINIC ADMINISTRATION							
60	28 CRANIOFACIAL CENTER			359,873				
60	29 HEMATOLOGY CLINIC			366,876				
60	30 SPINA BIFIDA			285,772				
60	31 NEUROSCIENCES CENTER			953,959				
60	32 RHEUMATOLOGY CLINIC			346,756				
60	33 ENDOCRINE CENTER			442,350				
60	34 CLINIC							
60	35 CLINIC							
60	36 CLINIC							
60	37 RENAL CLINIC			273,137			440	
60	38 GREENWAY CLINIC			1,951,012				
60	39 NEW BERLIN CLINIC			3,516,061				
61	EMERGENCY			16,529,486			5,300	
62	OBSERVATION BEDS (NON-DIS							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS			2,302,002				
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			593,185,957			1,065,772	

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,758					
38	RECOVERY ROOM	14,538					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	6,163					
41	RADIOLOGY-DIAGNOSTIC	80,671					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	37,544					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	147,141					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	27,377					
50	PHYSICAL THERAPY	34					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	2,345					
53	ELECTROCARDIOLOGY	103,747					
54	ELECTROENCEPHALOGRAPHY	3,239					
55	MEDICAL SUPPLIES CHARGED	53,636					
56	DRUGS CHARGED TO PATIENTS	145,740					
57	RENAL DIALYSIS	1,966					
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	7,456					
59	01 TRANSPORT						
59	02 GENETICS CENTER	4,872					
59	03 NUCLEAR MEDICINE-THERAPEU						
59	04 CHILD DEVELOPMENT CENTER						
59	05 CHILD PROTECTION CENTER						
59	06 DENTAL SERVICES						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE						
60	02 ID PRIM CARE SUPP NETWORK	511					
60	03 PAIN/PALLIATIVE CARE	259					
60	04 PEDIATRIC EXTENDED CARE						
60	05 DIABETIC CLINIC	589					
60	06 GI CLINIC	2,122					
60	07 CLINIC FOR SPECIAL NEEDS	1,742					
60	08 DIETETICS	24					
60	09 INFUSION ROOM	64,893					
60	10 CARDIOLOGY CLINIC	19,474					
60	11 PULMONARY CLINIC	11,646					
60	12 CLINIC						
60	13 ENT CLINIC	487					
60	14 ORTHOPEDIC CLINIC	1,563					
60	15 EYE CLINIC	3,451					
60	16 CLINIC						
60	17 ONCOLOGY CLINIC	15,470					
60	18 SURGICAL SPECIALTIES	1,265					
60	19 ALLERGY CLINIC	55,478					
60	20 CLINIC						
60	21 CLINIC						
60	22 CLINIC						
60	23 LASER CLINIC						
60	24 DERMATOLOGY CLINIC	615					
60	25 CLINIC						
60	26 CLINIC						
60	27 CLINIC ADMINISTRATION						
60	28 CRANIOFACIAL CENTER						
60	29 HEMATOLOGY CLINIC	14,575					
60	30 SPINA BIFIDA	1,390					
60	31 NEUROSCIENCES CENTER	947					
60	32 RHEUMATOLOGY CLINIC	1,330					
60	33 ENDOCRINE CENTER	204					
60	34 CLINIC						
60	35 CLINIC						
60	36 CLINIC						
60	37 RENAL CLINIC	11,204					
60	38 GREENWAY CLINIC	303					
60	39 NEW BERLIN CLINIC	12,462					
61	EMERGENCY	4,075					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	878,306					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				11,106	
38 RECOVERY ROOM				4,812	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				1,617	
41 RADIOLOGY-DIAGNOSTIC				32,964	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				10,335	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.				78,252	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				8,782	
50 PHYSICAL THERAPY				17	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				1,547	
53 ELECTROCARDIOLOGY				64,198	
54 ELECTROENCEPHALOGRAPHY				868	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				18,749	
56 DRUGS CHARGED TO PATIENTS				52,222	
57 RENAL DIALYSIS				569	
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				9,750	
59 01 TRANSPORT					
59 02 GENETICS CENTER				21,362	
59 03 NUCLEAR MEDICINE-THERAPEUTIC					
59 04 CHILD DEVELOPMENT CENTER					
59 05 CHILD PROTECTION CENTER					
59 06 DENTAL SERVICES					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 URGENT CARE					
60 02 ID PRIM CARE SUPP NETWORK				11,202	
60 03 PAIN/PALLIATIVE CARE				1,176	
60 04 PEDIATRIC EXTENDED CARE					
60 05 DIABETIC CLINIC				666	
60 06 GI CLINIC				3,466	
60 07 CLINIC FOR SPECIAL NEEDS				6,367	
60 08 DIETETICS				72	
60 09 INFUSION ROOM				12,699	
60 10 CARDIOLOGY CLINIC				21,932	
60 11 PULMONARY CLINIC				16,417	
60 12 CLINIC					
60 13 ENT CLINIC				493	
60 14 ORTHOPEDIC CLINIC				1,411	
60 15 EYE CLINIC				2,770	
60 16 CLINIC					
60 17 ONCOLOGY CLINIC				13,529	
60 18 SURGICAL SPECIALTIES				1,400	
60 19 ALLERGY CLINIC				69,306	
60 20 CLINIC					
60 21 CLINIC					
60 22 CLINIC					
60 23 LASER CLINIC					
60 24 DERMATOLOGY CLINIC				621	
60 25 CLINIC					
60 26 CLINIC					
60 27 CLINIC ADMINISTRATION					
60 28 CRANIOFACIAL CENTER					
60 29 HEMATOLOGY CLINIC				29,968	
60 30 SPINA BIFIDA				2,902	
60 31 NEUROSCIENCES CENTER				1,738	
60 32 RHEUMATOLOGY CLINIC				2,439	
60 33 ENDOCRINE CENTER				254	
60 34 CLINIC					
60 35 CLINIC					
60 36 CLINIC					
60 37 RENAL CLINIC				16,462	
60 38 GREENWAY CLINIC				193	
60 39 NEW BERLIN CLINIC				28,001	
61 EMERGENCY				2,721	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				565,355	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				565,355	

