

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 IN 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 WOMEN & INFANTS HOSPITAL (41-0010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
	1	PART A 2	PART B 3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	302345	17505		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	302345	17505		100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 101 DUDLEY STREET P.O.BOX: 1
 1.01 CITY: PROVIDENCE STATE: RI ZIP CODE: 02905 COUNTY: PROVIDENCE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	41-0010	07/01/1967	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2008 TO: 09/30/2009 17
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 9 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO			21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
<p style="text-align: right;">V XVIII XIX</p> <p>1 2 3</p>					
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	HB0208	40
40.01	NAME: CARE NEW ENGLAND	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 45 WILLARD AVE		P.O. BOX:	40.02
40.03	CITY: PROVIDENCE		STATE: RI ZIP CODE: 02905	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 10400625 PAID LOSSES: 5537896 AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A
NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'
FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2
IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE
SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,
ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5

SETTLEMENT DATA

63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES NO 63
AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',
ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----			OBS. BEDS ADMITTED 5.01	
				TITLE V 3	TITLE XVIII 4	TITLE NONCOVERED DAYS 4.01		TITLE XIX 5
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	137	50005			2103		14351	1
2 HMO					496			2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	137	50005			2103		14351	5
6 INTENSIVE CARE UNIT								6
7 CORONARY CARE UNIT								7
8 BURN INTENSIVE CARE UNIT								8
9 SURGICAL INTENSIVE CARE UNIT								9
10 NEONATAL INTENSIVE CARE UNIT	60	21900					13307	10
11 NURSERY							10100	11
12 TOTAL HOSPITAL	197	71905			2103		37758	12
13 RPCH VISITS								13
14 SUBPROVIDER I								14
15 SKILLED NURSING FACILITY								15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE								17
18 HOME HEALTH AGENCY								18
20 ASC (DISTINCT PART)								20
21 HOSPICE (DISTINCT PART)								21
23 O/P REHAB PROVIDER								23
24 RHC I								24
25 TOTAL	197							25
26 OBSERVATION BED DAYS							365	51
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		38532							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		38532							5
6 INTENSIVE CARE UNIT									6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 NEONATAL INTENSIVE CARE UNIT		25126							10
11 NURSERY		22226							11
12 TOTAL HOSPITAL		85884			61.51		61.51	2496.46	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					61.51		61.51	2496.46	25
26 OBSERVATION BED DAYS	314	1065	138	927					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		498	9116	21766
2 HMO XIX				2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF				3
4 HOSPITAL ADULTS & PEDS - SWING BED NF				4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5
6 INTENSIVE CARE UNIT				6
7 CORONARY CARE UNIT				7
8 BURN INTENSIVE CARE UNIT				8
9 SURGICAL INTENSIVE CARE UNIT				9
10 NEONATAL INTENSIVE CARE UNIT				10
11 NURSERY				11
12 TOTAL HOSPITAL		498	9116	21766
13 RPCH VISITS				13
14 SUBPROVIDER I				14
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	2	3	4	5	6		
1	TOTAL SALARIES	179262076		179262076	5234666.00	34.25		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	4391540		4391540	32346.51	135.77		4
4.01	TEACHING PHYSICIAN SALARIES	4122623		4122623	35278.38	116.86		4.01
5	PHYSICIAN - PART B	15167450		15167450	209424.00	72.42		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)		2782078	2782078	109643.00	25.37		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	11328142	8339513	19667655	482244.00	40.78		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR							9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	10258492		10258492	167412.00	61.28		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	49425001	-2500799	46924202			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4047202	2500799	6548001			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	353538		353538			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	331889		331889			CMS 339	18.01
19	PHYSICIAN PART B	2688137		2688137			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)		234529	234529			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1735263		1735263	46354.00	37.44		21
22	ADMINISTRATIVE & GENERAL	21172098	-3469696	17702402	587007.00	30.16		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	166935		166935	465.00	359.00		22.01
23	MAINTENANCE & REPAIRS	2130137	-230749	1899388	56689.00	33.51		23
24	OPERATION OF PLANT	1631167	201706	1832873	89638.00	20.45		24
25	LAUNDRY & LINEN SERVICE	233380		233380	12131.00	19.24		25
26	HOUSEKEEPING	4031261		4031261	219136.00	18.40		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2200232	-1842597	357635	19105.00	18.72		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1842597	1842597	98407.00	18.72		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2668726		2668726	65730.00	40.60		30
31	CENTRAL SERVICES AND SUPPLY	1140317		1140317	55248.00	20.64		31
32	PHARMACY	3413376		3413376	90765.00	37.61		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1886924		1886924	91329.00	20.66		33
34	SOCIAL SERVICE	1152856		1152856	34076.00	33.83		34
35	OTHER GENERAL SERVICE	1560358	44540	1604898	28898.00	55.54		35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		2	3	4	5		
1	NET SALARIES	160138938	-2782078	157356860	4880785.62	32.24	1
2	EXCLUDED AREA SALARIES	11328142	8339513	19667655	482244.00	40.78	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	148810796	-11121591	137689205	4398541.62	31.30	3
4	SUBTOTAL OTHER WAGES & REL COSTS	10258492		10258492	167412.00	61.28	4
5	SUBTOTAL WAGE-RELATED COSTS	49778539	-2500799	47277740		34.34%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	208847827	-13622390	195225437	4565953.62	42.76	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	45123030	-3454199	41668831	1494978.00	27.87	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17477085 17
17.01	GROSS MEDICAID REVENUES	238554330 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	232355 19
20	RESTRICTED GRANTS	53011 20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	256316781 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.404345 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	232355 26
27	TOTAL SCHIP COST	93952 27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	238321975 28
29	TOTAL GROSS MEDICAID COST	96364299 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	17477085 30
31	UNCOMPENSATED CARE COST	7066772 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	96458251 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100		441630	441630	35393	477023		477023	1
1.01	0101								1.01
2	0200				14678	14678		14678	2
3	0300		2581231	2581231	377612	2958843	-65407	2893436	3
3.01	0301		93945	93945	37631	131576	184206	315782	3.01
3.02	0302				189610	189610		189610	3.02
3.03	0303				637083	637083		637083	3.03
3.04	0304		336304	336304	151321	487625	-182	487443	3.04
3.05	0305		90936	90936	63366	154302		154302	3.05
3.06	0306		34901	34901	14311	49212		49212	3.06
3.07	0307		16789	16789	74054	90843		90843	3.07
3.08	0308		58319	58319	90012	148331		148331	3.08
3.09	0309		159444	159444	193518	352962		352962	3.09
3.10	0310		870	870	72863	73733		73733	3.10
3.11	0311		175128	175128	54410	229538	-292	229246	3.11
3.12	0312								3.12
3.13	0313		274350	274350	118067	392417		392417	3.13
3.14	0314		95966	95966	104589	200555	-61	200494	3.14
3.15	0315		61115	61115	39084	100199		100199	3.15
3.16	0316		2271	2271	217785	220056		220056	3.16
3.17	0317		44343	44343	322147	366490		366490	3.17
3.18	0318				149625	149625		149625	3.18
3.19	0319		56909	56909	537	57446		57446	3.19
3.20	0320		60656	60656	311808	372464		372464	3.20
3.21	0321		3816	3816	96515	100331		100331	3.21
3.22	0322		9380	9380	59715	69095		69095	3.22
3.23	0323		25274	25274	193840	219114		219114	3.23
3.24	0324		23001	23001	39872	62873		62873	3.24
4	0400		7743871	7743871	776581	8520452	711683	9232135	4
4.01	0401		72042	72042	471	72513		72513	4.01
4.02	0402		3575	3575	140	3715		3715	4.02
4.03	0403		1733	1733	108	1841		1841	4.03
4.04	0404				83	83		83	4.04
4.05	0405		55876	55876	1321	57197		57197	4.05
4.06	0406				3	3		3	4.06
4.07	0407		12705	12705	195	12900		12900	4.07
4.08	0408		15669	15669	93	15762		15762	4.08
4.09	0409		55981	55981	388	56369		56369	4.09
4.10	0410		34310	34310	236	34546		34546	4.10
4.11	0411		26225	26225	101	26326		26326	4.11
4.12	0412		10513	10513	98	10611		10611	4.12
4.13	0413		12844	12844	90	12934		12934	4.13
4.14	0414		31406	31406	164	31570		31570	4.14
5	0500	1735263	952725	2687988	56396064	59084052	452724	59536776	5
6.01	0610	889010	357002	1246012	366	1246378	-128266	1118112	6.01
6.02	0620								6.02
6.03	0630	549055	869002	1418057	-126671	1291386	-735498	555888	6.03
6.04	0640	938077	16125	954202	-403	953799		953799	6.04
6.05	0650	3461357	593647	4055004	-10183	4044821	-371	4044450	6.05
6.06	0660	15334599	120717166	136051765	-61378570	74673195	-21576779	53096416	6.06
7	0700	2130137	7145723	9275860	-4319599	4956261		4956261	7
7.01	0701		31346	31346		31346		31346	7.01
7.02	0702		263	263		263		263	7.02
7.03	0703		76467	76467		76467		76467	7.03
7.04	0704		112797	112797		112797	-5871	106926	7.04
8	0800	1631167	1076272	2707439	4290839	6998278	-76	6998202	8
8.01	0801		235447	235447	-57516	177931	-10800	167131	8.01
8.02	0802		174050	174050		174050	-735	173315	8.02
8.03	0803		140630	140630	126	140756	-630	140126	8.03
9	0900	233380	1119923	1353303	-15259	1338044	-948	1337096	9
10	1000	4031261	1631585	5662846	-262284	5400562		5400562	10
11	1100	2200232	1364625	3564857	-2986624	578233	-270085	308148	11
12	1200				2985408	2985408	-665061	2320347	12
13	1300								13
14	1400	2668726	51373	2720099	-3160	2716939	-855	2716084	14
15	1500	1140317	1528583	2668900	-1380	2667520		2667520	15
16	1600	3413376	9329409	12742785	-254809	12487976	-81044	12406932	16
17	1700	1886924	295640	2182564	-3915	2178649	-34089	2144560	17
18	1800	1152856	216191	1369047	265	1369312	-403416	965896	18
19.01	1951	895983	72627	968610	88301	1056911	-278305	778606	19.01
19.02	1952	664375	337234	1001609	-127015	874594	-702717	171877	19.02
20	2000								20
21	2100								21
22	2200				3016607	3016607		3016607	22

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
23 2300 I&R SERVICES-OTHER PRGM COSTS A	3975773	1112443	5088216	2586603	7674819	-953971	6720848	23
24 2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 2500 ADULTS & PEDIATRICS	14239171	884064	15123235	-260543	14862692	-928600	13934092	25
30 2060 NEONATAL INTENSIVE CARE UNIT	22072206	3983172	26055378	-2284606	23770772	-1602860	22167912	30
33 3300 NURSERY	6348232	455386	6803618	-140614	6663004		6663004	33
ANCILLARY SERVICE COST CENTERS								
37 3700 OPERATING ROOM	6468387	4831790	11300177	-4579965	6720212	-763083	5957129	37
38 3800 RECOVERY ROOM	2446174	48651	2494825	19099	2513924		2513924	38
39 3900 DELIVERY ROOM & LABOR ROOM	11559626	683399	12243025	-9694	12233331	-16879	12216452	39
40 4000 ANESTHESIOLOGY	101840	638584	740424	-1654	738770	-129430	609340	40
41 4100 RADIOLOGY-DIAGNOSTIC	1659079	1825845	3484924	-632919	2852005	-419874	2432131	41
41.01 3630 ULTRASOUND	2476239	1112661	3588900	6931	3595831		3595831	41.01
41.02 3230 CT SCANS	541743	75837	617580	31283	648863		648863	41.02
41.03 3430 MRI	516462	389216	905678	3974	909652		909652	41.03
44 4400 LABORATORY	14298850	8793185	23092035	801405	23893440	-2443790	21449650	44
46.30 4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 4700 BLOOD STORING, PROCESSING & TRA	473034	1052860	1525894		1525894	-174	1525720	47
48 4800 INTRAVENOUS THERAPY				658433	658433	-151946	506487	48
49 4900 RESPIRATORY THERAPY	1865864	858454	2724318	-33512	2690806	-1480	2689326	49
50 5000 PHYSICAL THERAPY	191240	63784	255024	-39208	215816		215816	50
53 5300 ELECTROCARDIOLOGY	1022091	390528	1412619	-1331547	81072	-7200	73872	53
55 5500 MEDICAL SUPPLIES CHARGED TO PAT				4963615	4963615		4963615	55
55.30 5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56 5600 DRUGS CHARGED TO PATIENTS				37071	37071		37071	56
59 3950 OTHER ANCILLARY - FETAL MONITOR								59
59.01 3951 CIRCUMCISION				140614	140614		140614	59.01
59.02 3952 PRENATAL DIAGNOSTIC CENTER	3364012	567972	3931984	-1053964	2878020	-1490968	1387052	59.02
59.03 3953 DAY HOSPITAL	476959	30138	507097	-32330	474767	-54931	419836	59.03
59.04 3954 INVITRO FERTILIZATION	4799655	1088343	5887998	-810523	5077475	-1138309	3939166	59.04
59.05 3955 HOME CARE								59.05
59.06 3956 HEARING PROGRAM	202122	455367	657489	-30086	627403	-13792	613611	59.06
59.07 3957 INFANT DEVELOPMENT UNIT	762312	387209	1149521	-331299	818222	-182777	635445	59.07
OUTPATIENT SERVICE COST CENTERS								
60 6000 CLINIC	3568272	211280	3779552	-735672	3043880	-514493	2529387	60
60.01 6001 CLINIC- PROJECT LINK	504016	92123	596139	-51711	544428	-4930	539498	60.01
60.02 6002 CLINIC - CENTER FOR WOMENS SURG	1643508	399579	2043087	-735138	1307949	-619781	688168	60.02
60.03 6003 CLINIC - GYNONCOLOGY PBO	7670151	2420024	10090175	-2980686	7109489	-2043978	5065511	60.03
60.04 6004 CLINIC - OB MEDICINE	2111853	360122	2471975	-766938	1705037	-456433	1248604	60.04
60.05 6005 CLINIC - NEW BOSTON RD	419310	205600	624910	-204960	419950		419950	60.05
60.06 6006 CLINIC- GENERAL INTERNAL MEDICI	701584	52893	754477	-146332	608145	-307273	300872	60.06
61 6100 EMERGENCY	6498074	691702	7189776	-1347409	5842367	-438953	5403414	61
62 6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50 6310 RHC								63.50
63.60 6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 6500 AMBULANCE SERVICES		40202	40202		40202	-40202		65
69.10 6910 CMHC								69.10
69.20 6920 OPT								69.20
69.30 6930 OOT								69.30
69.40 6940 OSP								69.40
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 8510 PANCREAS ACQUISITION								85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
85.03 8530 ISLET CELL ACQUISITION								85.03
88 8800 INTEREST EXPENSE		927793	927793	-927793				88
95 SUBTOTALS	167933934	196299386	364233320	-8549969	355683351	-38338982	317344369	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN				241	241		241	96
97 9700 RESEARCH								97
98 9800 PHYSICIANS' PRIVATE OFFICES	1403190	1072385	2475575	-594357	1881218		1881218	98
100 7950 OTHER NON-REIMBURSABLE (SPECIFY	983952	579424	1563376	337816	1901192	-23401	1877791	100
100.01 7951 GRANTS - GENERAL	381756	316441	698197	288	698485		698485	100.01
100.02 7952 GRANTS - RESEARCH	6491667	3888534	10380201	7714	10387915		10387915	100.02
100.03 7953 FUND RAISING	695029	-518798	176231	144503	320734	647244	967978	100.03
100.04 7954 CARE NEW ENGLAND				2995588	2995588		2995588	100.04
100.05 7955 CARE NEW ENGLAND WELLNESS								100.05
100.06 7956 GRANT FUNDED CLINICS	278186	35869	314055	565	314620		314620	100.06
100.07 7957 CARE NEW ENGLAND I/S-PURCH								100.07
100.08 7958 OFFSITE PHYSICIANS				1774928	1774928		1774928	100.08
100.09 7959 PHYSICIANS- MEDICAL STUDENTS				655750	655750		655750	100.09
100.10 7960 PHYSICIANS- NONREIMBURSABLE								100.10
100.11 7961 PHYSICIANS- OTHER NONREIMBURSAB				1339184	1339184		1339184	100.11
100.12 7962 PHYSICIANS- UNFUNDED RESEARCH				1758378	1758378		1758378	100.12

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
100.14 7963 KENT STAFF PAID BY WOMENS & INF				247740	247740		247740	100.14
100.15 7964 PATIENT EDUCATION	1094362	424599	1518961	-118369	1400592		1400592	100.15
101 TOTAL	179262076	202097840	381359916		381359916	-37715139	343644777	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 RECLASS FROM FROM ADMIN	A				1
2 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		56577633
3 ADMINISTRATION & GENERAL	A				3
4 DIETARY/CAFETERIA RECLASS	B				4
5 CAFETERIA SALARIES	B	CAFETERIA	12	1842597	5
6 CAFETERIA PURCHASING REL	B	CAFETERIA	12		566745
7 CAFETERIA OTHER DIRECT EXP	B	CAFETERIA	12		576066
8 DIETARY SALARIES	B				8
9 DIETARY PURCHASING REL	B				9
10 DIETARY OTHER DIRECT EXP	B				10
11 RECLASS OPERATION OF PLANT	C				11
12 OPERATION OF PLANT SALARIES	C	OPERATION OF PLANT	8	230749	12
13 OPERATION OF PLANT PURCHASING REL	C	OPERATION OF PLANT	8		546956
14 OPERATION OF PANT OTHER DIRECT EXP	C	OPERATION OF PLANT	8		3537436
15 ENGINEERING SALARIES	C				15
16 ENGINEERING PURCHASING REL	C				16
17 ENGINEERING OTHER DIRECT EXP	C				17
18 RECLASS PHYSICIANS MISC NON TEACH &	D				18
19 OUTPATIENT CHEMOTHERAPY	D	INTRAVENOUS THERAPY	48	200377	19
20 CLINIC - GYN ONC OFFICE	D				20
21 RECLASS PHYSICIAN TEACHING COSTS	E				21
22 INTERNS & RESIDENTS	E	I&R SERVICES-OTHER PRGM COSTS	23	4081375	223340
23 CLINIC - CWS	E				23
24 INTERNAL MEDICINE	E				24
25 PSYCHIATRY	E				25
26 LABORATORY	E				26
27 OTHER SPECIAL CARE - NICU	E				27
28 PRENATAL DIAGNOSTIC CENTER	E				28
29 GYN ONCOLOGY PBO - CLINIC	E				29
30 INVITRO FERTILIZATION	E				30
31 CLINIC	E				31
32 OFFSITE PHYSICIANS	E				32
33 CLINIC- OB MEDICINE	E				33
34 EMERGENCY ROOM	E				34
35 OR - GI ENDOSCOPY	E				35
36 SUBTOTAL				6355098	62028176

