

INPATIENT UPL

Medicare Pro\ Contract (1) / Cost Report B Cost Report E Days in CR

1	2	3	4	5	6
50320	1	38899	39263	365 ACMC	
50245	1	38899	39263	365 ARMC	
50276	1	38899	39263	365 CCRM	
50315	1	38899	39263	365 KMC	
50248	1	38899	39263	365 NMC	
50292	1	38899	39263	365 RCRM	
50228	1	38899	39263	365 SFGH	
50167	1	38899	39263	365 SJGH	
50113	1	38899	39263	365 SMMC	
50325	1	38899	39263	365	
50159	1	38899	39263	365 VCMC	
50025	1	38899	39263	365 SCVMC	
50038	1	38899	39263	365 UCSD	
50599	1	38899	39263	365 UCSD	
50348	1	38899	39263	365 UCI	
50262	1	38899	39263	365 UCLA - WW	
50112	1	38899	39263	365 UCLA - SM	
50454	1	38899	39263	365 UCSF	