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	.802510				1,561,176
38 RECOVERY ROOM	.331022				1,100,348
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.606953				512,657
41 RADIOLOGY-DIAGNOSTIC	.417567				6,580,944
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.276566				9,331,336
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	.531817				1,728,289
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.320765				1,027,029
50 PHYSICAL THERAPY	.509069				964,755
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY	.659777				1,103,440
53 ELECTROCARDIOLOGY	.618797				1,449,231
54 ELECTROENCEPHALOGRAPHY	.298091				273,318
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.349564				5,381,345
56 DRUGS CHARGED TO PATIENTS	.358320				5,356,479
57 RENAL DIALYSIS	.289215				924,073
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.565653				602,308
59 01 TRANSPORT	1.051727				50,628
59 02 GENETICS CENTER	4.384737				107,358
59 03 NUCLEAR MEDICINE-THERAPEUTIC	.589055				236,517
59 04 CHILD DEVELOPMENT CENTER	1.394321				150,982
59 05 CHILD PROTECTION CENTER	2.415621				154,231
59 06 DENTAL SERVICES	.998637				1,394,492
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 URGENT CARE					
60 02 ID PRIM CARE SUPP NETWORK	27.495688				8,549
60 03 PAIN/PALLIATIVE CARE	5.907146				22,405
60 04 PEDIATRIC EXTENDED CARE					
60 05 DIABETIC CLINIC	1.130451				88,980
60 06 GI CLINIC	1.943048				422,341
60 07 CLINIC FOR SPECIAL NEEDS	3.654730				19,413
60 08 DIETETICS	3.006009				16,605
60 09 INFUSION ROOM	.195697				624,019
60 10 CARDIOLOGY CLINIC	1.690002				300,421
60 11 PULMONARY CLINIC	2.276327				175,209
60 12 CLINIC					
60 13 ENT CLINIC	1.228517				243,118
60 14 ORTHOPEDIC CLINIC	.912814				309,370
60 15 EYE CLINIC	.988604				109,366
60 16 CLINIC					
60 17 ONCOLOGY CLINIC	.946820				682,546
60 18 SURGICAL SPECIALTIES	1.106774				259,547
60 19 ALLERGY CLINIC	1.577109				156,171
60 20 CLINIC					
60 21 CLINIC					
60 22 CLINIC					
60 23 LASER CLINIC	561.256098				82
60 24 DERMATOLOGY CLINIC	1.708505				89,911
60 25 CLINIC					
60 26 CLINIC					
60 27 CLINIC ADMINISTRATION					
60 28 CRANIOFACIAL CENTER	.954531				53,712
60 29 HEMATOLOGY CLINIC	2.524401				103,207
60 30 SPINA BIFIDA	2.087993				141,867
60 31 NEUROSCIENCES CENTER	2.088027				263,007
60 32 RHEUMATOLOGY CLINIC	2.105054				38,739
60 33 ENDOCRINE CENTER	2.320692				71,734
60 34 CLINIC					
60 35 CLINIC					
60 36 CLINIC					
60 37 RENAL CLINIC	1.469281				63,084
60 38 GREENWAY CLINIC	.637705				935
60 39 NEW BERLIN CLINIC	2.246935				335,182
61 EMERGENCY	.724705				2,024,538
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS	.097906				559,663
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					47,174,657
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					47,174,657