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS FROM FROM ADMIN	A					1
2 EMPLOYEE BENEFITS	A					2
3 ADMINISTRATION & GENERAL	A	ADMINISTRATIVE AND GENERAL	6.06		56577633	3
4 DIETARY/CAFETERIA RECLASS	B					4
5 CAFETERIA SALARIES	B					5
6 CAFETERIA PURCHASING REL	B					6
7 CAFETERIA OTHER DIRECT EXP	B					7
8 DIETARY SALARIES	B	DIETARY	11	1842597		8
9 DIETARY PURCHASING REL	B	DIETARY	11		566745	9
10 DIETARY OTHER DIRECT EXP	B	DIETARY	11		576066	10
11 RECLASS OPERATION OF PLANT	C					11
12 OPERATION OF PLANT SALARIES	C					12
13 OPERATION OF PLANT PURCHASING REL	C					13
14 OPERATION OF PANT OTHER DIRECT EX	C					14
15 ENGINEERING SALARIES	C	MAINTENANCE & REPAIRS	7	230749		15
16 ENGINEERING PURCHASING REL	C	MAINTENANCE & REPAIRS	7		546956	16
17 ENGINEERING OTHER DIRECT EXP	C	MAINTENANCE & REPAIRS	7		3537436	17
18 RECLASS PHYSICIANS MISC NON TEACH	D					18
19 OUTPATIENT CHEMOTHERAPY	D					19
20 CLINIC - GYN ONC OFFICE	D	CLINIC - GYNONCOLOGY PBO	60.03	200377		20
21 RECLASS PHYSICIAN TEACHING COSTS	E					21
22 INTERNS & RESIDENTS	E					22
23 CLINIC - CWS	E	CLINIC - CENTER FOR WOMENS SU	60.02	102122		23
24 INTERNAL MEDICINE	E	INTERNAL MEDICINE	19.01	80046		24
25 PSYCHIATRY	E	PSYCHIATRY	19.02	53534	33018	25
26 LABORATORY	E	LABORATORY	44	514935	63589	26
27 OTHER SPECIAL CARE - NICU	E	NEONATAL INTENSIVE CARE UNIT	30	522895		27
28 PRENATAL DIAGNOSTIC CENTER	E	PRENATAL DIAGNOSTIC CENTER	59.02	338743		28
29 GYN ONCOLOGY PBO - CLINIC	E	CLINIC - GYNONCOLOGY PBO	60.03	596688	126733	29
30 INVITRO FERTILIZATION	E	INVITRO FERTILIZATION	59.04	324096		30
31 CLINIC	E	CLINIC	60	297332		31
32 OFFSITE PHYSICIANS	E	DAY HOSPITAL	59.03	31651		32
33 CLINIC- OB MEDICINE	E	CLINIC - OB MEDICINE	60.04	258567		33
34 EMERGENCY ROOM	E	EMERGENCY	61	760995		34
35 OR - GI ENDOSCOPY	E	OPERATING ROOM	37	140383		35
36 SUBTOTAL				6295710	62028176	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 CLINIC- GENERAL INTERNAL MEDICINE	E				1
2 INFANT DEVELOPMENT	E				2
3 OTHER NONREIMBURSABLE- NEMC IVF	E				3
4 RECLASS PHYSICIAN UNFUNDED RESEARCH	F				4
5 NONREIMBUR - UNFUNDED RESEARCH	F	PHYSICIANS- UNFUNDED RESEARCH	100.12	1748666	9712 5
6 OB/GYN SALARIES	F				6
7 INTERNAL MEDICINE SALARIES	F				7
8 PSYCHIATRY SALARIES	F	PSYCHIATRY	19.02	16540	2241 8
9 OTHER SPECIAL CARE - NICU	F				9
10 LABORATORY SALARIES	F				10
11 PRENATAL DIAGNOSTIC CTR	F				11
12 INVITRO FERTILIZATION SALARIES	F				12
13 CLINIC SALARIES	F				13
14 CLINIC - GYN PBO	F				14
15 CLINIC - CTR FOR WOMENS SURGERY	F				15
16 DAY HOSPITAL	F	DAY HOSPITAL	59.03	781	16
17 EMERGENCY ROOM	F				17
18 CLINIC- OB MEDICINE	F	CLINIC - OB MEDICINE	60.04	4332	18
19 INFANT DEVELOPMENT UNIT	F				19
20 RECLASS MEDICAL STUDENT TEACHING	G				20
21 PHYSICIAN MEDICAL STUDENT SALARIES	G	PHYSICIANS- MEDICAL STUDENTS	100.09	639857	15893 21
22 OPERATING ROOM	G				22
23 PSYCHIATRY- BEHAVIORAL HEALTH	G				23
24 OB GYN SALARIES	G				24
25 PEDIATRICS- NICU	G				25
26 OB TRIAGE	G				26
27 CLINIC- OB MEDICINE	G				27
28 LABORATORY	G				28
29 PRENATAL DIAGNOSTIC CENTER- MFM	G				29
30 DAY HOSPITAL	G				30
31 INVITRO FERTILIZATION	G				31
32 CLINIC SALARIES	G				32
33 CLINIC- CENTER FOR WOMENS SURGERY	G				33
34 CLINIC- GYN ONCOLOGY	G				34
35 CLINIC- GENERAL INTERNAL MEDICINE	G				35
36 SUBTOTAL				8765274	62056022 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CLINIC- GENERAL INTERNAL MEDICINE	E	CLINIC- GENERAL INTERNAL MEDI	60.06	58419		1
2 INFANT DEVELOPMENT	E	INFANT DEVELOPMENT UNIT	59.07	969		2
3 OTHER NONREIMBURSABLE- NEMC IVF	E					3
4 RECLASS PHYSICIAN UNFUNDED RESEAR	F					4
5 NONREIMBUR - UNFUNDED RESEARCH	F					5
6 OB/GYN SALARIES	F	I&R SERVICES-OTHER PRGM COSTS	23	13154		6
7 INTERNAL MEDICINE SALARIES	F	INTERNAL MEDICINE	19.01	17781		7
8 PSYCHIATRY SALARIES	F					8
9 OTHER SPECIAL CARE - NICU	F	NEONATAL INTENSIVE CARE UNIT	30	503588		9
10 LABORATORY SALARIES	F	LABORATORY	44	57353	11953	10
11 PRENATAL DIAGNOSTIC CTR	F	PRENATAL DIAGNOSTIC CENTER	59.02	296702		11
12 INVITRO FERTILIZATION SALARIES	F	INVITRO FERTILIZATION	59.04	119453		12
13 CLINIC SALARIES	F	CLINIC	60	46417		13
14 CLINIC - GYN PBO	F	CLINIC - GYNONCOLOGY PBO	60.03	298784		14
15 CLINIC - CTR FOR WOMENS SURGERY	F	CLINIC - CENTER FOR WOMENS SU	60.02	160635		15
16 DAY HOSPITAL	F					16
17 EMERGENCY ROOM	F	EMERGENCY	61	240692		17
18 CLINIC- OB MEDICINE	F					18
19 INFANT DEVELOPMENT UNIT	F	INFANT DEVELOPMENT UNIT	59.07	15760		19
20 RECLASS MEDICAL STUDENT TEACHING	G					20
21 PHYSICIAN MEDICAL STUDENT SALARIE	G					21
22 OPERATING ROOM	G	OPERATING ROOM	37	2444		22
23 PSYCHIATRY- BEHAVIORAL HEALTH	G	PSYCHIATRY	19.02	7899	15893	23
24 OB GYN SALARIES	G	I&R SERVICES-OTHER PRGM COSTS	23	5016		24
25 PEDIATRICS- NICU	G	NEONATAL INTENSIVE CARE UNIT	30	74340		25
26 OB TRIAGE	G	EMERGENCY	61	13784		26
27 CLINIC- OB MEDICINE	G	CLINIC - OB MEDICINE	60.04	13217		27
28 LABORATORY	G	LABORATORY	44	63326		28
29 PRENATAL DIAGNOSTIC CENTER- MFM	G	PRENATAL DIAGNOSTIC CENTER	59.02	101230		29
30 DAY HOSPITAL	G	DAY HOSPITAL	59.03	1848		30
31 INVITRO FERTILIZATION	G	INVITRO FERTILIZATION	59.04	36278		31
32 CLINIC SALARIES	G	CLINIC	60	37549		32
33 CLINIC- CENTER FOR WOMENS SURGERY	G	CLINIC - CENTER FOR WOMENS SU	60.02	59280		33
34 CLINIC- GYN ONCOLOGY	G	CLINIC - GYNONCOLOGY PBO	60.03	188997		34
35 CLINIC- GENERAL INTERNAL MEDICINE	G	CLINIC- GENERAL INTERNAL MEDI	60.06	34649		35
36 SUBTOTAL				8765274	62056022	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1 0	G				1
2 RECLASS OTHER NONREIMB PHYSICIAN SAL	H				2
3 PHYSICIANS- OTHER NONREIMBURSABLE	H	PHYSICIANS- OTHER NONREIMBURS	100.11	3012673	101439 3
4 INTERNAL MEDICINE	H				4
5 PSYCHIATRY- BEHAVIORAL HEALTH	H				5
6 PEDIATRICS- NICU	H				6
7 OB TRIAGE	H				7
8 OPERATING ROOM- ENDOSCOPES	H				8
9 LABORATORY	H				9
10 PRENATAL DIAGNOSTIC CENTER- MFM	H				10
11 DAY HOSPITAL	H				11
12 INVITRO FERTILIZATION	H				12
13 INFANT DEVELOPMENT	H				13
14 CLINIC	H				14
15 CLINIC- CENTER FOR WOMENS SURGERY	H				15
16 CLINIC- GYN ONCOLOGY	H				16
17 CLINIC- OB MEDICINE	H				17
18 CLINIC- GENERAL INTERNAL MEDICINE	H				18
19 INTERNS & RESIDENTS	H				19
20 RECLASS PART A&B PHYS COSTS TO DEPTS	I				20
21 CLINIC- GYNONCOLOGY	I	CLINIC - GYNONCOLOGY PBO	60.03	139328	21
22 CLINIC- CENTER FOR WOMENS SURGERY	I				22
23 PEDIATRICS	I	NEONATAL INTENSIVE CARE UNIT	30	188749	23
24 MATERNAL FETAL MEDICINE	I	PRENATAL DIAGNOSTIC CENTER	59.02	88547	24
25 IVF	I	INVITRO FERTILIZATION	59.04	14270	25
26 WIH FPI- NEW BEDFORD	I				26
27 IVF- NEMC	I				27
28 WIH FPI- FOXBORO	I				28
29 WIHFPI- FALL RIVER	I				29
30 RECLASS COST OF OUTSIDE CONTRACTORS	J				30
31 EMPLOYEE HEALTH	J	EMPLOYEE BENEFITS	5		4016 31
32 MATERIALS MANAGEMENT	J	MATERIALS MANAGEMENT	6.03		15372 32
33 ENGINEERING- WILLARD	J				33
34 ADMINISTRATION & GENERAL	J	ADMINISTRATIVE AND GENERAL	6.06		21741 34
35 COMMUNICATIONS	J	COMMUNICATIONS	6.01		366 35
36 SUBTOTAL				12208841	62198956 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 0	G					1
2 RECLASS OTHER NONREIMB PHYSICIAN	H					2
3 PHYSICIANS- OTHER NONREIMBURSABLE	H					3
4 INTERNAL MEDICINE	H	INTERNAL MEDICINE	19.01	20566		4
5 PSYCHIATRY- BEHAVIORAL HEALTH	H	PSYCHIATRY	19.02		34981	5
6 PEDIATRICS- NICU	H	NEONATAL INTENSIVE CARE UNIT	30	796646		6
7 OB TRIAGE	H	EMERGENCY	61	29740		7
8 OPERATING ROOM- ENDOSCOPIES	H	OPERATING ROOM	37	40037		8
9 LABORATORY	H	LABORATORY	44	467241	66458	9
10 PRENATAL DIAGNOSTIC CENTER- MFM	H	PRENATAL DIAGNOSTIC CENTER	59.02	187794		10
11 DAY HOSPITAL	H	DAY HOSPITAL	59.03	924		11
12 INVITRO FERTILIZATION	H	INVITRO FERTILIZATION	59.04	557127		12
13 INFANT DEVELOPMENT	H	INFANT DEVELOPMENT UNIT	59.07	517		13
14 CLINIC	H	CLINIC	60	95309		14
15 CLINIC- CENTER FOR WOMENS SURGERY	H	CLINIC - CENTER FOR WOMENS SU	60.02	120980		15
16 CLINIC- GYN ONCOLOGY	H	CLINIC - GYNONCOLOGY PBO	60.03	553056		16
17 CLINIC- OB MEDICINE	H	CLINIC - OB MEDICINE	60.04	107833		17
18 CLINIC- GENERAL INTERNAL MEDICINE	H	CLINIC- GENERAL INTERNAL MEDI	60.06	33788		18
19 INTERNS & RESIDENTS	H	I&R SERVICES-OTHER PRGM COSTS	23	1115		19
20 RECLASS PART A&B PHYS COSTS TO DE	I					20
21 CLINIC- GYNONCOLOGY	I					21
22 CLINIC- CENTER FOR WOMENS SURGERY	I					22
23 PEDIATRICS	I					23
24 MATERNAL FETAL MEDICINE	I					24
25 IVF	I					25
26 WIH FPI- NEW BEDFORD	I	PHYSICIANS' PRIVATE OFFICES	98	239837		26
27 IVF- NEMC	I					27
28 WIH FPI- FOXBORO	I	PHYSICIANS' PRIVATE OFFICES	98	37459		28
29 WIHFPI- FALL RIVER	I	CLINIC - NEW BOSTON RD	60.05	153598		29
30 RECLASS COST OF OUTSIDE CONTRACTO	J					30
31 EMPLOYEE HEALTH	J					31
32 MATERIALS MANAGEMENT	J					32
33 ENGINEERING- WILLARD	J					33
34 ADMINISTRATION & GENERAL	J					34
35 COMMUNICATIONS	J					35
36 SUBTOTAL				12208841	62157461	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 HOUSEKEEPING	J				1
2 PATIENT ACCOUNTING	J	PATIENT ACCOUNTING	6.05		329 2
3 MEDICAL RECORDS & LIBRARY	J	MEDICAL RECORDS & LIBRARY	17		1610 3
4 SOCIAL SERVICE	J	SOCIAL SERVICE	18		1300 4
5 OPERATION OF PLANT	J	OPERATION OF PLANT	8		8461 5
6 BEHAVIORAL HEALTH	J	PSYCHIATRY	19.02		2229 6
7 ULTRASOUND	J	ULTRASOUND	41.01		3353 7
8 OPERATION OF PLANT- RICHMOND ST	J	OPERATION OF PLANT- RICHMOND	8.03		126 8
9 LABORATORY	J	LABORATORY	44		10187 9
10 INTERNS & RESIDENTS	J	I&R SERVICES-OTHER PRGM COSTS	23		190 10
11 RADIOLOGY DIAGNOSTIC	J	RADIOLOGY-DIAGNOSTIC	41		1909 11
12 PRENATAL DIAGNOSTIC CENTER	J	PRENATAL DIAGNOSTIC CENTER	59.02		25433 12
13 CLINIC - WPCC	J	CLINIC	60		13133 13
14 DAY HOSPITAL	J	DAY HOSPITAL	59.03		1876 14
15 EMERGENCY/FETAL EVALUATION	J	EMERGENCY	61		1003 15
16 NURSING ADMINISTRATION	J	NURSING ADMINISTRATION	14		461 16
17 CHAD/RESEARCH GRANTS	J	GRANTS - RESEARCH	100.02		7714 17
18 CLINIC GRANTS	J	GRANT FUNDED CLINICS	100.06		565 18
19 PATIENT EDUCATION/OTHER NON REIMBUR	J	OTHER NON-REIMBURSABLE (SPECI	100		8064 19
20 OTHER PHYSICIAN PRIVATE OFFICES	J	PHYSICIANS' PRIVATE OFFICES	98		69861 20
21 CLINIC- NEW BOSTON RD- FR	J	CLINIC - NEW BOSTON RD	60.05		23940 21
22 OPERATING ROOM	J	OPERATING ROOM	37		5447 22
23 DELIVERY ROOM	J	DELIVERY ROOM & LABOR ROOM	39		3101 23
24 GENERAL GRANTS	J	GRANTS - GENERAL	100.01		288 24
25 CARE NEW ENGLAND	J	CARE NEW ENGLAND	100.04		8799 25
26 CLINIC- GYNECOLOGY PBO	J	CLINIC - GYNONOCLOGY PBO	60.03		5938 26
27 WOMENS AUXILIARY	J	GIFT, FLOWER, COFFEE SHOP & C	96		241 27
28 FUND RAISING	J	FUND RAISING	100.03		196 28
29 PETIENT EDUCATION	J	PATIENT EDUCATION	100.15		15035 29
30 IVF	J				30
31 HOUSEKEEPING	J				31
32 RECLASS CIRCUMCISION COSTS FROM NURS	K				32
33 CIRCUMCISION SALARIES	K	CIRCUMCISION	59.01	124688	33
34 CIRCUMCISION SUPPLIES	K	CIRCUMCISION	59.01		15926 34
35 NURSERY SALARIES	K				35
36 SUBTOTAL				12333529	62435671 36

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 HOUSEKEEPING	J					1
2 PATIENT ACCOUNTING	J					2
3 MEDICAL RECORDS & LIBRARY	J					3
4 SOCIAL SERVICE	J					4
5 OPERATION OF PLANT	J					5
6 BEHAVIORAL HEALTH	J					6
7 ULTRASOUND	J					7
8 OPERATION OF PLANT- RICHMOND ST	J					8
9 LABORATORY	J					9
10 INTERNS & RESIDENTS	J					10
11 RADIOLOGY DIAGNOSTIC	J					11
12 PRENATAL DIAGNOSTIC CENTER	J					12
13 CLINIC - WPCC	J					13
14 DAY HOSPITAL	J					14
15 EMERGENCY/FETAL EVALUATION	J					15
16 NURSING ADMINISTRATION	J					16
17 CHAD/RESEARCH GRANTS	J					17
18 CLINIC GRANTS	J					18
19 PATIENT EDUCATION/OTHER NON REIMB	J					19
20 OTHER PHYSICIAN PRIVATE OFFICES	J					20
21 CLINIC- NEW BOSTON RD- FR	J					21
22 OPERATING ROOM	J					22
23 DELIVERY ROOM	J					23
24 GENERAL GRANTS	J					24
25 CARE NEW ENGLAND	J					25
26 CLINIC- GYNECOLOGY PBO	J					26
27 WOMENS AUXILIARY	J					27
28 FUND RAISING	J					28
29 PETIENT EDUCATION	J					29
30 IVF	J					30
31 HOUSEKEEPING	J	HOUSEKEEPING	10		262284	31
32 RECLASS CIRCUMCISION COSTS FROM N	K					32
33 CIRCUMCISION SALARIES	K					33
34 CIRCUMCISION SUPPLIES	K					34
35 NURSERY SALARIES	K	NURSERY	33	124688		35
36 SUBTOTAL				12333529	62419745	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 NURSERY SUPPLIES	K					1
2 RECLASS COST OF EMPLY HEALTH TO LAB	L	EMPLOYEE BENEFITS	5		65596	2
3 VICE PRESIDENT FOR DEVELOPMENT	M	FUND RAISING	100.03	146723		3
4 RECLASS COST OF M&S SUPPLIES SOLD TO	N					4
5 M&S SUPPLIES CHARGED TO PATIENTS	N	MEDICAL SUPPLIES CHARGED TO P	55		4768772	5
6 ADULT & PEDS - ROUTINE	N					6
7 SPECIAL CARE NURSERY	N					7
8 OPERATING ROOM	N					8
9 DELIVERY ROOM	N					9
10 RECLASS I&R SALARIES	O					10
11 INTERNS & RESIDENTS	O	I&R SERVICES-SALARY & FRINGES	22	2782078	234529	11
12 I&R OTHER	O					12
13 SPECIAL CARE NURSERY SALARIES	O					13
14 PATHOLOGY	O					14
15 ONCOLOGY	O					15
16 MATERNAL FETAL MEDICINE	O					16
17 CLINIC- CWS PBO	O					17
18 EMPLOYEE BENEFITS	O					18
19 RECLASS LAB PHLEBOTMY COSTS FROM EKG	P					19
20 LAB SALARIES	P	LABORATORY	44	1001650		20
21 LAB OTHER PURCHASED EXPS	P	LABORATORY	44		371333	21
22 LAB OTHER EXPS	P	LABORATORY	44		11384	22
23 EKG SALARIES	P					23
24 EKG OTHER PURCHASED	P					24
25 EKG OTHER	P					25
26 RECLASS NEW BUILDING CAPITL - LEASES	Q					26
27 NEW CAP BLDG- 120 DUDLEY	Q	NEW CAP BLDG- 120 DUDLEY STRE	3.05		61834	27
28 ADMIN & GENERAL	Q					28
29 NEW CAP BLDG- 50 HOLDEN ST	R	NEW CAP BLDG- 50 HOLDEN STREE	3.20		311182	29
30 INFANT DEVELOPMENT UNIT	R					30
31 NEW CAP BLDG- FALL RIVER FPI	S	NEW CAP BLDG-FALL RIVER	3.21		96460	31
32 WIH PHYSICIANS	S					32
33 NEW CAPITAL BUILDING - THURBERS AVEN	T	NEW CAP BLDG - THURBERS AVENU	3.17		321666	33
34 HEARING PROGAMS & CLINIC	T					34
35 CLINIC - PROJECT LINK	T					35
36 SUBTOTAL				16263980	68678427	36

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 NURSERY SUPPLIES	K	NURSERY	33		15926	1
2 RECLASS COST OF EMPLY HEALTH TO L	L	LABORATORY	44		65596	2
3 VICE PRESIDENT FOR DEVELOPMENT	M	ADMINISTATIVE AND GENERAL	6.06	146723		3
4 RECLASS COST OF M&S SUPPLIES SOLD	N					4
5 M&S SUPPLIES CHARGED TO PATIENTS	N					5
6 ADULT & PEDS - ROUTINE	N	ADULTS & PEDIATRICS	25		223473	6
7 SPECIAL CARE NURSERY	N	NEONATAL INTENSIVE CARE UNIT	30		927	7
8 OPERATING ROOM	N	OPERATING ROOM	37		4533516	8
9 DELIVERY ROOM	N	DELIVERY ROOM & LABOR ROOM	39		10856	9
10 RECLASS I&R SALARIES	O					10
11 INTERNS & RESIDENTS	O					11
12 I&R OTHER	O	I&R SERVICES-OTHER PRGM COSTS	23	1541255		12
13 SPECIAL CARE NURSERY SALARIES	O	NEONATAL INTENSIVE CARE UNIT	30	523114		13
14 PATHOLOGY	O	LABORATORY	44	119934		14
15 ONCOLOGY	O	CLINIC - GYNONCOLOGY PBO	60.03	247160		15
16 MATERNAL FETAL MEDICINE	O	PRENATAL DIAGNOSTIC CENTER	59.02	167932		16
17 CLINIC- CWS PBO	O	CLINIC - CENTER FOR WOMENS SU	60.02	182683		17
18 EMPLOYEE BENEFITS	O	EMPLOYEE BENEFITS	5		234529	18
19 RECLASS LAB PHLEBOTMY COSTS FROM	P					19
20 LAB SALARIES	P					20
21 LAB OTHER PURCHASED EXPS	P					21
22 LAB OTHER EXPS	P					22
23 EKG SALARIES	P	ELECTROCARDIOLOGY	53	1001650		23
24 EKG OTHER PURCHASED	P	ELECTROCARDIOLOGY	53		371333	24
25 EKG OTHER	P	ELECTROCARDIOLOGY	53		11384	25
26 RECLASS NEW BUILDING CAPITL - LEA	Q					26
27 NEW CAP BLDG- 120 DUDLEY	Q					10 27
28 ADMIN & GENERAL	Q	ADMINISTATIVE AND GENERAL	6.06		61834	28
29 NEW CAP BLDG- 50 HOLDEN ST	R					10 29
30 INFANT DEVELOPMENT UNIT	R	INFANT DEVELOPMENT UNIT	59.07		311182	30
31 NEW CAP BLDG- FALL RIVER FPI	S					10 31
32 WIH PHYSICIANS	S	PHYSICIANS' PRIVATE OFFICES	98		96460	32
33 NEW CAPITAL BUILDING - THURBERS A	T					10 33
34 HEARING PROGAMS & CLINIC	T	HEARING PROGRAM	59.06		35162	34
35 CLINIC - PROJECT LINK	T	CLINIC- PROJECT LINK	60.01		51711	35
36 SUBTOTAL				16263980	68443634	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 PATIENT ED	T				1
2 SPECIAL CARE- PEDIATRICS	T				2
3 ADMIN & GENERAL	T				3
4 NEW CAPITAL BULD- 79 PLAIN STREET	U	NEW CAP BLDG- PLAIN STREET	3.02		4 189610
5 PRENATAL DIAGNOSTIC CENTER	U				5
6 FACULTY PRACTICE	U				6
7 NEW CAPITAL BUILDING - BLACKSTONE	V	NEW CAP BLDG- BLACKSTONE	3.03		7 637083
8 GYN/ONC	V				8
9 INVITRO FERTILIZATION	V				9
10 NEW CAP BLDG- 888 EDDY ST	W	NEW CAP BLDG- 888 EDDY STREET	3.22		10 59695
11 ADMIN & GENERAL- CARE NEW ENGLAND	W				11
12 INVITRO FERTILIZATION	W				12
13 CLINIC- GYN ONCOLOGY PBO	W				13
14 LAB- PHYS RELATIONS & SERVICES	W				14
15 NEW CAPITAL BUILDING - 908 EDDY ST	X	NEW CAP BLDG- 908 EDDY STREET	3.23		15 193607
16 ADMIN & GENERAL	X				16
17 STORES- CENTRAL SUPPLY	X				17
18 FAMILY VAN	X				18
19 MAIL MESSENGER	X				19
20 NEW CAPITAL BUILDING - EG	Y	NEW CAP BLDG- EAST GREENWICH	3.06		20 13520
21 CENTER FOR HEALTH EDUCATION - EG	Y				21
22 PHYSICIAN PRIVATE OFFICE - EG	Y				22
23 NEW CAPITAL BUILDING - WOONSOCKET	Z	NEW CAP BLDG- WOONSOCKET	3.07		23 73773
24 CENTER FOR HEALTH EDUCATION - WOONS	Z				24
25 PHYSICIAN PRIVATE OFFICE - WOONSOCK	Z				25
26 NEW CAP BUILDING - N ATTLEBORO	BB	NEW CAP BLDG- NORTH ATTLEBORO	3.10		26 72600
27 PHYSICIAN PRIVATE OFFICE - N ATTLEB	BB				27
28 NEW CAP BUILDING - KILGUSS	CC	NEW CAP BLDG - KILGUSS	3.14		28 52663
29 CHESTNUT STREET BUILDING	CC				29
30 NEW CAPITAL BUILDING - NB MFM	DD	NEW CAP BLDG - NB MFM	3.15		30 38545
31 PHYSICIAN PRIVATE OFFICE	DD				31
32 NEW CAP BLDG- 365 EDDY ST	EE	NEW CAP BLDG- 365 EDDY STREET	3.18		32 149625
33 ADMIN & GENERAL- CARE NEW ENGLAND	EE				33
34 ADMIN & GENERAL OTHER	EE				34
35 COMMUNITY RELATIONS	EE				35
36 SUBTOTAL				16263980	70159148 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 PATIENT ED	T	PATIENT EDUCATION	100.15		84164	1
2 SPECIAL CARE- PEDIATRICS	T	NEONATAL INTENSIVE CARE UNIT	30		35163	2
3 ADMIN & GENERAL	T	ADMINISTATIVE AND GENERAL	6.06		115466	3
4 NEW CAPITAL BUILD- 79 PLAIN STREE	U					10 4
5 PRENATAL DIAGNOSTIC CENTER	U	PRENATAL DIAGNOSTIC CENTER	59.02		101282	5
6 FACULTY PRACTICE	U	ADMINISTATIVE AND GENERAL	6.06		88328	6
7 NEW CAPITAL BUILDING - BLACKSTONE	V					10 7
8 GYN/ONC	V	CLINIC - GYNONCOLOGY PBO	60.03		430095	8
9 INVITRO FERTILIZATION	V	INVITRO FERTILIZATION	59.04		206988	9
10 NEW CAP BLDG- 888 EDDY ST	W					10 10
11 ADMIN & GENERAL- CARE NEW ENGLAND	W	ADMINISTATIVE AND GENERAL	6.06		32575	11
12 INVITRO FERTILIZATION	W					12
13 CLINIC- GYN ONCOLOGY PBO	W	CLINIC - GYNONCOLOGY PBO	60.03		16269	13
14 LAB- PHYS RELATIONS & SERVICES	W	LABORATORY	44		10851	14
15 NEW CAPITAL BUILDING - 908 EDDY S	X					10 15
16 ADMIN & GENERAL	X	ADMINISTATIVE AND GENERAL	6.06		39986	16
17 STORES- CENTRAL SUPPLY	X	MATERIALS MANAGEMENT	6.03		142043	17
18 FAMILY VAN	X	PATIENT EDUCATION	100.15		7231	18
19 MAIL MESSENGER	X	ADMINISTATIVE AND GENERAL	6.06		4347	19
20 NEW CAPITAL BUILDING - EG	Y					10 20
21 CENTER FOR HEALTH EDUCATION - EG	Y	PATIENT EDUCATION	100.15		4732	21
22 PHYSICIAN PRIVATE OFFICE - EG	Y	PHYSICIANS' PRIVATE OFFICES	98		8788	22
23 NEW CAPITAL BUILDING - WOONSOCKET	Z					10 23
24 CENTER FOR HEALTH EDUCATION - WOO	Z	PATIENT EDUCATION	100.15		22132	24
25 PHYSICIAN PRIVATE OFFICE - WOONSO	Z	PHYSICIANS' PRIVATE OFFICES	98		51641	25
26 NEW CAP BUILDING - N ATTLEBORO	BB					10 26
27 PHYSICIAN PRIVATE OFFICE - N ATTL	BB	PHYSICIANS' PRIVATE OFFICES	98		72600	27
28 NEW CAP BUILDING - KILGUSS	CC					10 28
29 CHESTNUT STREET BUILDING	CC	OPERATION OF PLANT-KILGUSS	8.01		52663	29
30 NEW CAPITAL BUILDING - NB MFM	DD					10 30
31 PHYSICIAN PRIVATE OFFICE	DD	PHYSICIANS' PRIVATE OFFICES	98		38545	31
32 NEW CAP BLDG- 365 EDDY ST	EE					10 32
33 ADMIN & GENERAL- CARE NEW ENGLAND	EE	ADMINISTATIVE AND GENERAL	6.06		107730	33
34 ADMIN & GENERAL OTHER	EE					34
35 COMMUNITY RELATIONS	EE	ADMINISTATIVE AND GENERAL	6.06		41895	35
36 SUBTOTAL				16263980	70159148	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1 NEW CAPITAL BUILDING - SWANSEA	FF	NEW CAP BLDG- SWANSEA	3.08		89090 1
2 CENTER FOR HEALTH EDUCATION - SWANS	FF				2
3 PHYSICIAN PRIVATE OFFICE - SWANSEA	FF				3
4 NEW CAP BLDG- EDDY ST CWS	GG	NEW CAP BLDG - EDDY STREET CW	3.16		217748 4
5 CENTER FOR WOMENS SURGERY	GG				5
6 LABORATORY- DRAWING STATION	GG				6
7 PHYSICAL THERAPY	GG				7
8 NEW CAP BLDG- COCASSETT ST FOXBORO	HH	NEW CAP BLDG- COCASSET ST FOX	3.24		39580 8
9 WIH FPI- FOXBORO	HH				9
10 RECLASS EQUIPMENT LEASES	II				10
11 NEW EQUIPMENT CAPITAL	II	NEW CAP REL COSTS-MVBLE EQUIP	4		606011 11
12 EMPLOYEE BENEFITS	II				12
13 CENTRAL PATIENT REGISTRATION	II				13
14 ADMIN & GENERAL	II				14
15 OPERATION OF PLANT	II				15
16 DIETARY	II				16
17 PHARMACY	II				17
18 MEDICAL RECORDS & LIBRARY	II				18
19 COMMUNICATIONS	II				19
20 ADULTS & PEDIATRICS	II				20
21 SPECIAL CARE NURSERY	II				21
22 OPERATING ROOM	II				22
23 DELIVERY ROOM	II				23
24 LABORATORY	II				24
25 NONREIMBURSEABLE - PATIENT ED	II				25
26 PHYSICIAN PRIVATE OFFICE	II				26
27 INFANT DEVELOPMENT CENTER	II				27
28 MRI	II				28
29 PATIENT ACCOUNTING	II				29
30 NURSING ADMIN	II				30
31 LAUNDRY	II				31
32 NUTRITION	II				32
33 BEHAVIORAL HEALTH	II				33
34 MAINTENANCE & REPAIR	II				34
35 CENTRAL SERVICES & SUPPLY	II				35
36 SUBTOTAL				16263980	71111577 36

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	NEW CAPITAL BUILDING - SWANSEA	FF					10 1
2	CENTER FOR HEALTH EDUCATION - SWA	FF	PATIENT EDUCATION	100.15		15145	2
3	PHYSICIAN PRIVATE OFFICE - SWANSE	FF	PHYSICIANS' PRIVATE OFFICES	98		73945	3
4	NEW CAP BLDG- EDDY ST CWS	GG					10 4
5	CENTER FOR WOMENS SURGERY	GG	CLINIC - CENTER FOR WOMENS SU	60.02		144271	5
6	LABORATORY- DRAWING STATION	GG	LABORATORY	44		35045	6
7	PHYSICAL THERAPY	GG	PHYSICAL THERAPY	50		38432	7
8	NEW CAP BLDG- COCASSETT ST FOXBOR	HH					10 8
9	WIH FPI- FOXBORO	HH	PHYSICIANS' PRIVATE OFFICES	98		39580	9
10	RECLASS EQUIPMENT LEASES	II					10
11	NEW EQUIPMENT CAPITAL	II					10 11
12	EMPLOYEE BENEFITS	II	EMPLOYEE BENEFITS	5		16652	12
13	CENTRAL PATIENT REGISTRATION	II	CENTRAL PATIENT REGISTRATION	6.04		403	13
14	ADMIN & GENERAL	II	ADMINISTRATIVE AND GENERAL	6.06		37112	14
15	OPERATION OF PLANT	II	OPERATION OF PLANT	8		3720	15
16	DIETARY	II	DIETARY	11		1216	16
17	PHARMACY	II	PHARMACY	16		254809	17
18	MEDICAL RECORDS & LIBRARY	II	MEDICAL RECORDS & LIBRARY	17		5525	18
19	COMMUNICATIONS	II					19
20	ADULTS & PEDIATRICS	II	ADULTS & PEDIATRICS	25		37070	20
21	SPECIAL CARE NURSERY	II	NEONATAL INTENSIVE CARE UNIT	30		16682	21
22	OPERATING ROOM	II	OPERATING ROOM	37		7897	22
23	DELIVERY ROOM	II	DELIVERY ROOM & LABOR ROOM	39		1939	23
24	LABORATORY	II	LABORATORY	44		19058	24
25	NONREIMBURSEABLE - PATIENT ED	II	OTHER NON-REIMBURSABLE (SPECI	100		6085	25
26	PHYSICIAN PRIVATE OFFICE	II	PHYSICIANS' PRIVATE OFFICES	98		5363	26
27	INFANT DEVELOPMENT CENTER	II	INFANT DEVELOPMENT UNIT	59.07		2871	27
28	MRI	II	MRI	41.03		235	28
29	PATIENT ACCOUNTING	II	PATIENT ACCOUNTING	6.05		10512	29
30	NURSING ADMIN	II	NURSING ADMINISTRATION	14		3621	30
31	LAUNDRY	II	LAUNDRY & LINEN SERVICE	9		15259	31
32	NUTRITION	II	SOCIAL SERVICE	18		1035	32
33	BEHAVIORAL HEALTH	II	PSYCHIATRY	19.02		2700	33
34	MAINTENANCE & REPAIR	II	MAINTENANCE & REPAIRS	7		4458	34
35	CENTRAL SERVICES & SUPPLY	II	CENTRAL SERVICES & SUPPLY	15		1380	35
36	SUBTOTAL				16263980	70961168	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1 OB MEDICINE	II				1
2 CLINIC- CENTER FOR WOMENS SURGERY	II				2
3 CLINIC- GYN ONCOLOGY	II				3
4 CLINIC- GENERAL INTERNAL MEDICINE	II				4
5 ANESTHESIOLOGY	II				5
6 RADIOLOGY - DIAGNOSTIC	II				6
7 OPERATION OF PLANT- KILGUSS	II				7
8 RESPIRATORY THERAPY	II				8
9 CLINIC- NEW BOSTON RD- FALL RIVER	II				9
10 PRENATAL DIAGNOSTIC CENTER	II				10
11 INVITRO FERTILIZATION	II				11
12 WOMEN'S PRIMARY CARE CENTER	II				12
13 FUND RAISING	II				13
14 EKG	II				14
15 PHYSICAL THERAPY	II				15
16 DAY HOSPITAL	II				16
17 CLINIC- OB MED PRACTICE	II				17
18 EMERGENCY ROOM	II				18
19 OB/GYN CHAIRMAN	II				19
20 RECLASSIFY COST OF RIH SVCS TO CC	JJ				20
21 HEARING PROGRAM	JJ	HEARING PROGRAM	59.06		5076 21
22 OPERATING ROOM	JJ	OPERATING ROOM	37		399889 22
23 RECOVERY ROOM	JJ	RECOVERY ROOM	38		19099 23
24 ULTRASOUND	JJ	ULTRASOUND	41.01		3578 24
25 PHYSICAL THERAPY	JJ	PHYSICAL THERAPY	50		98 25
26 LABORATORY	JJ	LABORATORY	44		49495 26
27 RESPIRATORY THERAPY	JJ	RESPIRATORY THERAPY	49		1282 27
28 EKG/EEG	JJ	ELECTROCARDIOLOGY	53		53384 28
29 MEDICAL SUPPLIES SOLD TO PATIENTS	JJ	MEDICAL SUPPLIES CHARGED TO P	55		194843 29
30 DRUGS	JJ	DRUGS CHARGED TO PATIENTS	56		37071 30
31 CT SCANS	JJ	CT SCANS	41.02		31283 31
32 MRI	JJ	MRI	41.03		4209 32
33 ANESTHESIA	JJ				33
34 BLOOD STORING & PROCESSING	JJ				34
35 CLINIC	JJ				35
36 SUBTOTAL				16263980	71910884 36