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

TITLE XIX - 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,579.18
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		243,078	
27	INTENSIVE CARE UNIT		222,790	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	OTHER SPEC CARE HOT		23,885	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.704812	58,261	41,063
38	RECOVERY ROOM	.331022	3,884	1,286
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.262332	7,630	2,002
41	RADIOLOGY-DIAGNOSTIC	.408619	42,568	17,394
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.275280	168,332	46,338
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.531817	67,644	35,974
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.320765	47,552	15,253
50	PHYSICAL THERAPY	.489766	3,119	1,528
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.659777	2,625	1,732
53	ELECTROCARDIOLOGY	.618797	16,694	10,330
54	ELECTROENCEPHALOGRAPHY	.268008		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.349564	200,952	70,246
56	DRUGS CHARGED TO PATIENTS	.358320	416,674	149,303
57	RENAL DIALYSIS	.289215	18,318	5,298
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.307670		
59	01 TRANSPORT	1.051727	4,329	4,553
59	02 GENETICS CENTER	4.384737		
59	03 NUCLEAR MEDICINE-THERAPEUTIC	.589055		
59	04 CHILD DEVELOPMENT CENTER	1.389919		
59	05 CHILD PROTECTION CENTER	2.415621		
59	06 DENTAL SERVICES	.792274	524	415
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 URGENT CARE			
60	02 ID PRIM CARE SUPP NETWORK	21.921469		
60	03 PAIN/PALLIATIVE CARE	4.541169		
60	04 PEDIATRIC EXTENDED CARE			
60	05 DIABETIC CLINIC	1.130451		
60	06 GI CLINIC	1.633475	137	224
60	07 CLINIC FOR SPECIAL NEEDS	3.654730		
60	08 DIETETICS	3.006009		
60	09 INFUSION ROOM	.195697		
60	10 CARDIOLOGY CLINIC	1.126242		
60	11 PULMONARY CLINIC	1.409660		
60	12 CLINIC			
60	13 ENT CLINIC	1.012439		
60	14 ORTHOPEDIC CLINIC	.902666		
60	15 EYE CLINIC	.802673		
60	16 CLINIC			
60	17 ONCOLOGY CLINIC	.874549	661	578
60	18 SURGICAL SPECIALTIES	1.106774	128	142
60	19 ALLERGY CLINIC	1.249250		
60	20 CLINIC			
60	21 CLINIC			
60	22 CLINIC			
60	23 LASER CLINIC	561.256098		
60	24 DERMATOLOGY CLINIC	1.008954		
60	25 CLINIC			
60	26 CLINIC			
60	27 CLINIC ADMINISTRATION			
60	28 CRANIOFACIAL CENTER	.954531		
60	29 HEMATOLOGY CLINIC	2.056101		
60	30 SPINA BIFIDA	2.087993		
60	31 NEUROSCIENCES CENTER	1.835624		
60	32 RHEUMATOLOGY CLINIC	1.833676		
60	33 ENDOCRINE CENTER	1.247234		
60	34 CLINIC			
60	35 CLINIC			
60	36 CLINIC			
60	37 RENAL CLINIC	1.469281	440	646
60	38 GREENWAY CLINIC	.637705		
60	39 NEW BERLIN CLINIC	2.246935		
61	EMERGENCY	.667771	5,300	3,539
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS	.097906		
66	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	TEFRA		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
101	OTHER REIMBURS COST CNTRS TOTAL			1,065,772	407,844
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			1,065,772	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER	RATIO COST	INPATIENT	INPATIENT
				TO CHARGES	CHARGES	COST
				1	2	3
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS				21,134,122	
27	INTENSIVE CARE UNIT				57,575,387	