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EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 OB MEDICINE	II	INTERNAL MEDICINE	19.01		1132	1
2 CLINIC- CENTER FOR WOMENS SURGERY	II	CLINIC - CENTER FOR WOMENS SU	60.02		3794	2
3 CLINIC- GYN ONCOLOGY	II	CLINIC - GYNONCOLOGY PBO	60.03		24928	3
4 CLINIC- GENERAL INTERNAL MEDICIN	II	CLINIC- GENERAL INTERNAL MEDI	60.06		3471	4
5 ANESTHESIOLOGY	II	ANESTHESIOLOGY	40		1654	5
6 RADIOLOGY - DIAGNOSTIC	II	RADIOLOGY-DIAGNOSTIC	41		11633	6
7 OPERATION OF PLANT- KILGUSS	II	OPERATION OF PLANT-KILGUSS	8.01		4853	7
8 RESPIRATORY THERAPY	II	RESPIRATORY THERAPY	49		34794	8
9 CLINIC- NEW BOSTON RD- FALL RIVER	II	CLINIC - NEW BOSTON RD	60.05		1849	9
10 PRENATAL DIAGNOSTIC CENTER	II	PRENATAL DIAGNOSTIC CENTER	59.02		4557	10
11 INVITRO FERTILIZATION	II	INVITRO FERTILIZATION	59.04		38369	11
12 WOMEN'S PRIMARY CARE CENTER	II	CLINIC	60		4049	12
13 FUND RAISING	II	FUND RAISING	100.03		2416	13
14 EKG	II	ELECTROCARDIOLOGY	53		564	14
15 PHYSICAL THERAPY	II	PHYSICAL THERAPY	50		874	15
16 DAY HOSPITAL	II	DAY HOSPITAL	59.03		564	16
17 CLINIC- OB MED PRACTICE	II	CLINIC - OB MEDICINE	60.04		4883	17
18 EMERGENCY ROOM	II	EMERGENCY	61		3325	18
19 OB/GYN CHAIRMAN	II	I&R SERVICES-OTHER PRGM COSTS	23		2700	19
20 RECLASSIFY COST OF RIH SVCS TO CC	JJ					20
21 HEARING PROGRAM	JJ					21
22 OPERATING ROOM	JJ					22
23 RECOVERY ROOM	JJ					23
24 ULTRASOUND	JJ					24
25 PHYSICAL THERAPY	JJ					25
26 LABORATORY	JJ					26
27 RESPIRATORY THERAPY	JJ					27
28 EKG/EEG	JJ					28
29 MEDICAL SUPPLIES SOLD TO PATIENTS	JJ					29
30 DRUGS	JJ					30
31 CT SCANS	JJ					31
32 MRI	JJ					32
33 ANESTHESIA	JJ					33
34 BLOOD STORING & PROCESSING	JJ					34
35 CLINIC	JJ					35
36 SUBTOTAL				16263980	71111577	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			OTHER	
		COST CENTER	LINE #	SALARY		
	1	2	3	4	5	
1 EMERGENCY ROOM	JJ	EMERGENCY	61		364	1
2 RADIOLOGY	JJ					2
3 RECLASS PHYSICIAN SALARIES TO HOME	KK					3
4 DEPARTMENTS	KK					4
5 IVF	KK	INVITRO FERTILIZATION	59.04	420456		5
6 CENTER FOR WOMENS SURGERY	KK	CLINIC - CENTER FOR WOMENS SU	60.02	41243		6
7 MEDICINE ADMIN	KK	INTERNAL MEDICINE	19.01	207826		7
8 MFM- PDC	KK	PRENATAL DIAGNOSTIC CENTER	59.02	29876		8
9 MEDICAL EDUCATION	KK					9
10 NEMC- IVF	KK					10
11 OB MEDICINE	KK					11
12 RECLAS CNE & OTHR RELATD TO NONREMB	LL					12
13 CNE NONREIMBURSABLE SALARIES	LL	CARE NEW ENGLAND	100.04	2986789		13
14 KENT STAFF PAID BY W&I	LL	KENT STAFF PAID BY WOMENS & I	100.14	247740		14
15 ADMIN & GENERAL SALARIES	LL					15
16 IDENTIFY TUMOR BOARD & OP CHEMO EXP	MM					16
17 TUMOR REGISTRY SALARIES	MM	CLINIC - GYNONCOLOGY PBO	60.03	100334		17
18 OP CHEMO SALARIES	MM	INTRAVENOUS THERAPY	48	346168		18
19 I&R OTHER PROGRAM SALARIES	MM	I&R SERVICES-OTHER PRGM COSTS	23	58262		19
20 OP CHEMO PURCHASED SUPPLIES	MM	INTRAVENOUS THERAPY	48		38435	20
21 GYN ONCOLOGY SALARIES	MM					21
22 GYN ONCOLOGY SUPPLIES	MM					22
23 RECLASS NONREIMBURSABLE MARKETING CO	NN					23
24 NONREIMBURSE SALARIES COSTS	NN	OTHER NON-REIMBURSABLE (SPECI	100	88444		24
25 NONREIMBURSE PURCHASED COSTS	NN	OTHER NON-REIMBURSABLE (SPECI	100		188824	25
26 NONREIMBURSE OTHER EXPENSE	NN	OTHER NON-REIMBURSABLE (SPECI	100		308330	26
27 MARKETING SALARY COSTS	NN					27
28 MARKETING PURCHASED COSTS	NN					28
29 MARKETING OTHER EXPENSE	NN					29
30 RECLASS TRANSPORTATION COST TO NONRE	OO					30
31 NONREIMBURSE SALARIES	OO	OTHER NON-REIMBURSABLE (SPECI	100	29043		31
32 NONREIMBURSE OTHER EXP	OO	OTHER NON-REIMBURSABLE (SPECI	100		39122	32
33 SECURITY SALARIES	OO					33
34 SECURITY - MVBLE EQUIP	OO					34
35 RECLASS INTEREST EXP	PP					35
36 SUBTOTAL				20820161	72485959	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 9

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 EMERGENCY ROOM	JJ					1
2 RADIOLOGY	JJ	RADIOLOGY-DIAGNOSTIC	41		799671	2
3 RECLASS PHYSICIAN SALARIES TO HOM	KK					3
4 DEPARTMENTS	KK					4
5 IVF	KK					5
6 CENTER FOR WOMENS SURGERY	KK					6
7 MEDICINE ADMIN	KK					7
8 MFM- PDC	KK					8
9 MEDICAL EDUCATION	KK	I&R SERVICES-OTHER PRGM COSTS	23	212904		9
10 NEMC- IVF	KK	OTHER NON-REIMBURSABLE (SPECI	100	278671		10
11 OB MEDICINE	KK	CLINIC - OB MEDICINE	60.04	207826		11
12 RECLAS CNE & OTHR RELATD TO NONRE	LL					12
13 CNE NONREIMBURSABLE SALARIES	LL					13
14 KENT STAFF PAID BY W&I	LL					14
15 ADMIN & GENERAL SALARIES	LL	ADMINISTATIVE AND GENERAL	6.06	3234529		15
16 IDENTIFY TUMOR BOARD & OP CHEMO E	MM					16
17 TUMOR REGISTRY SALARIES	MM					17
18 OP CHEMO SALARIES	MM					18
19 I&R OTHER PROGRAM SALARIES	MM					19
20 OP CHEMO PURCHASED SUPPLIES	MM					20
21 GYN ONCOLOGY SALARIES	MM	CLINIC - GYNONOCOLGY PBO	60.03	504764		21
22 GYN ONCOLOGY SUPPLIES	MM	CLINIC - GYNONOCOLGY PBO	60.03		38435	22
23 RECLASS NONREIMBURSABLE MARKETING	NN					23
24 NONREIMBURSE SALARIES COSTS	NN					24
25 NONREIMBURSE PURCHASED COSTS	NN					25
26 NONREIMBURSE OTHER EXPENSE	NN					26
27 MARKETING SALARY COSTS	NN	ADMINISTATIVE AND GENERAL	6.06	88444		27
28 MARKETING PURCHASED COSTS	NN	ADMINISTATIVE AND GENERAL	6.06		188824	28
29 MARKETING OTHER EXPENSE	NN	ADMINISTATIVE AND GENERAL	6.06		308330	29
30 RECLASS TRANSPORTATION COST TO NO	OO					30
31 NONREIMBURSE SALARIES	OO					31
32 NONREIMBURSE OTHER EXP	OO					32
33 SECURITY SALARIES	OO	OPERATION OF PLANT	8	29043		33
34 SECURITY - MVBLE EQUIP	OO	NEW CAP REL COSTS-MVBLE EQUIP	4		39122	9 34
35 RECLASS INTEREST EXP	PP					35
36 SUBTOTAL				20820161	72485959	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1 NEW CAPITAL MAIN BUILDING	PP	NEW CAP REL COSTS-BLDG & FIXT	3		273430 1
2 NEW CAPITAL BLDG- 100 DUDLEY	PP	NEW CAP BLDG- 100 DUDLEY STRE	3.04		143418 2
3 NEW CAPITAL MOB DUDLEY	PP	NEW CAP BLDG- MEDICAL OFFICE	3.11		47538 3
4 NEW CAPITAL KILGUSS	PP	NEW CAP BLDG - KILGUSS	3.14		48336 4
5 NEW CAPITAL- RICHMOND ST	PP	NEW CAP BLDG- RICHMOND ST	3.09		189032 5
6 NEW CAPITAL- ELM ST	PP	NEW CAP BLDG- ELM STREET	3.13		113419 6
7 NEW CAPITAL MVBLE EQUIP	PP	NEW CAP REL COSTS-MVBLE EQUIP	4		112620 7
8 INTEREST EXPENSE	PP				8
9 RECLASS WILLARD AVENUE TAXES	QQ				9
10 NEW CAP BUILDING - WILLARD & OTHER	QQ	NEW CAP BLDG- WILLARD	3.01		35000 10
11 ADMIN & GENERAL	QQ				11
12 RECLASS NEMC W&I PATIENT SAL TO IVF	RR				12
13 IVF	RR	INVITRO FERTILIZATION	59.04	4455	13
14 NEMC IVF	RR				14
15 RECLASS NEMC IVF PC TO IVF FOR A-8-2	SS				15
16 IVF PC	SS	INVITRO FERTILIZATION	59.04		34800 16
17 NEMC IVF PC	SS				17
18 RECLASS FPI & OTHR OFFSITE PHYSICIAN	TT				18
19 OFFSITE PHYSICIANS	TT	OFFSITE PHYSICIANS	100.08	1719467	55461 19
20 PHYSICIANS-OTHER NONREIMBURSABLE	TT				20
21 PROPERTY INSURANCE RECLASS	UU				21
22 INS OLD BLDG & FIXT	UU	OLD CAP REL COSTS-BLDG & FIXT	1		35393 22
23 INS OLD MVBLE EQUIP	UU	OLD CAP REL COSTS-MVBLE EQUIP	2		14678 23
24 INS NEW BLDG & FIXT	UU	NEW CAP REL COSTS-BLDG & FIXT	3		104182 24
25 INS NEW WILLARD & OTHER	UU	NEW CAP BLDG- WILLARD	3.01		2631 25
26 INS 100 DUDLEY	UU	NEW CAP BLDG- 100 DUDLEY STRE	3.04		7903 26
27 INS 120 DUDLEY	UU	NEW CAP BLDG- 120 DUDLEY STRE	3.05		1532 27
28 INS EAST GREENWICH	UU	NEW CAP BLDG- EAST GREENWICH	3.06		791 28
29 INS WOONSOCKET	UU	NEW CAP BLDG- WOONSOCKET	3.07		281 29
30 INS SWANSEA	UU	NEW CAP BLDG- SWANSEA	3.08		922 30
31 INS RICHMOND STREET	UU	NEW CAP BLDG- RICHMOND ST	3.09		4486 31
32 INS N. ATTLEBORO	UU	NEW CAP BLDG- NORTH ATTLEBORO	3.10		263 32
33 INS MOB	UU	NEW CAP BLDG- MEDICAL OFFICE	3.11		6872 33
34 INS ELM STREET	UU	NEW CAP BLDG- ELM STREET	3.13		4648 34
35 INS KILGUSS	UU	NEW CAP BLDG - KILGUSS	3.14		3590 35
36 SUBTOTAL				22544083	73727185 36

RECLASSIFICATIONS

WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 NEW CAPITAL MAIN BUILDING	PP					11 1
2 NEW CAPITAL BLDG- 100 DUDLEY	PP					11 2
3 NEW CAPITAL MOB DUDLEY	PP					11 3
4 NEW CAPITAL KILGUSS	PP					11 4
5 NEW CAPITAL- RICHMOND ST	PP					11 5
6 NEW CAPITAL- ELM ST	PP					11 6
7 NEW CAPITAL MVBLE EQUIP	PP					11 7
8 INTEREST EXPENSE	PP	INTEREST EXPENSE	88		927793	11 8
9 RECLASS WILLARD AVENUE TAXES	QQ					9
10 NEW CAP BUILDING - WILLARD & OTHE	QQ					10 10
11 ADMIN & GENERAL	QQ	ADMINISTRATIVE AND GENERAL	6.06		35000	10 11
12 RECLASS NEMC W&I PATIENT SAL TO I	RR					12
13 IVF	RR					13
14 NEMC IVF	RR	OTHER NON-REIMBURSABLE (SPECI	100	4455		14
15 RECLASS NEMC IVF PC TO IVF FOR A-	SS					15
16 IVF PC	SS					16
17 NEMC IVF PC	SS	OTHER NON-REIMBURSABLE (SPECI	100		34800	17
18 RECLASS FPI & OTHR OFFSITE PHYSIC	TT					18
19 OFFSITE PHYSICIANS	TT					19
20 PHYSICIANS-OTHER NONREIMBURSABLE	TT	PHYSICIANS- OTHER NONREIMBURS	100.11	1719467	55461	20
21 PROPERTY INSURANCE RECLASS	UU					21
22 INS OLD BLDG & FIXT	UU					12 22
23 INS OLD MVBLE EQUIP	UU					12 23
24 INS NEW BLDG & FIXT	UU					12 24
25 INS NEW WILLARD & OTHER	UU					12 25
26 INS 100 DUDLEY	UU					12 26
27 INS 120 DUDLEY	UU					12 27
28 INS EAST GREENWICH	UU					12 28
29 INS WOONSOCKET	UU					12 29
30 INS SWANSEA	UU					12 30
31 INS RICHMOND STREET	UU					12 31
32 INS N. ATTLEBORO	UU					12 32
33 INS MOB	UU					12 33
34 INS ELM STREET	UU					12 34
35 INS KILGUSS	UU					12 35
36 SUBTOTAL				22544083	73539013	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		
	1	2	3	4	OTHER	5
1 INS NEW BEDFORD - MFM	UU	NEW CAP BLDG - NB MFM	3.15		539	1
2 INS EDDY STREET - CWS	UU	NEW CAP BLDG - EDDY STREET CW	3.16		37	2
3 INS THURBERS AVENUE	UU	NEW CAP BLDG - THURBERS AVENUE	3.17		481	3
4 INS SOUTH COUNTY COMMONS	UU	NEW CAP BLDG- SC COMMONS	3.19		537	4
5 INS 50 HOLDEN STREET	UU	NEW CAP BLDG- 50 HOLDEN STREE	3.20		626	5
6 INS FALL RIVER- BOSTON ROAD	UU	NEW CAP BLDG-FALL RIVER	3.21		55	6
7 INS 888 EDDY ST	UU	NEW CAP BLDG- 888 EDDY STREET	3.22		20	7
8 INS 908 EDDY ST	UU	NEW CAP BLDG- 908 EDDY STREET	3.23		233	8
9 INS FOXBORO- COCASSET ST	UU	NEW CAP BLDG- COCASSET ST FOX	3.24		292	9
10 INS MVBLE EQUIP	UU	NEW CAP REL COSTS-MVBLE EQUIP	4		97072	10
11 INS MVBLE EQUIP - EAST GREENWICH	UU	NEW CAP EQUIP- EAST GREENWICH	4.01		471	11
12 INS MVBLE EQUIP - WOONSOCKET	UU	NEW CAP EQUIP- WOONSOCKET	4.02		140	12
13 INS MVBLE EQUIP - SWANSEA	UU	NEW CAP EQUIP- SWANSEA	4.03		108	13
14 INS MVBLE EQUIP - N. ATTLEBORO	UU	NEW CAP EQUIP- NORTH ATTLEBOR	4.04		83	14
15 INS MVBLE EQUIP - MOB	UU	NEW CAP EQUIP- MOB DUDLEY	4.05		1321	15
16 INS MVBLE EQUIP - NEW BEDFORD - MFM	UU	NEW CAP EQUIP- NB MFM	4.06		3	16
17 INS MVBLE EQUIP - EDDY STREET - CWS	UU	NEW CAP EQUIP - EDDY CWS	4.07		195	17
18 INS MVBLE EQUIP - THURBERS AVENUE	UU	NEW CAP EQUIP - THURBERS AVENUE	4.08		93	18
19 INS ME SOUTH COUNTY COMMONS	UU	NEW CAP EQUIP- SC COMMONS	4.09		388	19
20 INS ME 50 HOLDEN STREET	UU	NEW CAP EQUIP- 50 HOLDEN STRE	4.10		236	20
21 INS ME FALL RIVER BOSTON RD	UU	NEW CAP EQUIP- FALL RIVER BOS	4.11		101	21
22 INS ME 888 EDDY ST	UU	NEW CAP EQUIP- 888 EDDY STREE	4.12		98	22
23 INS ME 908 EDDY ST	UU	NEW CAP EQUIP- 908 EDDY STREE	4.13		90	23
24 INS MOV EQUIP- FOXBORO- COCASSET ST	UU	NEW CAP EQUIP- FOXBORO- COCAS	4.14		164	24
25 INSURANCE RECLASS	UU					25
26 RECLASS POC LAB TEST COSTS	VV					26
27 LABORATORY	VV	LABORATORY	44		852695	27
28 IVF	VV					28
29 CLINIC	VV					29
30 CENTER FOR WOMENS SURGERY	VV					30
31 GENERAL INTERNAL MEDICINE	VV					31
32 OPERATING ROOM	VV					32
33 EMERGENCY ROOM	VV					33
34 CLINIC- OB MEDICINE	VV					34
35 RECLASS FALL RIVER CHEMO TO IV THPY	WW					35
36 SUBTOTAL					22544083	74683263 36

RECLASSIFICATIONS

WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	INS NEW BEDFORD - MFM	UU				12 1
2	INS EDDY STREET - CWS	UU				12 2
3	INS THURBERS AVENUE	UU				12 3
4	INS SOUTH COUNTY COMMONS	UU				12 4
5	INS 50 HOLDEN STREET	UU				12 5
6	INS FALL RIVER- BOSTON ROAD	UU				12 6
7	INS 888 EDDY ST	UU				12 7
8	INS 908 EDDY ST	UU				12 8
9	INS FOXBORO- COCASSET ST	UU				12 9
10	INS MVBLE EQUIP	UU				12 10
11	INS MVBLE EQUIP - EAST GREENWICH	UU				12 11
12	INS MVBLE EQUIP - WOONSOCKET	UU				12 12
13	INS MVBLE EQUIP - SWANSEA	UU				12 13
14	INS MVBLE EQUIP - N. ATTLEBORO	UU				12 14
15	INS MVBLE EQUIP - MOB	UU				12 15
16	INS MVBLE EQUIP - NEW BEDFORD - M	UU				12 16
17	INS MVBLE EQUIP - EDDY STREET - C	UU				12 17
18	INS MVBLE EQUIP - THURBERS AVENUE	UU				12 18
19	INS ME SOUTH COUNTY COMMONS	UU				12 19
20	INS ME 50 HOLDEN STREET	UU				12 20
21	INS ME FALL RIVER BOSTON RD	UU				12 21
22	INS ME 888 EDDY ST	UU				12 22
23	INS ME 908 EDDY ST	UU				12 23
24	INS MOV EQUIP- FOXBORO- COCASSET	UU				12 24
25	INSURANCE RECLASS	UU	ADMINISTRATIVE AND GENERAL	6.06	291555	25
26	RECLASS POC LAB TEST COSTS	VV				26
27	LABORATORY	VV				27
28	IVF	VV	INVITRO FERTILIZATION	59.04	2193	28
29	CLINIC	VV	CLINIC	60	268149	29
30	CENTER FOR WOMENS SURGERY	VV	CLINIC - CENTER FOR WOMENS SU	60.02	2616	30
31	GENERAL INTERNAL MEDICINE	VV	CLINIC- GENERAL INTERNAL MEDI	60.06	16005	31
32	OPERATING ROOM	VV	OPERATING ROOM	37	261024	32
33	EMERGENCY ROOM	VV	EMERGENCY	61	300240	33
34	CLINIC- OB MEDICINE	VV	CLINIC - OB MEDICINE	60.04	2468	34
35	RECLASS FALL RIVER CHEMO TO IV TH WW					35
36	SUBTOTAL				22544083 74683263	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 12

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1 CHEMOTHERAPY ADMIN	WW	INTRAVENOUS THERAPY	48	68908	4545	1
2 FALL RIVER CLINIC	WW					2
3 RECLASS CONT MED ED EXPENSE FROM OB	XX					3
4 TO PHYS HOME DEPT	XX					4
5 MATERNAL FETAL MEDICINE	XX	PRENATAL DIAGNOSTIC CENTER	59.02		420	5
6 OB CHAIRMAN	XX					6
7 RECLASS OB MED BONE DENS TO XRAY	ZZ					7
8 RADIOLOGY	ZZ	RADIOLOGY-DIAGNOSTIC	41		176476	8
9 OB MEDICINE OFFICE PRACTICE	ZZ					9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				22612991	74864704	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 12

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			Wkst A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 CHEMOTHERAPY ADMIN	WW					1
2 FALL RIVER CLINIC	WW	CLINIC - NEW BOSTON RD	60.05	68908	4545	2
3 RECLASS CONT MED ED EXPENSE FROM	XX					3
4 TO PHYS HOME DEPT	XX					4
5 MATERNAL FETAL MEDICINE	XX					5
6 OB CHAIRMAN	XX	I&R SERVICES-OTHER PRGM COSTS	23		420	6
7 RECLASS OB MED BONE DENS TO XRAY	ZZ					7
8 RADIOLOGY	ZZ					8
9 OB MEDICINE OFFICE PRACTICE	ZZ	CLINIC - OB MEDICINE	60.04		176476	9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				22612991	74864704	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	37517647					37517647		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	15559615					15559615		6
7 SUBTOTAL	53077262					53077262		7
8 RECONCILING ITEMS								8
9 TOTAL	53077262					53077262		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	3162935					3162935		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	74632105	74747665		74747665		149379770		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	94801779	12467874		12467874	669020	106600633		6
7 SUBTOTAL	172596819	87215539		87215539	669020	259143338		7
8 RECONCILING ITEMS								8
9 TOTAL	172596819	87215539		87215539	669020	259143338		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT	37517647		37517647	.121394				1
1.01 OLD CAP BLDG- WILLARD & OTHER				.000000				1.01
2 OLD CAP REL COSTS-MVBLE EQUIP	15559615		15559615	.050345				2
3 NEW CAP REL COSTS-BLDG & FIXT	110436847		110436847	.357335				3
3.01 NEW CAP BLDG- WILLARD	2789032		2789032	.009024				3.01
3.02 NEW CAP BLDG- PLAIN STREET				.000000				3.02
3.03 NEW CAP BLDG- BLACKSTONE				.000000				3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET	8377710		8377710	.027107				3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET	1623989		1623989	.005255				3.05
3.06 NEW CAP BLDG- EAST GREENWICH	838407		838407	.002713				3.06
3.07 NEW CAP BLDG- WOONSOCKET	297676		297676	.000963				3.07
3.08 NEW CAP BLDG- SWANSEA	977175		977175	.003162				3.08
3.09 NEW CAP BLDG- RICHMOND ST	4755406		4755406	.015387				3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO	278321		278321	.000901				3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL	7284280		7284280	.023569				3.11
3.12 NEW CAP BLDG- LAB OUTREACH				.000000				3.12
3.13 NEW CAP BLDG- ELM STREET	4926999		4926999	.015942				3.13
3.14 NEW CAP BLDG - KILGUSS	3805354		3805354	.012313				3.14
3.15 NEW CAP BLDG - NB MFM	571363		571363	.001849				3.15
3.16 NEW CAP BLDG - EDDY STREET CWS	39355		39355	.000127				3.16
3.17 NEW CAP BLDG - THURBERS AVENUE	509457		509457	.001648				3.17
3.18 NEW CAP BLDG- 365 EDDY STREET				.000000				3.18
3.19 NEW CAP BLDG- SC COMMONS	569085		569085	.001841				3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET	663432		663432	.002147				3.20
3.21 NEW CAP BLDG-FALL RIVER	58733		58733	.000190				3.21
3.22 NEW CAP BLDG- 888 EDDY STREET	20685		20685	.000067				3.22
3.23 NEW CAP BLDG- 908 EDDY STREET	246833		246833	.000799				3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO	309633		309633	.001002				3.24
4 NEW CAP REL COSTS-MVBLE EQUIP	102900120		102900120	.332948				4
4.01 NEW CAP EQUIP- EAST GREENWICH	499088		499088	.001615				4.01
4.02 NEW CAP EQUIP- WOONSOCKET	148450		148450	.000480				4.02
4.03 NEW CAP EQUIP- SWANSEA	114484		114484	.000370				4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO	88410		88410	.000286				4.04
4.05 NEW CAP EQUIP- MOB DUDLEY	1400754		1400754	.004532				4.05
4.06 NEW CAP EQUIP- NB MFM	2821		2821	.000009				4.06
4.07 NEW CAP EQUIP - EDDY CWS	207114		207114	.000670				4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE	98106		98106	.000317				4.08
4.09 NEW CAP EQUIP- SC COMMONS	410908		410908	.001330				4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET	250116		250116	.000809				4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO	106962		106962	.000346				4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET	104211		104211	.000337				4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET	95753		95753	.000310				4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE	173334		173334	.000561				4.14
5 TOTAL	309057665		309057665	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	441630			35393			477023 1
1.01 OLD CAP BLDG- WILLARD & OTHER							14678 2
2 OLD CAP REL COSTS-MVBLE EQUIP				14678			14678 2
3 NEW CAP REL COSTS-BLDG & FIXT	2517108		272146	104182			2893436 3
3.01 NEW CAP BLDG- WILLARD	278151			2631			315782 3.01
3.02 NEW CAP BLDG- PLAIN STREET		35000					189610 3.02
3.03 NEW CAP BLDG- BLACKSTONE		637083					637083 3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET	336304		143236	7903			487443 3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET	90936	61834		1532			154302 3.05
3.06 NEW CAP BLDG- EAST GREENWICH	34901	13520		791			49212 3.06
3.07 NEW CAP BLDG- WOONSOCKET	16789	73773		281			90843 3.07
3.08 NEW CAP BLDG- SWANSEA	58319	89090		922			148331 3.08
3.09 NEW CAP BLDG- RICHMOND ST	159444		189032	4486			352962 3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO	870	72600		263			73733 3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BLD	175128		47246	6872			229246 3.11
3.12 NEW CAP BLDG- LAB OUTREACH							3.12
3.13 NEW CAP BLDG- ELM STREET	274350		113419	4648			392417 3.13
3.14 NEW CAP BLDG - KILGUSS	95966	52663	48275	3590			200494 3.14
3.15 NEW CAP BLDG - NB MFM	61115	38545		539			100199 3.15
3.16 NEW CAP BLDG - EDDY STREET CWS	2271	217748		37			220056 3.16
3.17 NEW CAP BLDG - THURBERS AVENUE	44343	321666		481			366490 3.17
3.18 NEW CAP BLDG- 365 EDDY STREET		149625					149625 3.18
3.19 NEW CAP BLDG- SC COMMONS	56909			537			57446 3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET	60656	311182		626			372464 3.20
3.21 NEW CAP BLDG-FALL RIVER	3816	96460		55			100331 3.21
3.22 NEW CAP BLDG- 888 EDDY STREET	9380	59695		20			69095 3.22
3.23 NEW CAP BLDG- 908 EDDY STREET	25274	193607		233			219114 3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBOR	23001	39580		292			62873 3.24
4 NEW CAP REL COSTS-MVBLE EQUIP	8416483	606011	112569	97072			9232135 4
4.01 NEW CAP EQUIP- EAST GREENWICH	72042			471			72513 4.01
4.02 NEW CAP EQUIP- WOONSOCKET	3575			140			3715 4.02
4.03 NEW CAP EQUIP- SWANSEA	1733			108			1841 4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO				83			83 4.04

4.05	NEW CAP EQUIP- MOB DUDLEY	55876			1321		57197	4.05
4.06	NEW CAP EQUIP- NB MFM				3		3	4.06
4.07	NEW CAP EQUIP - EDDY CWS	12705			195		12900	4.07
4.08	NEW CAP EQUIP - THURBERS AVENUE	15669			93		15762	4.08
4.09	NEW CAP EQUIP- SC COMMONS	55981			388		56369	4.09
4.10	NEW CAP EQUIP- 50 HOLDEN STREET	34310			236		34546	4.10
4.11	NEW CAP EQUIP- FALL RIVER BOSTON	26225			101		26326	4.11
4.12	NEW CAP EQUIP- 888 EDDY STREET	10513			98		10611	4.12
4.13	NEW CAP EQUIP- 908 EDDY STREET	12844			90		12934	4.13
4.14	NEW CAP EQUIP- FOXBORO- COCASSET	31406			164		31570	4.14
5	TOTAL	13516023	3259292	925923	291555		17992793	5

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

		SUMMARY OF OLD AND NEW CAPITAL						
DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	441630						441630	
1.01 OLD CAP BLDG- WILLARD & OTHER							1.01	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	2581231						2581231	
3.01 NEW CAP BLDG- WILLARD	93945						93945	
3.02 NEW CAP BLDG- PLAIN STREET							3.02	
3.03 NEW CAP BLDG- BLACKSTONE							3.03	
3.04 NEW CAP BLDG- 100 DUDLEY STREET	336304						336304	
3.05 NEW CAP BLDG- 120 DUDLEY STREET	90936						90936	
3.06 NEW CAP BLDG- EAST GREENWICH	34901						34901	
3.07 NEW CAP BLDG- WOONSOCKET	16789						16789	
3.08 NEW CAP BLDG- SWANSEA	58319						58319	
3.09 NEW CAP BLDG- RICHMOND ST	159444						159444	
3.10 NEW CAP BLDG- NORTH ATTLEBORO	870						870	
3.11 NEW CAP BLDG- MEDICAL OFFICE BLD	175128						175128	
3.12 NEW CAP BLDG- LAB OUTREACH							3.12	
3.13 NEW CAP BLDG- ELM STREET	274350						274350	
3.14 NEW CAP BLDG - KILGUSS	95966						95966	
3.15 NEW CAP BLDG - NB MFM	61115						61115	
3.16 NEW CAP BLDG - EDDY STREET CWS	2271						2271	
3.17 NEW CAP BLDG - THURBERS AVENUE	44343						44343	
3.18 NEW CAP BLDG- 365 EDDY STREET							3.18	
3.19 NEW CAP BLDG- SC COMMONS	56909						56909	
3.20 NEW CAP BLDG- 50 HOLDEN STREET	60656						60656	
3.21 NEW CAP BLDG-FALL RIVER	3816						3816	
3.22 NEW CAP BLDG- 888 EDDY STREET	9380						9380	
3.23 NEW CAP BLDG- 908 EDDY STREET	25274						25274	
3.24 NEW CAP BLDG- COCASSET ST FOXBOR	23001						23001	
4 NEW CAP REL COSTS-MVBLE EQUIP	7743871						7743871	
4.01 NEW CAP EQUIP- EAST GREENWICH	72042						72042	
4.02 NEW CAP EQUIP- WOONSOCKET	3575						3575	
4.03 NEW CAP EQUIP- SWANSEA	1733						1733	
4.04 NEW CAP EQUIP- NORTH ATTLEBORO							4.04	
4.05 NEW CAP EQUIP- MOB DUDLEY	55876						55876	
4.06 NEW CAP EQUIP- NB MFM							4.06	
4.07 NEW CAP EQUIP - EDDY CWS	12705						12705	
4.08 NEW CAP EQUIP - THURBERS AVENUE	15669						15669	
4.09 NEW CAP EQUIP- SC COMMONS	55981						55981	
4.10 NEW CAP EQUIP- 50 HOLDEN STREET	34310						34310	
4.11 NEW CAP EQUIP- FALL RIVER BOSTON	26225						26225	
4.12 NEW CAP EQUIP- 888 EDDY STREET	10513						10513	
4.13 NEW CAP EQUIP- 908 EDDY STREET	12844						12844	
4.14 NEW CAP EQUIP- FOXBORO- COCASSET	31406						31406	
5 TOTAL	12723328						12723328	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-1284	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
3.04 INV INC-NEW BLDGS AND FIXT	B	-182	NEW CAP BLDG- 100 DUDLEY STREET	3.04	11 3.04
3.11 INV INC-NEW BLDGS AND FIXT	B	-292	NEW CAP BLDG- MEDICAL OFFICE BL	3.11	11 3.11
3.14 INV INC-NEW BLDGS AND FIXT	B	-61	NEW CAP BLDG - KILGUSS	3.14	11 3.14
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-51	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-69331	MATERIALS MANAGEMENT	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-126766	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
13 SALE OF SCRAP, WASTE, ETC.	A-8-2	-13854715			12
14 RELATED ORGANIZATION TRANSACTIONS	WKST				13
15 LAUNDRY AND LINEN SERVICE	A-8-1	-911748			14
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-665061	CAFETERIA	12	15
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
19 SALE OF DRUGS TO OTHER THAN PATIENTS					18
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-34089	MEDICAL RECORDS & LIBRARY	17	19
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					20
22 VENDING MACHINES	B	-76	OPERATION OF PLANT	8	21
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					22
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	24
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	A-8-4		PHYSICAL THERAPY	50	25
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	26
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A-8-3		UTILIZATION REVIEW-SNF	89	27
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	28
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	29
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	30
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	31
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	32
34 PHYSICIANS' ASSISTANT					33
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				34
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4				35
37 VOLUNTEERS REVENUE OFFSET	WKST				
38 NET OB/GYN REVENUE OFFSET	B	-283	ADMINISTRATIVE AND GENERAL	6.06	36
39 PURCHASING REVENUE OFFSET	B	-3298	I&R SERVICES-OTHER PRGM COSTS A	23	37
40 GENERAL INTERNAL MEDICINE- CONTRA	B	-317366	MATERIALS MANAGEMENT	6.03	38
41 ANESTHESIA ASSOCIATES REVENUE OFF	B	-1300	CLINIC- GENERAL INTERNAL MEDICI	60.06	39
42 MEDICAL EDUCATION OTHER REVENUE O	B	-129041	ANESTHESIOLOGY	40	40
43 LACTATION CONSULTATION REVENUE OF	B	-3784	I&R SERVICES-OTHER PRGM COSTS A	23	41
44 RISK MANAGEMENT THERAPY REVENUE O	B	-12775	DELIVERY ROOM & LABOR ROOM	39	42
45 MAIL CENTER REVENUE OFFSET	B	-44	ADMINISTRATIVE AND GENERAL	6.06	43
46 NET ADMIN REVENUE OFFSET	B	-42	ADMINISTRATIVE AND GENERAL	6.06	44
47 ME ED ADMINISTRATION- CONTRACT RE	B	-39525	ADMINISTRATIVE AND GENERAL	6.06	45
48 HUMAN RESOURCES REVENUE OFFSET	B	-53703	I&R SERVICES-OTHER PRGM COSTS A	23	46
49 NURSING ADMIN REVENUE OFFSET	B	235	EMPLOYEE BENEFITS	5	47
49.01 ENDOCRINOLOGY REVENUE OFFSET	B	-855	NURSING ADMINISTRATION	14	48
49.02 AMBULATORY ADMIN REVENUE OFFSET	B	-2370	INVITRO FERTILIZATION	59.04	49
49.03 SPECIAL CARE NURSERY REVENUE OFFS	B	-10130	ADMINISTRATIVE AND GENERAL	6.06	49.01
49.04 BLOOD BANK REVENUE OFFSET	B	-2047	NEONATAL INTENSIVE CARE UNIT	30	49.02
49.05 CNE REBATES IN INVESTMENT INCOME	B	-174	BLOOD STORING, PROCESSING & TRA	47	49.03
49.06 RESEARCH ADMIN REVENUE OFFSET	B	-30153	ADMINISTRATIVE AND GENERAL	6.06	49.04
49.07 LAUNDRY REVENUE OFFSET	B	-887	ADMINISTRATIVE AND GENERAL	6.06	49.05
49.08 GYN ONCOLOGY REVENUE OFFSET	B	-948	LAUNDRY & LINEN SERVICE	9	49.06
49.09 PHARMACY REBATES & OTHER REVENUE	B	-5333	CLINIC - GYNONCOLOGY PBO	60.03	49.07
49.10 RADIOLOGY REVENUE OFFSET	B	-74481	PHARMACY	16	49.08
49.11 PROJECT LINK REVENUE OFFSET	B	-287	RADIOLOGY-DIAGNOSTIC	41	49.09
49.12 TELEMEDICINE/MEDIA CENTER REVENUE	B	-250	CLINIC- PROJECT LINK	60.01	49.10
49.13 PDC- OTHER	B	-4594	ADMINISTRATIVE AND GENERAL	6.06	49.11
49.14 LAB- BUTLER COURIER ACCRUAL	B	-3581	PRENATAL DIAGNOSTIC CENTER	59.02	49.12
		-6263	LABORATORY	44	49.13
					49.14