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPEC CARE HOT				6,573,613	
31	SUBPROVIDER					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM			.802510	5,259,367	4,220,695
38	RECOVERY ROOM			.331022	664,977	220,122
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY			.606953	683,147	414,638
41	RADIOLOGY-DIAGNOSTIC			.417567	5,859,358	2,446,675
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY			.276566	18,723,923	5,178,400
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.			.531817	3,250,107	1,728,462
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY			.320765	13,363,173	4,286,438
50	PHYSICAL THERAPY			.509069	1,640,757	835,259
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY			.659777	518,758	342,265
53	ELECTROCARDIOLOGY			.618797	1,134,013	701,724
54	ELECTROENCEPHALOGRAPHY			.298091	1,126,959	335,936
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			.349564	28,217,378	9,863,780
56	DRUGS CHARGED TO PATIENTS			.358320	26,665,289	9,554,706
57	RENAL DIALYSIS			.289215	352,116	101,837
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			1.565653	41,636	65,188
59	01 TRANSPORT			1.051727	578,857	608,800
59	02 GENETICS CENTER			4.384737	9,360	41,041
59	03 NUCLEAR MEDICINE-THERAPEUTIC			.589055	64,051	37,730
59	04 CHILD DEVELOPMENT CENTER			1.394321		
59	05 CHILD PROTECTION CENTER			2.415621		
59	06 DENTAL SERVICES			.998637	1,979	1,976
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE					
60	02 ID PRIM CARE SUPP NETWORK			27.495688		
60	03 PAIN/PALLIATIVE CARE			5.907146	128	756
60	04 PEDIATRIC EXTENDED CARE					
60	05 DIABETIC CLINIC			1.130451	220	249
60	06 GI CLINIC			1.943048	46,931	91,189
60	07 CLINIC FOR SPECIAL NEEDS			3.654730	526	1,922
60	08 DIETETICS			3.006009	1,281	3,851
60	09 INFUSION ROOM			.195697	1,151	225
60	10 CARDIOLOGY CLINIC			1.690002	29,495	49,847
60	11 PULMONARY CLINIC			2.276327	2,882	6,560
60	12 CLINIC					
60	13 ENT CLINIC			1.228517	1,060	1,302
60	14 ORTHOPEDIC CLINIC			.912814	1,676	1,530
60	15 EYE CLINIC			.988604	175	173
60	16 CLINIC					
60	17 ONCOLOGY CLINIC			.946820	64,312	60,892
60	18 SURGICAL SPECIALTIES			1.106774	3,206	3,548
60	19 ALLERGY CLINIC			1.577109	341	538
60	20 CLINIC					
60	21 CLINIC					
60	22 CLINIC					
60	23 LASER CLINIC			561.256098		
60	24 DERMATOLOGY CLINIC			1.708505	652	1,114
60	25 CLINIC					
60	26 CLINIC					
60	27 CLINIC ADMINISTRATION					
60	28 CRANIOFACIAL CENTER			.954531	339	324
60	29 HEMATOLOGY CLINIC			2.524401	312	788
60	30 SPINA BIFIDA			2.087993	610	1,274
60	31 NEUROSCIENCES CENTER			2.088027	4,236	8,845
60	32 RHEUMATOLOGY CLINIC			2.105054	239	503
60	33 ENDOCRINE CENTER			2.320692	89	207
60	34 CLINIC					
60	35 CLINIC					
60	36 CLINIC					
60	37 RENAL CLINIC			1.469281	1,207	1,773
60	38 GREENWAY CLINIC			.637705		
60	39 NEW BERLIN CLINIC			2.246935	1,012	2,274
61	EMERGENCY			.724705	655,576	475,099
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS			.097906		
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	OTHER	
				INPATIENT CHARGES 2	INPATIENT COST 3
101	OTHER REIMBURS COST CNTRS TOTAL			108,972,861	41,700,455
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			108,972,861	