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.15 ELIMINATE W&I INDEMNITY DIRECT EX	B	-11594321	ADMINISTRATIVE AND GENERAL	6.06	49.15
49.16 PRACTICE PLAN- UROLOGY REV OFFSET	B	-559	CLINIC - CENTER FOR WOMENS SURG	60.02	49.16
49.17 ELM ST BLDG- WIRING- REVENUE OFFS	B	-735	OPERATION OF PLANT- 70 ELM	8.02	49.17
49.18 STORES REVENUE OFFSETS	B	-13988	MATERIALS MANAGEMENT	6.03	49.18
49.19 ANESTHESIA OTHER- REVENUE OFFSET	B	-389	ANESTHESIOLOGY	40	49.19
49.20 BUTLER LAB SALARY ACCRUAL	A	-23134	LABORATORY	44	49.20
49.21 SOUTH COUNTY COMMONS EXPENSE REIM	A	-23401	OTHER NON-REIMBURSABLE (SPECIFY	100	49.21
49.22 AFP CONSULTING REIMBURSEMENT	A	-263148	LABORATORY	44	49.22
49.23 OTHER ADMIN REVENUE OFFSETS	B	-396956	ADMINISTRATIVE AND GENERAL	6.06	49.23
49.24 CHESTNUT STREET BUILDING - REV OF	B	-10800	OPERATION OF PLANT-KILGUSS	8.01	49.24
49.25 COMMUNICATIONS - BABY BEEPERS	B	-1500	COMMUNICATIONS	6.01	49.25
49.26 PRACTICE PLAN- MED ADMIN REV OFF	B	-277	INTERNAL MEDICINE	19.01	49.26
49.27 AUDIOLOGY REVENUE OFFSET	B	-2473	HEARING PROGRAM	59.06	49.27
49.28 INFANT DEVELOPMENT REVEUE OFFSET	B	-12187	INFANT DEVELOPMENT UNIT	59.07	49.28
49.29 GENERAL INTERNAL MEDICINE CONT RE	B	-52328	CLINIC- GENERAL INTERNAL MEDICI	60.06	49.29
49.30 WPCC/CLINIC NET REVENUE OFFSET	B	-567	CLINIC	60	49.30
49.31 RADIOLOGY CONTRACT REVENUE	B	-4612	RADIOLOGY-DIAGNOSTIC	41	49.31
49.32 BROWN REV FOR AMBUL INST- ALLEN	B	-74877	CLINIC	60	49.32
49.33 ENGINEERING- 100 DUDLEY REBATE	B	-5871	ENGINEERING- 100 DUDLEY	7.04	49.33
49.34 CORPORATE DEVELOPMENT REVENUE OFF	B	-177676	ADMINISTRATIVE AND GENERAL	6.06	49.34
49.35 FAMILY CENTERED CARE REVENUE OFFS	B	-7442	ADMINISTRATIVE AND GENERAL	6.06	49.35
49.36 LAB GRANT & OTHER REIMB- REVENUE	B	-30969	LABORATORY	44	49.36
49.37 CARE NEW ENGLAND PAYROLL REIMB	A	-21996	ADMINISTRATIVE AND GENERAL	6.06	49.37
49.38 ADDITIONAL LOBBYING COSTS- PHARM	A	-6563	PHARMACY	16	49.38
49.39 PRACTICE PLAN- PEDI REVENUE OFFSE	B	-1000	NEONATAL INTENSIVE CARE UNIT	30	49.39
49.40 GENERAL INTERNAL MED REV OFFSET	B	-51	CLINIC- GENERAL INTERNAL MEDICI	60.06	49.40
49.41 RICHMOND ST REVENUE OFFSET	B	-630	OPERATION OF PLANT- RICHMOND ST	8.03	49.41
49.42 PRACTICE PLAN- MFM GENETIC COUN R	B	-14220	PRENATAL DIAGNOSTIC CENTER	59.02	49.42
49.43 OFFSET MOVEMENT IN RESERVES REV O	B	-1364278	ADMINISTRATIVE AND GENERAL	6.06	49.43
49.44 MEDICAL EDUCATION ADMIN REVENUE O	B	-10185	I&R SERVICES-OTHER PRGM COSTS A	23	49.44
49.45 PATIENT ACCOUNTING REVENUE OFFSET	B	-371	PATIENT ACCOUNTING	6.05	49.45
49.46 NET GAIN/LOSS ON DISPOSAL OF ASSE	A	-7325	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.46
49.47 NONREIMBURSABLE ADMIN EXPENSE-EST	A	-48732	ADMINISTRATIVE AND GENERAL	6.06	49.47
49.48 DEPT OF EMP SECURITY - CASH BASIS	A	-36905	EMPLOYEE BENEFITS	5	49.48
49.49 THIRD FLOOR BLDG DEPREC - NA PER	A	-64123	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.49
49.50 CAPITALIZE CERNER INTERNAL LABOR	A	-42338	ADMINISTRATIVE AND GENERAL	6.06	9 49.50
49.51 ELIMINATE TUMOR BOARD EXPENSE	A	-100334	CLINIC - GYNONOCLOGY PBO	60.03	49.51
49.52 INTEREST INCOME - ADMIN & GENERAL	B	-654270	ADMINISTRATIVE AND GENERAL	6.06	49.52
49.53 DELETE UNALLOWABLE MALP PREMIUMS	A	-6755183	ADMINISTRATIVE AND GENERAL	6.06	49.53
49.54 LOBBYING EXPENSE - AHA ONLY	A	-10431	ADMINISTRATIVE AND GENERAL	6.06	49.54
49.55 DELETE COST OF PHYSICIAN WRITE OF	A	-37240	ADMINISTRATIVE AND GENERAL	6.06	49.55
49.57 PENSION PLAN COST ADJUSTMENT	A	503890	EMPLOYEE BENEFITS	5	49.57
49.58 DELETE BILLABLE SOCIAL WORKER SAL	A	-403416	SOCIAL SERVICE	18	49.58
49.59 REVERSE Y/E FUND DEV RECLASS	A	647244	FUND RAISING	100.03	49.59
49.60 DIETARY REVENUE OFFSET AGAINST DI	B	-270085	DIETARY	11	49.60
49.61 DELETE AMBULANCE COSTS	A	-40202	AMBULANCE SERVICES	65	49.61
49.62 OTHER FPI MGT FEE OFFSETS- FISCAL	A	-23004	ADMINISTRATIVE AND GENERAL	6.06	49.62
49.63 -ADMIN & GENERAL	A	-23004	ADMINISTRATIVE AND GENERAL	6.06	49.63
49.64 -HUMAN RESOURCES	A	-14496	EMPLOYEE BENEFITS	5	49.64
49.65 -GRANT ADMINISTRATION	A	-41592	ADMINISTRATIVE AND GENERAL	6.06	49.65
49.66 -PURCHASING	A	-1728	MATERIALS MANAGEMENT	6.03	49.66
49.67 -MATERNAL FETAL MEDICINE	A	-12996	I&R SERVICES-OTHER PRGM COSTS A	23	49.67
49.69 CERNER CAPITAL COST 10 TO 7 LIFE	A	533362	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.69
49.71 BROWN REV FOR SWEENEY/ALLEN	B	-25000	CLINIC	60	49.71
49.72 OB RESIDENT ROTATIONS- RIH FRINGE	B	-47539	ADMINISTRATIVE AND GENERAL	6.06	49.72
49.73 OB RESIDENT ROTATIONS- PD BY RIH	B	-108182	I&R SERVICES-OTHER PRGM COSTS A	23	49.73
49.74 INFANT DEVELOPMENT PROF REVENUE	B	-136538	INFANT DEVELOPMENT UNIT	59.07	49.74
49.75 PEDI AUDIO CLINIC PROF REVENUE	B	-11319	HEARING PROGRAM	59.06	49.75
49.76 NET FISCAL REVENUE OFFSETS	B	-214	ADMINISTRATIVE AND GENERAL	6.06	49.76
49.82 -GRANTS ADMINISTRATION	A	1000	ADMINISTRATIVE AND GENERAL	6.06	49.82
50 TOTAL		-37715139			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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 (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	ADMINISTRATIVE AND GENERAL		63658	-63658	1
2	59.04	INVITRO FERTILIZATION	142560	142560		2
3	60.03	CLINIC - GYNONCOLOGY PBO	299640	299640		3
4	6.06	ADMINISTRATIVE AND GENERAL	17196715	17378962	-182247	4
4.01	60.01	CLINIC- PROJECT LINK		4680	-4680	4.01
4.02	6.03	MATERIALS MANAGEMENT		333085	-333085	4.02
4.03	60.06	CLINIC- GENERAL INTERNAL MEDICI		20210	-20210	4.03
4.04	19.02	PSYCHIATRY		16599	-16599	4.04
4.05	23	I&R SERVICES-OTHER PRGM COSTS A		30600	-30600	4.05
4.06	30	NEONATAL INTENSIVE CARE UNIT		201261	-201261	4.06
4.07	37	OPERATING ROOM		33340	-33340	4.07
4.08	60.02	CLINIC - CENTER FOR WOMENS SURG		56752	-56752	4.08
4.09	60.03	CLINIC - GYNONCOLOGY PBO		85586	-85586	4.09
4.10	60.04	CLINIC - OB MEDICINE		27025	-27025	4.10
4.11	3.01	NEW CAP BLDG- WILLARD	184206		184206	9 4.11
4.12	4	NEW CAP REL COSTS-MVBLE EQUIP	185697		185697	9 4.12
4.13	19.01	INTERNAL MEDICINE		13443	-13443	4.13
4.14	39	DELIVERY ROOM & LABOR ROOM		4104	-4104	4.14
4.15	59.02	PRENATAL DIAGNOSTIC CENTER		97485	-97485	4.15
4.16	59.04	INVITRO FERTILIZATION		80967	-80967	4.16
4.17	59.07	INFANT DEVELOPMENT UNIT		359	-359	4.17
4.18	60	CLINIC		4358	-4358	4.18
4.19	61	EMERGENCY		25892	-25892	4.19
4.20	100.02	GRANTS - RESEARCH	47449	47449		4.20
4.21	19.02	PSYCHIATRY	374352	374352		4.21
4.22	19.02	PSYCHIATRY	87893	87893		4.22
4.23	6.06	ADMINISTRATIVE AND GENERAL	6016	6016		4.23
4.24	6.06	ADMINISTRATIVE AND GENERAL	492103	492103		4.24
5		TOTALS	19016631	19928379	-911748	5

B. INTERRELATIONSHIP OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION 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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
(1)	2	3	4	5	6	
1	B	100.00	WOMEN & INFANTS			1
2	B	100.00	CARE NEW ENGLAN	100.00		2
3	C		CARE NEW ENGLAN	100.00	HOSPITAL HOLDIN	3
4	C		CARE NEW ENGLAN	100.00	HOSPITAL HOLDIN	4
5	C		CARE NEW ENGLAN	100.00	HOSPITAL HOLDIN	5

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE 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 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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9	
1	19.01	INTERNAL MEDICINE	INTERNAL MEDICINE	426019	206144	219875	165600	1952	155409	7770
2	19.02	PSYCHIATRY	PSYCHIATRY	722908	676368	46540	154100	468	34673	1734
3	23	I&R SERVICES-OTHER PRGM	INTERNS & RES - OB/	3335098		3335098	196400	27152	2563775	128189
4	23	I&R SERVICES-OTHER PRGM	- PEDIATRICS	563029		563029	140600	6438	435184	21759
5	23	I&R SERVICES-OTHER PRGM	- PATHOLOGY	611580		611580	215700	6312	654566	32728
6	23	I&R SERVICES-OTHER PRGM	- OB MEDICINE/OBPRA	462261		462261	165600	7072	563040	28152
7	23	I&R SERVICES-OTHER PRGM	- BEHAVIORAL HEALTH	90962		90962	154100	1095	81125	4056
8	23	I&R SERVICES-OTHER PRGM	INTERNS & RESIDENTS	906271	94106	812165	196400	4617	435951	21798
9	25	ADULTS & PEDIATRICS	VOLUNTARY FUND	928600	928600		196400			
10	30	NEONATAL INTENSIVE CARE	OTHER SPECIAL CARE	1394201	928817	465384	140600	4952	334736	16737
11	30	NEONATAL INTENSIVE CARE	SCN PEDI ECHOS PC	77842	77842		153400			
12	30	NEONATAL INTENSIVE CARE	PEDIATRICS - OTHER	323135	323135		140600			
13	37	OPERATING ROOM	OPERATING ROOM	900511	685725	214786	196400	1684	159008	7950
14	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY - RIMI PR	414975	414975		153400			
15	44	LABORATORY	LABORATORY	2587749	2120276	467473	215700	4615	478584	23929
16	48	INTRAVENOUS THERAPY	IV THERAPY	225637	151946	73691	196400	1024	96689	4834
17	49	RESPIRATORY THERAPY	PULMONARY FUNCTION/	1480	1480		153400			
18	53	ELECTROCARDIOLOGY	EEG/EKG	7200	7200		153400			
19	59.02	PRENATAL DIAGNOSTIC CENT	PRENATAL DIAGNOSTIC	1584492	1372748	211744	196400	1645	155326	7766
21	59.03	DAY HOSPITAL	DAY HOSPITAL	129860	54931	74929	165600	962	76590	3830
22	59.04	INVITRO FERTILIZATION	INVITRO FERTILIZATI	1439727	969832	469895	196400	4388	414328	20716
23	59.04	INVITRO FERTILIZATION	IVF PROFESSIONAL CO	50340	50340		153400			
24	59.04	INVITRO FERTILIZATION	IVF - OTHER PROF FE	34800	34800		153400			
25	59.07	INFANT DEVELOPMENT UNIT	IDC OTHER PROFESSIO	16500	16500		196400			
26	60	CLINIC	CLINIC	542256	409691	132565	196400	1401	132287	6614
27	60.02	CLINIC - CENTER FOR WOMEN	CLINIC - CTR FOR WM	738079	562470	175609	196400	1417	133798	6690
28	60.03	CLINIC - GYNONCOLOGY PB	CLINIC - GYN ONC	2710678	1562514	1148164	196400	10166	959905	47995
29	60.03	CLINIC - GYNONCOLOGY PB	CLINIC - GYN ONC OT	290211	290211		196400			
30	60.04	CLINIC - OB MEDICINE	CLINIC - OB MED PRA	727392	429408	297984	165600	4700	374192	18710
31	60.06	CLINIC- GENERAL INTERNAL	CLINIC- GENERAL INT	282238	233384	48854	165600	748	59552	2978
32	61	EMERGENCY	OB TRIAGE	576112	331105	245007	196400	2096	197911	9896
33	59.07	INFANT DEVELOPMENT UNIT	INFANT DEVELOPMENT	18484	17193	1291	140600	98	6624	331
34	61	EMERGENCY	ER- OTHER PROFESS S	81956	81956		196400			
101		TOTAL		23202583	13033697	10168886		95002	8503253	425162

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	19.01 INTERNAL MEDICINE	INTERNAL MEDICINE		11674	6025	161434	58441	264585
2	19.02 PSYCHIATRY	PSYCHIATRY	12613	812	20273	36790	9750	686118
3	23 I&R SERVICES-OTHER PRGM	INTERNS & RES - OB/		540603	540603	3104378	230720	230720
4	23 I&R SERVICES-OTHER PRGM	- PEDIATRICS		22087	22087	457271	105758	105758
5	23 I&R SERVICES-OTHER PRGM	- PATHOLOGY		21347	21347	675913		
6	23 I&R SERVICES-OTHER PRGM	- OB MEDICINE/OBPRA		17145	17145	580185		
7	23 I&R SERVICES-OTHER PRGM	- BEHAVIORAL HEALTH		1936	1936	83061	7901	7901
8	23 I&R SERVICES-OTHER PRGM	INTERNS & RESIDENTS	57685	51695	68825	519427	292738	386844
9	25 ADULTS & PEDIATRICS	VOLUNTARY FUND						928600
10	30 NEONATAL INTENSIVE CARE	OTHER SPECIAL CARE	97634	32590	135270	45153	396626	68758
11	30 NEONATAL INTENSIVE CARE	SCN PEDI ECHOS PC						997575
12	30 NEONATAL INTENSIVE CARE	PEDIATRICS - OTHER						77842
13	37 OPERATING ROOM	OPERATING ROOM	12035	2871	37269	8889	170768	44018
14	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY - RIMI PR						323135
15	44 LABORATORY	LABORATORY	49076	8866	111991	20231	507681	729743
16	48 INTRAVENOUS THERAPY	IV THERAPY			27195	8882	105571	414975
17	49 RESPIRATORY THERAPY	PULMONARY FUNCTION/						2120276
18	53 ELECTROCARDIOLOGY	EEG/EKG						151946
19	59.02 PRENATAL DIAGNOSTIC CENT	PRENATAL DIAGNOSTIC	54426	7273	345803	46211	208810	1480
21	59.03 DAY HOSPITAL	DAY HOSPITAL					2934	7200
22	59.04 INVITRO FERTILIZATION	INVITRO FERTILIZATI	72063	23520	399384	130350	565394	1375682
23	59.04 INVITRO FERTILIZATION	IVF PROFESSIONAL CO						54931
24	59.04 INVITRO FERTILIZATION	IVF - OTHER PROF FE						969832
25	59.07 INFANT DEVELOPMENT UNIT	IDC OTHER PROFESSIO						50340
26	60 CLINIC	CLINIC	21176	5177	145199	35497	172961	34800
27	60.02 CLINIC - CENTER FOR WOMEN	CLINIC - CTR FOR WM	36614	8711	155596	37020	177508	16500
28	60.03 CLINIC - GYNONCOLOGY PB	CLINIC - GYN ONC	99369	42090	359600	152316	1154311	409691
29	60.03 CLINIC - GYNONCOLOGY PB	CLINIC - GYN ONC OT						562470
30	60.04 CLINIC - OB MEDICINE	CLINIC - OB MED PRA	25442	10423	33801	13847	398462	1562514
31	60.06 CLINIC- GENERAL INTERNAL	CLINIC- GENERAL INT	7805	1351	17234	2983	63886	290211
32	61 EMERGENCY	OB TRIAGE	26314	11191	210752	89628	297435	429408
33	59.07 INFANT DEVELOPMENT UNIT	INFANT DEVELOPMENT			8274	578	7202	233384
34	61 EMERGENCY	ER- OTHER PROFESS S						331105
101	TOTAL		572252	206570	2691258	1263711	9921664	821018
								13854715