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	4
1	ADULTS & PEDIATRICS	28,421	38	1,419.	80	13	18,457
2	INTENSIVE CARE UNIT		43	1,850.	36		
3	CORONARY CARE UNIT		44				
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
6	OTHER SPEC CARE HOT		47	1,816.	15		
7	TOTAL (SUM OF LINES 1-6)	28,421				13	18,457

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	.704812		
9	RECOVERY ROOM	38	.331022		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.262332		
12	RADIOLOGY-DIAGNOSTIC	41	.408619	119	49
13	RADIOLOGY-THERAPEUTIC	42			
14	RADIOISOTOPE	43			
15	LABORATORY	44	.275280	5,113	1,408
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.531817	3,892	2,070
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.320765		
21	PHYSICAL THERAPY	50	.489766		
22	OCCUPATIONAL THERAPY	51			
23	SPEECH PATHOLOGY	52	.659777		
24	ELECTROCARDIOLOGY	53	.618797		
25	ELECTROENCEPHALOGRAPHY	54	.268008		
26	MEDICAL SUPPLIES CHARGED	55	.349564	4,146	1,449
27	DRUGS CHARGED TO PATIENTS	56	.358320	5,861	2,100
28	RENAL DIALYSIS	57	.289215		
29	ASC (NON-DIAGNOSTIC PART)	58			
30	PSYCHIATRIC/PSYCHOLOGICAL	59	1.307670		
30.01	TRANSPORT	59.01	1.051727		
30.02	GENETICS CENTER	59.02	4.384737		
30.03	NUCLEAR MEDICINE-THERAPEU	59.03	.589055		
30.04	CHILD DEVELOPMENT CENTER	59.04	1.389919		
30.05	CHILD PROTECTION CENTER	59.05	2.415621		
30.06	DENTAL SERVICES	59.06	.792274		
31	CLINIC	60			
31.01	URGENT CARE	60.01			
31.02	ID PRIM CARE SUPP NETWORK	60.02	21.921469		
31.03	PAIN/PALLIATIVE CARE	60.03	4.541169		
31.04	PEDIATRIC EXTENDED CARE	60.04			
31.05	DIABETIC CLINIC	60.05	1.130451		
31.06	GI CLINIC	60.06	1.633475		
31.07	CLINIC FOR SPECIAL NEEDS	60.07	3.654730		
31.08	DIETETICS	60.08	3.006009		
31.09	INFUSION ROOM	60.09	.195697		
31.10	CARDIOLOGY CLINIC	60.10	1.126242		
31.11	PULMONARY CLINIC	60.11	1.409660		
31.12	CLINIC	60.12			
31.13	ENT CLINIC	60.13	1.012439		
31.14	ORTHOPEDIC CLINIC	60.14	.902666		
31.15	EYE CLINIC	60.15	.802673		
31.16	CLINIC	60.16			
31.17	ONCOLOGY CLINIC	60.17	.874549		
31.18	SURGICAL SPECIALTIES	60.18	1.106774		
31.19	ALLERGY CLINIC	60.19	1.249250		
31.20	CLINIC	60.20			
31.21	CLINIC	60.21			
31.22	CLINIC	60.22			
31.23	LASER CLINIC	60.23	561.256098		
31.24	DERMATOLOGY CLINIC	60.24	1.008954		
31.25	CLINIC	60.25			
31.26	CLINIC	60.26			
31.27	CLINIC ADMINISTRATION	60.27			
31.28	CRANIOFACIAL CENTER	60.28	.954531		
31.29	HEMATOLOGY CLINIC	60.29	2.056101		
31.30	SPINAL BIFIDA	60.30	2.087993		
31.31	NEUROSCIENCES CENTER	60.31	1.835624		

Health Financial Systems
 COMPUTATION OF ORGAN ACQUISITION
 COSTS AND CHARGES

FOR CHILDREN'S HOSPITAL OF WISCONSIN IN LIEU OF FORM CMS-2552-96(07/2009)
 PROVIDER NO: 52-3300 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/6/2011
 OPO NO.: - WORKSHEET D-6 PART I

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
31.32 RHEUMATOLOGY CLINIC	60.32	1.833676		
31.33 ENDOCRINE CENTER	60.33	1.247234		
31.34 CLINIC	60.34			
31.35 CLINIC	60.35			
31.36 CLINIC	60.36			
31.37 RENAL CLINIC	60.37	1.469281	112	165
31.38 GREENWAY CLINIC	60.38	.637705		
31.39 NEW BERLIN CLINIC	60.39	2.246935		
32 EMERGENCY	61	.667771		
33 OBSERVATION BEDS (NON-DIS	62			
35 TOTAL (SUM OF LINES 8-34)			19,243	7,241