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	FOR COST	BLDGS &	MOVABLE	BLDGS &	DG-WILLARD	DG-PLAIN S	DG-BLACKST	DG-100 DUD	NEW CAP BL
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	& OTHER	T	ONE	LEY STREET	DUD
	0	1	2	3	3.01	3.02	3.03	3.04	3.04
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	477023	477023							1
1.01 OLD CAP BLDG- WILLARD & OTHER									1.01
2 OLD CAP REL COSTS-MVBLE EQUIP	14678		14678						2
3 NEW CAP REL COSTS-BLDG & FIXT	2893436			2893436					3
3.01 NEW CAP BLDG- WILLARD	315782				315782				3.01
3.02 NEW CAP BLDG- PLAIN STREET	189610					189610			3.02
3.03 NEW CAP BLDG- BLACKSTONE	637083						637083		3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET	487443							487443	3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET	154302								3.05
3.06 NEW CAP BLDG- EAST GREENWICH	49212								3.06
3.07 NEW CAP BLDG- WOONSOCKET	90843								3.07
3.08 NEW CAP BLDG- SWANSEA	148331								3.08
3.09 NEW CAP BLDG- RICHMOND ST	352962								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO	73733								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL	229246								3.11
3.12 NEW CAP BLDG- LAB OUTREACH									3.12
3.13 NEW CAP BLDG- ELM STREET	392417								3.13
3.14 NEW CAP BLDG - KILGUSS	200494								3.14
3.15 NEW CAP BLDG - NB MFM	100199								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS	220056								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE	366490								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET	149625								3.18
3.19 NEW CAP BLDG- SC COMMONS	57446								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET	372464								3.20
3.21 NEW CAP BLDG-FALL RIVER	100331								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET	69095								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET	219114								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO	62873								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP	9232135								4
4.01 NEW CAP EQUIP- EAST GREENWICH	72513								4.01
4.02 NEW CAP EQUIP- WOONSOCKET	3715								4.02
4.03 NEW CAP EQUIP- SWANSEA	1841								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO	83								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY	57197								4.05
4.06 NEW CAP EQUIP- NB MFM	3								4.06
4.07 NEW CAP EQUIP - EDDY CWS	12900								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE	15762								4.08
4.09 NEW CAP EQUIP- SC COMMONS	56369								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET	34546								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO	26326								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET	10611								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET	12934								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE	31570								4.14
5 EMPLOYEE BENEFITS	59536776	624	437	3785					5
6.01 COMMUNICATIONS	1118112	1910	54	11587	1251			972	6.01
6.02 DATA PROCESSING									6.02
6.03 MATERIALS MANAGEMENT	555888	1975	48	11977					6.03
6.04 CENTRAL PATIENT REGISTRATION	953799	2746	73	16658					6.04
6.05 PATIENT ACCOUNTING	4044450								6.05
6.06 ADMINISTRATIVE AND GENERAL	53096416	12891	950	78191	141304	42750		76327	6.06
7 MAINTENANCE & REPAIRS	4956261	89357	2196	542007			10839		7
7.01 ENGINEERING- 79 PLAIN	31346								7.01
7.02 ENGINEERING- BLACKSTONE	263								7.02
7.03 ENGINEERING- WILLARD	76467					5683			7.03
7.04 ENGINEERING- 100 DUDLEY	106926							15061	7.04
8 OPERATION OF PLANT	6998202	1784	78	10821					8
8.01 OPERATION OF PLANT-KILGUSS	167131								8.01
8.02 OPERATION OF PLANT- 70 ELM	173315								8.02
8.03 OPERATION OF PLANT- RICHMOND ST	140126								8.03
9 LAUNDRY & LINEN SERVICE	1337096	4938	121	29950			6464		9
10 HOUSEKEEPING	5400562	5035	132	30543	1390		5593	2965	10
11 DIETARY	308148	24624	273	149361					11
12 CAFETERIA	2320347		344						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2716084	1079	95	6545				94187	14
15 CENTRAL SERVICES & SUPPLY	2667520	7836	154	47533					15
16 PHARMACY	12406932	7782	191	47201			2735		16
17 MEDICAL RECORDS & LIBRARY	2144560	7708	189	46753					17
18 SOCIAL SERVICE	965896	4171	109	25298					18
19.01 INTERNAL MEDICINE	778606	3618	161	21946					19.01
19.02 PSYCHIATRY	171877							830	19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	3016607								22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	FOR COST	BLDGS &	MOVABLE	BLDGS &	DG-WILLARD	DG-PLAIN S	DG-BLACKST	DG-100 DUD	LEY STREET
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	& OTHER	T	ONE	3.04	
	0	1	2	3	3.01	3.02	3.03	3.04	
23 I&R SERVICES-OTHER PRGM COSTS A	6720848	3768	111	22856					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	13934092	117825	2887	714689					25
30 NEONATAL INTENSIVE CARE UNIT	22167912	31132	713	188832					30
33 NURSERY	6663004	9023	221	54728					33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5957129	20570	875	124771				135103	37
38 RECOVERY ROOM	2513924	5812	142	35253					38
39 DELIVERY ROOM & LABOR ROOM	12216452	35350	999	214419					39
40 ANESTHESIOLOGY	609340	1436	52	8712				5882	40
41 RADIOLOGY-DIAGNOSTIC	2432131	6283	102	38113					41
41.01 ULTRASOUND	3595831	9378	194	56881					41.01
41.02 CT SCANS	648863	3216	79	19504					41.02
41.03 MRI	909652	2606		15806					41.03
44 LABORATORY	21449650	24315	646	147483				2301	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1525720	1453	30	8813					47
48 INTRAVENOUS THERAPY	506487						29384		48
49 RESPIRATORY THERAPY	2689326	2353	58	14274					49
50 PHYSICAL THERAPY	215816								50
53 ELECTROCARDIOLOGY	73872	1224	36	7426			3580		53
55 MEDICAL SUPPLIES CHARGED TO PAT	4963615								55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	37071								56
59 OTHER ANCILLARY - FETAL MONITOR									59
59.01 CIRCUMCISION	140614	510	12	3092					59.01
59.02 PRENATAL DIAGNOSTIC CENTER	1387052	529	277	3207		146860			59.02
59.03 DAY HOSPITAL	419836							830	59.03
59.04 INVITRO FERTILIZATION	3939166		72		51005		222968		59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM	613611	319	8	1936					59.06
59.07 INFANT DEVELOPMENT UNIT	635445								59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2529387								60
60.01 CLINIC- PROJECT LINK	539498								60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	688168								60.02
60.03 CLINIC - GYNOGOCOLGY PBO	5065511	3816	176	23145	10010		355520		60.03
60.04 CLINIC - OB MEDICINE	1248604		35					41697	60.04
60.05 CLINIC - NEW BOSTON RD	419950								60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	300872							51778	60.06
61 EMERGENCY	5403414	11674	261	70808					61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	317344369	470670	13647	2854904	210643	189610	637083	465290	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	241	2444	60	14823					96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES	1881218								98
100 OTHER NON-REIMBURSABLE (SPECIFY	1877791	1115	532	6762				4222	100
100.01GRANTS - GENERAL	698485		44						100.01
100.02GRANTS - RESEARCH	10387915	1832	42	11110				17931	100.02
100.03FUND RAISING	967978								100.03
100.04CARE NEW ENGLAND	2995588		353		105139				100.04
100.05CARE NEW ENGLAND WELLNESS									100.05
100.06GRANT FUNDED CLINICS	314620								100.06
100.07CARE NEW ENGLAND I/S-PURCH									100.07
100.08OFFSITE PHYSICIANS	1774928								100.08
100.09PHYSICIANS- MEDICAL STUDENTS	655750								100.09
100.10PHYSICIANS- NONREIMBURSABLE									100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB	1339184								100.11
100.12PHYSICIANS- UNFUNDED RESEARCH	1758378								100.12
100.14KENT STAFF PAID BY WOMENS & INF	247740								100.14

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	FOR COST	BLDGS &	MOVABLE	BLDGS &	DG-WILLARD	DG-PLAIN S	DG-BLACKST	DG-100 DUD	DG-100 DUD
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	& OTHER	T	ONE	LEY STREET	STREET
	0	1	2	3	3.01	3.02	3.03	3.04	3.04
100.15PATIENT EDUCATION	1400592	962		5837					100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	343644777	477023	14678	2893436	315782	189610	637083	487443	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP BL DG-120 DUD LEY STREET	NEW CAP BL DG- EAST G REENWICH	NEW CAP BL DG- WOONSO CKET	NEW CAP BL DG- SWANSE A	NEW CAP BL DG- RICHMO ND ST	NEW CAP BL DG- NORTH ATTLEBORO	NEW CAP BL DG- MEDICA L OFFICE B	NEW CAP BL DG- ELM ST REET
	3.05	3.06	3.07	3.08	3.09	3.10	3.11	3.13
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET	154302							3.05
3.06 NEW CAP BLDG- EAST GREENWICH		49212						3.06
3.07 NEW CAP BLDG- WOONSOCKET			90843					3.07
3.08 NEW CAP BLDG- SWANSEA				148331				3.08
3.09 NEW CAP BLDG- RICHMOND ST					352962			3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO						73733		3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL							229246	3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS							392417	3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS					61002		14553	5
6.01 COMMUNICATIONS	452			723	1557			6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING					97751			6.05
6.06 ADMINISTRATIVE AND GENERAL	5787				130735		171	6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT	52875							8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST					13403			8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING					183		5746	10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2947							14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	10304							17
18 SOCIAL SERVICE							8403	18
19.01 INTERNAL MEDICINE								19.01
19.02 PSYCHIATRY							14406	19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	DG-120 DUD LEY STREET	DG- EAST G REENWICH	DG- WOONSO CKET	DG- SWANSE A	DG- RICHMO ND ST	DG- NORTH ATTLEBORO	DG- MEDICA L OFFICE B	DG- ELM ST REET			
	3.05	3.06	3.07		3.08		3.09	3.10		3.11	3.13
23 I&R SERVICES-OTHER PRGM COSTS A										1228	23
24 PARAMED ED PRGM-(SPECIFY)											24
25 INPATIENT ROUTINE SERV COST CENTERS											25
30 ADULTS & PEDIATRICS											30
33 NEONATAL INTENSIVE CARE UNIT											33
37 NURSERY											37
38 ANCILLARY SERVICE COST CENTERS											38
39 OPERATING ROOM	34892										39
40 RECOVERY ROOM											40
41 DELIVERY ROOM & LABOR ROOM	19855										41
41.01 ANESTHESIOLOGY											41.01
41.02 RADIOLOGY-DIAGNOSTIC			1921	12737							41.02
41.03 ULTRASOUND		1894	1872				3800	2758			41.03
44 CT SCANS											44
44.03 MRI											44.03
46.30 LABORATORY	4603	705	2438	24933			3738	1383	327653		46.30
47 BLOOD CLOTTING FACTORS ADMIN CO											47
48 BLOOD STORING, PROCESSING & TRA											48
49 INTRAVENOUS THERAPY											49
50 RESPIRATORY THERAPY											50
53 PHYSICAL THERAPY											53
55 ELECTROCARDIOLOGY											55
55.30 MEDICAL SUPPLIES CHARGED TO PAT											55.30
56 IMPL. DEV. CHARGED TO PATIENT											56
59 DRUGS CHARGED TO PATIENTS											59
59.01 OTHER ANCILLARY - FETAL MONITOR											59.01
59.02 CIRCUMCISION											59.02
59.03 PRENATAL DIAGNOSTIC CENTER								17448			59.03
59.04 DAY HOSPITAL								12120			59.04
59.05 INVITRO FERTILIZATION											59.05
59.06 HOME CARE											59.06
59.07 HEARING PROGRAM											59.07
60 INFANT DEVELOPMENT UNIT											60
60.01 OUTPATIENT SERVICE COST CENTERS											60.01
60.02 CLINIC									84867		60.02
60.03 CLINIC- PROJECT LINK											60.03
60.04 CLINIC - CENTER FOR WOMENS SURG											60.04
60.05 CLINIC - GYNONOCOLGY PBO											60.05
60.06 CLINIC - OB MEDICINE											60.06
61 CLINIC - NEW BOSTON RD											61
62 CLINIC- GENERAL INTERNAL MEDICI											62
63.50 EMERGENCY									6483		63.50
63.60 OBSERVATION BEDS (NON-DISTINCT											63.60
65 RHC											65
69.10 FQHC											69.10
69.20 OTHER REIMBURSABLE COST CENTERS											69.20
69.30 AMBULANCE SERVICES											69.30
69.40 CMHC											69.40
71 OPT											71
71.01 OOT											71.01
71.02 OSP											71.02
71.03 HOME HEALTH AGENCY											71.03
85.01 SPECIAL PURPOSE COST CENTERS											85.01
85.02 PANCREAS ACQUISITION											85.02
85.03 INTESTINAL ACQUISITION											85.03
95 ISLET CELL ACQUISITION											95
96 SUBTOTALS	131715	2599	6231	38393	304631	7538	163820	392417			96
97 NONREIMBURSABLE COST CENTERS											97
98 GIFT, FLOWER, COFFEE SHOP & CAN						8335					98
100 RESEARCH											100
100.01 PHYSICIANS' PRIVATE OFFICES		30287	76978	98375		47100					100.01
100.02 OTHER NON-REIMBURSABLE (SPECIFY	22587							13715			100.02
100.03 GRANTS - GENERAL								1863			100.03
100.04 GRANTS - RESEARCH								49848			100.04
100.05 FUND RAISING											100.05
100.06 CARE NEW ENGLAND						33361					100.06
100.07 CARE NEW ENGLAND WELLNESS						6635					100.07
100.08 GRANT FUNDED CLINICS											100.08
100.09 CARE NEW ENGLAND I/S-PURCH											100.09
100.10 OFFSITE PHYSICIANS											100.10
100.11 PHYSICIANS- MEDICAL STUDENTS											100.11
100.12 PHYSICIANS- NONREIMBURSABLE											100.12
100.14 PHYSICIANS- OTHER NONREIMBURSAB											100.14
100.14 KENT STAFF PAID BY WOMENS & INF											100.14