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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		13	
37	INTENSIVE CARE UNIT			
	3			
38	CORONARY CARE UNIT			
	4			
39	BURN INTENSIVE CARE UNIT			
	5			
40	SURGICAL INTENSIVE CARE UNIT			
	6			
41	OTHER SPEC CARE HOT			
	7			
42	TOTAL (SUM OF LINES 36-41)		13	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
	D	1	2	3
43	CLINIC			20
43.01	URGENT CARE			20.01
43.02	ID PRIM CARE SUPP NETWORK			20.02
43.03	PAIN/PALLIATIVE CARE			20.03
43.04	PEDIATRIC EXTENDED CARE			20.04
43.05	DIABETIC CLINIC			20.05
43.06	GI CLINIC			20.06
43.07	CLINIC FOR SPECIAL NEEDS			20.07
43.08	DIETETICS			20.08
43.09	INFUSION ROOM			20.09
43.10	CARDIOLOGY CLINIC			20.10
43.11	PULMONARY CLINIC			20.11
43.12	CLINIC			20.12
43.13	ENT CLINIC			20.13
43.14	ORTHOPEDIC CLINIC			20.14
43.15	EYE CLINIC			20.15
43.16	CLINIC			20.16
43.17	ONCOLOGY CLINIC			20.17
43.18	SURGICAL SPECIALTIES			20.18
43.19	ALLERGY CLINIC			20.19
43.20	CLINIC			20.20
43.21	CLINIC			20.21
43.22	CLINIC			20.22
43.23	LASER CLINIC			20.23
43.24	DERMATOLOGY CLINIC			20.24
43.25	CLINIC			20.25
43.26	CLINIC			20.26
43.27	CLINIC ADMINISTRATION			20.27
43.28	CRANIOFACIAL CENTER			20.28
43.29	HEMATOLOGY CLINIC			20.29
43.30	SPI NA BIFIDA			20.30
43.31	NEUROSCIENCES CENTER			20.31
43.32	RHEUMATOLOGY CLINIC			20.32
43.33	ENDOCRINE CENTER			20.33
43.34	CLINIC			20.34
43.35	CLINIC			20.35
43.36	CLINIC			20.36
43.37	RENAL CLINIC	112		20.37
43.38	GREENWAY CLINIC			20.38
43.39	NEW BERLIN CLINIC			20.39
44	EMERGENCY			21
45	OBSERVATION BEDS (NON-DISTINCT PART)			22
47	TOTAL (SUM OF LINES 43-46)	112		

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	25,698		47,664	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	488,897		342,686	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	514,595		390,350	
54	TOTAL USABLE ORGANS		7		
55	MEDICARE USABLE ORGANS		2		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.285714		
57	MEDICARE COST/CHARGES	147,027		111,528	
58	REVENUE FOR ORGANS SOLD				
59	SUBTOTAL (LN 57 MINUS LN 58)	147,027		111,528	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	147,027		111,528	

PART IV - STATISTICS

		LI V I N G R E L A T E D 1	C A D A V E R I C 2	R E V E N U E 3
62	ORGANS EXCISED IN PROVIDER (1)	5		
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)		2	
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			
66	TOTAL (SUM OF LINES 62-65)	5	2	
67	ORGANS TRANSPLANTED	5	2	
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)	5	2	

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		231,480		248,052
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		231,480		248,052
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			212,657	101,975
7 TOTAL MEDICARE PROGRAM LIABILITY			444,137	350,027

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	444,137
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	231,480
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	212,657
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----		
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		79,244,364	
2	MEDICAL AND OTHER SERVICES		26,633,046	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		248,887	
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		106,126,297	
7	INPATIENT PRIMARY PAYER PAYMENTS		3,945,117	
8	OUTPATIENT PRIMARY PAYER PAYMENTS		271,171	
9	SUBTOTAL		101,910,009	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		85,283,122	
11	ANCILLARY SERVICE CHARGES		156,147,518	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		248,887	
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		241,679,527	
	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)		241,679,527	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		139,769,518	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		101,910,009	
	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		101,910,009	
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		101,910,009	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		101,910,009	
36	COINSURANCE		25,900	
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		101,884,109	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		101,884,109	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		101,884,109	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		48,984,954	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		52,899,155	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		120.16
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		120.16
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		181.90
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		120.16
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.		80.45
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.		71.64
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		152.09
3.10	SEE INSTRUCTIONS		100.46
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		8.27
3.12	SEE INSTRUCTIONS		55.59
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		67.45
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		67.81
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	63.62
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)		63.62
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		75,801.00
3.18	SEE INSTRUCTIONS		4,822,460
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		77.95
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		78.08
3.21	SEE INSTRUCTIONS	RES INIT YEARS	69.72
3.22	SEE INSTRUCTIONS		69.72
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		75,801.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		5,284,846
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		10,107,306

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		143
5	TOTAL INPATIENT DAYS		76,126
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.001878
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	18,982	18,982
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		76,126
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		5,506,004
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)	629,150
13	ORGAN ACQUISITION COSTS	147,027
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	776,177

PART B REASONABLE COST

17	REASONABLE COST	565,355
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	565,355
20	TOTAL REASONABLE COST	1,341,532
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.578575
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.421425

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)	18,982
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	10,983
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	7,999

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)	3.50	
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)	61.74	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	2.93	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.001878	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

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).		
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)		
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)		
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.		
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		691,035,004		
2 NET INCOME (LOSS)		52,076,836		
3 TOTAL		743,111,840		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 CAPITAL ACQUISITION	3,303,676			
7 INTEREST IN CHF	31,146,294			
8				
9				
10 TOTAL ADDITIONS		34,449,970		
11 SUBTOTAL		777,561,810		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 TRANSFER TO AFFILIATES	17,070,336			
15 PENSION ADJUSTMENTS	14,173,716			
16				
17				
18 TOTAL DEDUCTIONS		31,244,052		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		746,317,758		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	86,151,540		86,151,540
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	86,151,540		86,151,540
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	150,374,211		150,374,211
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 OTHER SPEC CARE HOT	20,317,571		20,317,571
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	170,691,782		170,691,782
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	256,843,322		256,843,322
17 00 ANCILLARY SERVICES	323,567,290	202,158,850	525,726,140
18 00 OUTPATIENT SERVICES		64,115,063	64,115,063
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	580,410,612	266,273,913	846,684,525

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	473,564,502		
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		473,564,502	

DESCRIPTION

1	TOTAL PATIENT REVENUES	846,684,525
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	350,081,262
3	NET PATIENT REVENUES	496,603,263
4	LESS: TOTAL OPERATING EXPENSES	473,564,502
5	NET INCOME FROM SERVICE TO PATIENTS	23,038,761
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,548,504
7	INCOME FROM INVESTMENTS	8,164,455
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	1,213,168
12	PARKING LOT RECEIPTS	66,130
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,255,595
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	1,419,703
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,869
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	266,746
21	RENTAL OF VENDING MACHINES	61,268
22	RENTAL OF HOSPITAL SPACE	5,318,214
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	9,160,300
25	TOTAL OTHER INCOME	29,476,952
26	TOTAL	52,515,713
	OTHER EXPENSES	
27	UNREALIZED LOSS	438,877
28		
29		
30	TOTAL OTHER EXPENSES	438,877
31	NET INCOME (OR LOSS) FOR THE PERIOD	52,076,836

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 52-3300 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/6/2011
 SATELLITE NO: WORKSHEET 1-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	246,418	HOURS OF SERVICE	11,879.00	5.71
2 LICENCED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	109	HOURS OF SERVICE	23.00	.01
5 SOCIAL WORKERS		HOURS OF SERVICE	187.00	.09
6 DIETICIANS		HOURS OF SERVICE	228.00	.11
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	21,892	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	268,419			
10 EMPLOYEE BENEFITS	78,260	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	50,565	PERCENTAGE OF TIME		
14 SUPPLIES	93,237	REQUIREMENTS		
15 DRUGS	78,665	REQUIREMENTS		
16 OTHER	25,541	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	594,687			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	59,817	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	30,426	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	8,347	SALARY		
23 ADMINISTRATIVE AND GENERAL	155,978	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	74,635	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	332	REQUIREMENTS		
27 PHARMACY	-78,587	REQUIREMENTS		
28 OTHER ALLOCATED COST	81,009	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	926,644			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	926,644			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 52-3300
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 SATELLITE NO:
 PREPARED 6/6/2011
 WORKSHEET 1-2

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	134,452	80,991	246,418	109	86,607
2	HEMODIALYSIS	86,274	35,474	234,967	48	81,843
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	48,178	45,517	11,451	61	4,764
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	134,452	80,991	246,418	109	86,607
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	78	93,569		642,224	284,420
2	HEMODIALYSIS	78	60,038		498,722	220,868
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS		33,531		143,502	63,552
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	78	93,569		642,224	284,420
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	926,644
2	HEMODIALYSIS	719,590
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
11	CCDP	
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	207,054
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	926,644
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	926,644

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS
 PROVIDER NO: 52-3300 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/6/2011
 SATELLITE NO: WORKSHEET 1-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1 BUI LDING (SQUARE FEET)	2 EQUI PMENT (% OF TIME)	3 RNs (HOURS)	4 OTHER (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	134,452	80,991	246,418	109	86,607
2	HEMODIALYSIS	1,472	43.80	11,819.00	163.00	264,212
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	554	822	576.00	209.00	15,378
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	2,294	100.00	12,395.00	372.00	279,590
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	58.610288	809.910000	19.880436	.293011	.309764

COMPOSITE PAYMENT SERVICES		6 DRUGS (REQUI ST.)	7 MEDI CAL SUPPLIES (REQUI ST.)	8 ROUTINE ANCILLARY SERVICES (CHARGES)	9 SUBTOTAL (SUM OF COLS. 1-8)	10 OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	78	93,569		642,224	284,420
2	HEMODIALYSIS	135	22,109			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	554	12,348			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	135	34,457			642,224
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.577778	2.715530			.442867

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS
 PROVIDER NO: 52-3300 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/6/2011
 SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 6	TOTAL COST (FROM WKST. 1-2, COL 11) 7	AVERAGE COST OF PROGRAM TREATMENTS 8	NUMBER OF PROGRAM TREATMENTS 9	NOT APPLIC 10
1 MAINTENANCE - HEMODIALYSIS	973	719,590	739.56	268	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
	PATIENT WEEKS			PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	973	719,590		268	

	TOTAL PROGRAM EXPENSES 6	PAYMENT RATE 7	NOT APPLIC 8	TOTAL PROGRAM PAYMENT 9	10
1 MAINTENANCE - HEMODIALYSIS	198,202	224.86		60,262	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	198,202		6.01	60,262	

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 52-3300 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/6/2011
 SATELLITE NO: WORKSHEET 1-1
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	16,938	HOURS OF SERVICE	416.00	.20
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS	8,452	HOURS OF SERVICE	333.00	.16
6 DIETICIANS	11,207	HOURS OF SERVICE	395.00	.19
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	36,597			
10 EMPLOYEE BENEFITS	12,268	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	85,452	REQUISITIONS		
15 DRUGS		REQUISITIONS		
16 OTHER		ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	134,317			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	16,797	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	559	SALARY		
23 ADMINISTRATIVE AND GENERAL	34,124	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	20,958	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27 PHARMACY		REQUISITIONS		
28 OTHER ALLOCATED COST	18,625	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	225,380			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	225,380			

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

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS BUILDING EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	37,755		16,938	19,659	12,827
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME	536		244	280	182
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP	37,219		16,490	19,150	12,498
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS METHOD II HOME PATIENT			204	229	147
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	37,755		16,938	19,659	12,827
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		85,452		172,631	52,749
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME		880		2,122	648
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP		83,454		168,811	51,582
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS METHOD II HOME PATIENT		1,118		1,698	519
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)		85,452		172,631	52,749
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	225,380
2	HEMODIALYSIS	
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP HOME	2,770
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	220,393
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS METHOD II HOME PATIENT	2,217
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	225,380
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	225,380

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 52-3300
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 SATELLITE NO:
 PREPARED 6/6/2011
 WORKSHEET 1-3
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED BUILDING COSTS	COSTS EQUIPMENT	DI RECT PATIENT CARE SALARY	EMPLOYEE BENEFITS
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	37,755		16,938	12,827
2	HEMODIALYSIS				
3	INTERMITTENT PERITONEAL TRAINING				
4	HEMODIALYSIS				
5	INTERMITTENT PERITONEAL				
6	CAPD				
7	CCDP HOME	10	1.42	6.00	551
8	HEMODIALYSIS				
9	INTERMITTENT PERITONEAL				
10	CAPD				
11	CCDP	694	97.43	405.00	37,815
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS				0
13	METHOD II HOME PATIENT		1.16	5.00	445
14	EPO				
14.01	ARANESP				
15	OTHER				
16	TOTAL STATISTICAL BASIS	704	100.01	416.00	38,811
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	53.629261		40.716346	.330499

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6 (REQUI ST.)	7 (REQUI ST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		85,452		172,631	52,749
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME		355			
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP		33,651			
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT		451			
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		34,457			172,631
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		2.479961			.305559

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS
 PROVIDER NO: 52-3300 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/6/2011
 SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	NOT APPLIC
1	6	7	8	9	10
2	5	6	6.01	7	
3	1	2	3	4	4.01
4					
5					
6					
7					
8					
9					
10					
11					

	PATIENT WEEKS		PATIENT WEEKS	
9	26			
10	251	220,393	878.06	98
11	28	223,163		

	TOTAL PROGRAM EXPENSES	PAYMENT RATE	NOT APPLIC	TOTAL PROGRAM PAYMENT	
6	5	7	8	9	10
5		6	6.01	7	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10	86,050	96.37		9,444	
11	86,050			9,444	

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	284,252
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	69,706
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	55,765
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	13,941
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	