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	
	DG-120 DUD LEY STREET	DG- EAST REENWICH	DG- WOODS CKET	DG- SWANSE A	DG- RICHMO ND ST	DG- NORTH ATTLEBORO	DG- MEDICA L OFFICE	DG- ELM ST REET				
	3.05	3.06	3.07	3.08	3.09	3.10	3.11	3.13				
100.15 PATIENT EDUCATION		16326	7634	11563		19095						100.15
101 CROSS FOOT ADJUSTMENTS												101
102 NEGATIVE COST CENTER												102
103 TOTAL	154302	49212	90843	148331	352962	73733	229246	392417				103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP - KILGUSS	NEW CAP - NB MFM	NEW CAP - EDDY STREE T CWS	NEW CAP - THURBERS A VENUE	NEW CAP - 365 EDDY S TREET	NEW CAP - SOUTH COUN TY COMMONS STREET	NEW CAP - 50 HOLDEN STREET	NEW CAP - FALL RIVER
	3.14	3.15	3.16	3.17	3.18	3.19	3.20	3.21
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS	200494							3.14
3.15 NEW CAP BLDG - NB MFM		100199						3.15
3.16 NEW CAP BLDG - EDDY STREET CWS			220056					3.16
3.17 NEW CAP BLDG - THURBERS AVENUE				366490				3.17
3.18 NEW CAP BLDG- 365 EDDY STREET					149625			3.18
3.19 NEW CAP BLDG- SC COMMONS						57446		3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET							372464	3.20
3.21 NEW CAP BLDG-FALL RIVER								100331
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS					57520			5
6.01 COMMUNICATIONS					2664			6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTATIVE AND GENERAL					69319			6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST								8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
19.01 INTERNAL MEDICINE								19.01
19.02 PSYCHIATRY								19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP - KILGUSS	NEW CAP - NB MFM	NEW CAP - EDDY STREE T CWS	NEW CAP - THURBERS A VENUE	NEW CAP - 365 EDDY S TREET	NEW CAP - SOUTH COUN TY COMMONS	NEW CAP - 50 HOLDEN STREET	NEW CAP - FALL RIVER
	3.14	3.15	3.16	3.17	3.18	3.19	3.20	3.21
23 I&R SERVICES-OTHER PRGM COSTS A	15833							23
24 PARAMED ED PRGM-(SPECIFY)								24
25 INPATIENT ROUTINE SERV COST CENTERS								25
30 ADULTS & PEDIATRICS								30
33 NEONATAL INTENSIVE CARE UNIT				51792				33
37 NURSERY								37
38 ANCILLARY SERVICE COST CENTERS								38
39 OPERATING ROOM								39
40 RECOVERY ROOM								40
41 DELIVERY ROOM & LABOR ROOM								41
41.01 ANESTHESIOLOGY						4017		41.01
41.02 RADIOLOGY-DIAGNOSTIC								41.02
41.03 ULTRASOUND								41.03
44 CT SCANS								44
46.30 MRI	13973		31151			1578		46.30
47 LABORATORY								47
48 BLOOD CLOTTING FACTORS ADMIN CO								48
49 BLOOD STORING, PROCESSING & TRA								49
50 INTRAVENOUS THERAPY								50
53 RESPIRATORY THERAPY			43913					53
55 PHYSICAL THERAPY								55
55.30 ELECTROCARDIOLOGY								55.30
56 MEDICAL SUPPLIES CHARGED TO PAT								56
59 IMPL. DEV. CHARGED TO PATIENT								59
59.01 DRUGS CHARGED TO PATIENTS								59.01
59.02 OTHER ANCILLARY - FETAL MONITOR	1583							59.02
59.03 CIRCUMCISION								59.03
59.04 PRENATAL DIAGNOSTIC CENTER								59.04
59.05 DAY HOSPITAL								59.05
59.06 INVITRO FERTILIZATION								59.06
59.07 HOME CARE								59.07
60 HEARING PROGRAM				53977				60
60.01 INFANT DEVELOPMENT UNIT							61276	60.01
60.02 OUTPATIENT SERVICE COST CENTERS								60.02
60.03 CLINIC								60.03
60.04 CLINIC- PROJECT LINK				58560				60.04
60.05 CLINIC - CENTER FOR WOMENS SURG			141445					60.05
60.06 CLINIC - GYNONOCOLGY PBO								60.06
61 CLINIC - OB MEDICINE								61
62 CLINIC - NEW BOSTON RD								62
63.50 CLINIC- GENERAL INTERNAL MEDICI								63.50
63.60 EMERGENCY								63.60
65 OBSERVATION BEDS (NON-DISTINCT)								65
69.10 RHC								69.10
69.20 FQHC								69.20
69.30 OTHER REIMBURSABLE COST CENTERS								69.30
69.40 AMBULANCE SERVICES								69.40
71 CMHC								71
85.01 OPT								85.01
85.02 OOT								85.02
85.03 OSP								85.03
95 HOME HEALTH AGENCY	31389		216509	224513	69319	5595	61276	95
96 SPECIAL PURPOSE COST CENTERS								96
97 PANCREAS ACQUISITION								97
98 INTRESTINAL ACQUISITION								98
100 ISLET CELL ACQUISITION								100
100.01 SUBTOTALS								100.01
100.02 NONREIMBURSABLE COST CENTERS								100.02
100.03 GIFT, FLOWER, COFFEE SHOP & CAN								100.03
100.04 RESEARCH		100199				44024		100.04
100.05 PHYSICIANS' PRIVATE OFFICES			1182				18781	100.05
100.06 OTHER NON-REIMBURSABLE (SPECIFY								100.06
100.07 GRANTS - GENERAL								100.07
100.08 GRANTS - RESEARCH	169105		2365	14200			292407	100.08
100.09 FUND RAISING								100.09
100.10 CARE NEW ENGLAND					80306			100.10
100.11 CARE NEW ENGLAND WELLNESS								100.11
100.12 GRANT FUNDED CLINICS				4076				100.12
100.13 CARE NEW ENGLAND I/S-PURCH								100.13
100.14 OFFSITE PHYSICIANS								100.14
100.15 PHYSICIANS- MEDICAL STUDENTS								100.15
100.16 PHYSICIANS- NONREIMBURSABLE								100.16
100.17 PHYSICIANS- OTHER NONREIMBURSAB								100.17
100.18 PHYSICIANS- UNFUNDED RESEARCH								100.18
100.19 KENT STAFF PAID BY WOMENS & INF								100.19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP - KILGUSS	NEW CAP - NB MFM	NEW CAP - EDDY STREE T CWS	NEW CAP - THURBERS A VENUE	NEW CAP - 365 EDDY S TREET	NEW CAP - SOUTH COUN TY COMMONS	NEW CAP - 50 HOLDEN STREET	NEW CAP - FALL RIVER
	3.14	3.15	3.16	3.17	3.18	3.19	3.20	3.21
100.15 PATIENT EDUCATION				123701		7827		100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	200494	100199	220056	366490	149625	57446	372464	100331 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	888 EDDY S	908 EDDY S	COCASSET S	MOVABLE	UIP- EAST	UIP- WOONS	UIP- SWANS	UIP- NORTH	
	T	T	T	EQUIPMENT	GREENWICH	OCKET	EA	ATTLEBORO	
	3.22	3.23	3.24	4	4.01	4.02	4.03	4.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP BLDG- WILLARD & OTHER									1.01
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP BLDG- WILLARD									3.01
3.02 NEW CAP BLDG- PLAIN STREET									3.02
3.03 NEW CAP BLDG- BLACKSTONE									3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET									3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET									3.05
3.06 NEW CAP BLDG- EAST GREENWICH									3.06
3.07 NEW CAP BLDG- WOONSOCKET									3.07
3.08 NEW CAP BLDG- SWANSEA									3.08
3.09 NEW CAP BLDG- RICHMOND ST									3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO									3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL									3.11
3.12 NEW CAP BLDG- LAB OUTREACH									3.12
3.13 NEW CAP BLDG- ELM STREET									3.13
3.14 NEW CAP BLDG - KILGUSS									3.14
3.15 NEW CAP BLDG - NB MFM									3.15
3.16 NEW CAP BLDG - EDDY STREET CWS									3.16
3.17 NEW CAP BLDG - THURBERS AVENUE									3.17
3.18 NEW CAP BLDG- 365 EDDY STREET									3.18
3.19 NEW CAP BLDG- SC COMMONS									3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET									3.20
3.21 NEW CAP BLDG-FALL RIVER									3.21
3.22 NEW CAP BLDG- 888 EDDY STREET	69095								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET		219114							3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO			62873						3.24
4 NEW CAP REL COSTS-MVBLE EQUIP				9232135					4
4.01 NEW CAP EQUIP- EAST GREENWICH					72513				4.01
4.02 NEW CAP EQUIP- WOONSOCKET						3715			4.02
4.03 NEW CAP EQUIP- SWANSEA							1841		4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								83	4.04
4.05 NEW CAP EQUIP- MOB DUDLEY									4.05
4.06 NEW CAP EQUIP- NB MFM									4.06
4.07 NEW CAP EQUIP - EDDY CWS									4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE									4.08
4.09 NEW CAP EQUIP- SC COMMONS									4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET									4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO									4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET									4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET									4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE									4.14
5 EMPLOYEE BENEFITS				161165					5
6.01 COMMUNICATIONS		2002		29785			9		6.01
6.02 DATA PROCESSING									6.02
6.03 MATERIALS MANAGEMENT		149673		21360					6.03
6.04 CENTRAL PATIENT REGISTRATION				29708					6.04
6.05 PATIENT ACCOUNTING				247481					6.05
6.06 ADMINISTATIVE AND GENERAL		43664		950425					6.06
7 MAINTENANCE & REPAIRS				977865					7
7.01 ENGINEERING- 79 PLAIN									7.01
7.02 ENGINEERING- BLACKSTONE									7.02
7.03 ENGINEERING- WILLARD				8425					7.03
7.04 ENGINEERING- 100 DUDLEY				16361					7.04
8 OPERATION OF PLANT		2002		85929					8
8.01 OPERATION OF PLANT-KILGUSS									8.01
8.02 OPERATION OF PLANT- 70 ELM									8.02
8.03 OPERATION OF PLANT- RICHMOND ST				33934					8.03
9 LAUNDRY & LINEN SERVICE				60112					9
10 HOUSEKEEPING				72376					10
11 DIETARY				266367					11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION				117518					14
15 CENTRAL SERVICES & SUPPLY				84770					15
16 PHARMACY				86985					16
17 MEDICAL RECORDS & LIBRARY				95720					17
18 SOCIAL SERVICE				45116					18
19.01 INTERNAL MEDICINE				79745					19.01
19.02 PSYCHIATRY				902					19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	888 EDDY S T	908 EDDY S T	COCASSET S T	MOVABLE EQUIPMENT	UIP- EAST GREENWICH	UIP- WOONS OCKET	UIP- SWANS EA	UIP- NORTH ATTLEBORO	
	3.22	3.23	3.24	4	4.01	4.02	4.03	4.04	
23 I&R SERVICES-OTHER PRGM COSTS A				81987					23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS				1274562					25
30 NEONATAL INTENSIVE CARE UNIT				336760					30
33 NURSERY				97601					33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM				411068					37
38 RECOVERY ROOM				62869					38
39 DELIVERY ROOM & LABOR ROOM				406173					39
40 ANESTHESIOLOGY				21927					40
41 RADIOLOGY-DIAGNOSTIC				67970		79	158		41
41.01 ULTRASOUND				101440	2791	77		4	41.01
41.02 CT SCANS				34784					41.02
41.03 MRI				28188					41.03
44 LABORATORY	22860	5903		670299	1039	100	309	4	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA				15717					47
48 INTRAVENOUS THERAPY				30455					48
49 RESPIRATORY THERAPY				25457					49
50 PHYSICAL THERAPY									50
53 ELECTROCARDIOLOGY				16954					53
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY - FETAL MONITOR									59
59.01 CIRCUMCISION				5514					59.01
59.02 PRENATAL DIAGNOSTIC CENTER				189791					59.02
59.03 DAY HOSPITAL				902					59.03
59.04 INVITRO FERTILIZATION				306691					59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM				3453					59.06
59.07 INFANT DEVELOPMENT UNIT									59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 CLINIC- PROJECT LINK									60.01
60.02 CLINIC - CENTER FOR WOMENS SURG									60.02
60.03 CLINIC - GYNONOCOLGY PBO	32869			424595					60.03
60.04 CLINIC - OB MEDICINE				45296					60.04
60.05 CLINIC - NEW BOSTON RD									60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI				56247					60.06
61 EMERGENCY				126278					61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	55729	203244		8315027	3830	256	476	8	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				47538					96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES			62873		44627	3147	1221	54	98
100 OTHER NON-REIMBURSABLE (SPECIFY	13366			43699	24056				100
100.01GRANTS - GENERAL									100.01
100.02GRANTS - RESEARCH				479605					100.02
100.03FUND RAISING				84460					100.03
100.04CARE NEW ENGLAND				251397					100.04
100.05CARE NEW ENGLAND WELLNESS									100.05
100.06GRANT FUNDED CLINICS		5499							100.06
100.07CARE NEW ENGLAND I/S-PURCH									100.07
100.08OFFSITE PHYSICIANS									100.08
100.09PHYSICIANS- MEDICAL STUDENTS									100.09
100.10PHYSICIANS- NONREIMBURSABLE									100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB									100.11
100.12PHYSICIANS- UNFUNDED RESEARCH									100.12
100.14KENT STAFF PAID BY WOMENS & INF									100.14

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	888 EDDY S T	908 EDDY S T	COCASSET S T FOXBORO	MOVABLE EQUIPMENT	UIP- EAST GREENWICH	UIP- WOONS OCKET	UIP- SWANS EA	UIP- NORTH ATTLEBORO	
	3.22	3.23	3.24	4	4.01	4.02	4.03	4.04	
100.15PATIENT EDUCATION		10371		10409		312	144	21	100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	69095	219114	62873	9232135	72513	3715	1841	83	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	
	UIP- MOB D UDLEY	UIP- NB MF M	UIP - EDDY CWS	UIP - THUR BERS AVENU	UIP - SC C OMMONS	UIP - 50 H OLDEN ST	UIP - FALL RIVER	UIP - 888 EDDY ST					
	4.05	4.06	4.07	4.08	4.09	4.10	4.11	4.12					
GENERAL SERVICE COST CENTERS													
1 OLD CAP REL COSTS-BLDG & FIXT													1
1.01 OLD CAP BLDG- WILLARD & OTHER													1.01
2 OLD CAP REL COSTS-MVBLE EQUIP													2
3 NEW CAP REL COSTS-BLDG & FIXT													3
3.01 NEW CAP BLDG- WILLARD													3.01
3.02 NEW CAP BLDG- PLAIN STREET													3.02
3.03 NEW CAP BLDG- BLACKSTONE													3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET													3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET													3.05
3.06 NEW CAP BLDG- EAST GREENWICH													3.06
3.07 NEW CAP BLDG- WOONSOCKET													3.07
3.08 NEW CAP BLDG- SWANSEA													3.08
3.09 NEW CAP BLDG- RICHMOND ST													3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO													3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL													3.11
3.12 NEW CAP BLDG- LAB OUTREACH													3.12
3.13 NEW CAP BLDG- ELM STREET													3.13
3.14 NEW CAP BLDG - KILGUSS													3.14
3.15 NEW CAP BLDG - NB MFM													3.15
3.16 NEW CAP BLDG - EDDY STREET CWS													3.16
3.17 NEW CAP BLDG - THURBERS AVENUE													3.17
3.18 NEW CAP BLDG- 365 EDDY STREET													3.18
3.19 NEW CAP BLDG- SC COMMONS													3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET													3.20
3.21 NEW CAP BLDG-FALL RIVER													3.21
3.22 NEW CAP BLDG- 888 EDDY STREET													3.22
3.23 NEW CAP BLDG- 908 EDDY STREET													3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO													3.24
4 NEW CAP REL COSTS-MVBLE EQUIP													4
4.01 NEW CAP EQUIP- EAST GREENWICH													4.01
4.02 NEW CAP EQUIP- WOONSOCKET													4.02
4.03 NEW CAP EQUIP- SWANSEA													4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO													4.04
4.05 NEW CAP EQUIP- MOB DUDLEY	57197												4.05
4.06 NEW CAP EQUIP- NB MFM		3											4.06
4.07 NEW CAP EQUIP - EDDY CWS			12900										4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE				15762									4.08
4.09 NEW CAP EQUIP- SC COMMONS					56369								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET						34546							4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO							26326						4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET												10611	4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET													4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE													4.14
5 EMPLOYEE BENEFITS	3631				2474								5
6.01 COMMUNICATIONS					115								6.01
6.02 DATA PROCESSING													6.02
6.03 MATERIALS MANAGEMENT													6.03
6.04 CENTRAL PATIENT REGISTRATION													6.04
6.05 PATIENT ACCOUNTING													6.05
6.06 ADMINISTATIVE AND GENERAL	43												6.06
7 MAINTENANCE & REPAIRS													7
7.01 ENGINEERING- 79 PLAIN													7.01
7.02 ENGINEERING- BLACKSTONE													7.02
7.03 ENGINEERING- WILLARD													7.03
7.04 ENGINEERING- 100 DUDLEY													7.04
8 OPERATION OF PLANT													8
8.01 OPERATION OF PLANT-KILGUSS													8.01
8.02 OPERATION OF PLANT- 70 ELM													8.02
8.03 OPERATION OF PLANT- RICHMOND ST													8.03
9 LAUNDRY & LINEN SERVICE													9
10 HOUSEKEEPING													10
11 DIETARY													11
12 CAFETERIA													12
13 MAINTENANCE OF PERSONNEL													13
14 NURSING ADMINISTRATION													14
15 CENTRAL SERVICES & SUPPLY													15
16 PHARMACY													16
17 MEDICAL RECORDS & LIBRARY													17
18 SOCIAL SERVICE	2097												18
19.01 INTERNAL MEDICINE													19.01
19.02 PSYCHIATRY	3594												19.02
20 NONPHYSICIAN ANESTHETISTS													20
21 NURSING SCHOOL													21
22 I&R SERVICES-SALARY & FRINGES A													22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	UIP- MOB D UDLEY	UIP- NB MF M	UIP - EDDY CWS	UIP - THUR BERS AVENU	UIP - SC C OMMONS	UIP - 50 H OLDEN ST	UIP - FALL RIVER	UIP - 888 EDDY ST				
	4.05	4.06	4.07	4.08	4.09	4.10	4.11	4.12				
23 I&R SERVICES-OTHER PRGM COSTS A	306											23
24 PARAMED ED PRGM-(SPECIFY)												24
25 INPATIENT ROUTINE SERV COST CENTERS												25
30 ADULTS & PEDIATRICS												30
33 NEONATAL INTENSIVE CARE UNIT				2227								33
37 NURSERY												37
38 ANCILLARY SERVICE COST CENTERS												38
39 OPERATING ROOM												39
40 RECOVERY ROOM												40
41 DELIVERY ROOM & LABOR ROOM												41
41.01 ANESTHESIOLOGY	688					3941						41.01
41.02 RADIOLOGY-DIAGNOSTIC												41.02
41.03 ULTRASOUND												41.03
44 CT SCANS												44
44.03 MRI	345		1826			1548			3511			44.03
46.30 LABORATORY												46.30
47 BLOOD CLOTTING FACTORS ADMIN CO												47
48 BLOOD STORING, PROCESSING & TRA												48
49 INTRAVENOUS THERAPY												49
50 RESPIRATORY THERAPY												50
53 PHYSICAL THERAPY			2574									53
55 ELECTROCARDIOLOGY												55
55.30 MEDICAL SUPPLIES CHARGED TO PAT												55.30
56 IMPL. DEV. CHARGED TO PATIENT												56
59 DRUGS CHARGED TO PATIENTS												59
59.01 OTHER ANCILLARY - FETAL MONITOR												59.01
59.02 CIRCUMCISION	4353											59.02
59.03 PRENATAL DIAGNOSTIC CENTER	3024											59.03
59.04 DAY HOSPITAL												59.04
59.05 INVITRO FERTILIZATION												59.05
59.06 HOME CARE												59.06
59.07 HEARING PROGRAM					2321							59.07
59.08 INFANT DEVELOPMENT UNIT							5683					59.08
60 OUTPATIENT SERVICE COST CENTERS												60
60.01 CLINIC	21174											60.01
60.02 CLINIC- PROJECT LINK					2519							60.02
60.03 CLINIC - CENTER FOR WOMENS SURG			8292									60.03
60.04 CLINIC - GYNONOCOLGY PBO									5047			60.04
60.05 CLINIC - OB MEDICINE												60.05
60.06 CLINIC - NEW BOSTON RD									26326			60.06
61 CLINIC- GENERAL INTERNAL MEDICI												61
62 EMERGENCY	1618											62
63.50 OBSERVATION BEDS (NON-DISTINCT												63.50
63.60 RHC												63.60
65 FQHC												65
69.10 OTHER REIMBURSABLE COST CENTERS												69.10
69.20 AMBULANCE SERVICES												69.20
69.30 CMHC												69.30
69.40 OPT												69.40
71 OOT												71
71.01 HOME HEALTH AGENCY												71.01
71.02 SPECIAL PURPOSE COST CENTERS												71.02
85.01 PANCREAS ACQUISITION												85.01
85.02 INTESTINAL ACQUISITION												85.02
85.03 ISLET CELL ACQUISITION												85.03
95 SUBTOTALS	40873		12692	9656	5489	5683	26326	8558	95			95
96 NONREIMBURSABLE COST CENTERS												96
97 GIFT, FLOWER, COFFEE SHOP & CAN												97
98 RESEARCH												98
100 PHYSICIANS' PRIVATE OFFICES		3			43200							100
100.01 OTHER NON-REIMBURSABLE (SPECIFY	3422		69			1742		2053				100.01
100.02 GRANTS - GENERAL	465											100.02
100.03 GRANTS - RESEARCH	12437		139	611		27121						100.03
100.04 FUND RAISING												100.04
100.05 CARE NEW ENGLAND												100.05
100.06 CARE NEW ENGLAND WELLNESS												100.06
100.07 GRANT FUNDED CLINICS				175								100.07
100.08 CARE NEW ENGLAND I/S-PURCH												100.08
100.09 OFFSITE PHYSICIANS												100.09
100.10 PHYSICIANS- MEDICAL STUDENTS												100.10
100.11 PHYSICIANS- NONREIMBURSABLE												100.11
100.12 PHYSICIANS- OTHER NONREIMBURSAB												100.12
100.13 PHYSICIANS- UNFUNDED RESEARCH												100.13
100.14 KENT STAFF PAID BY WOMENS & INF												100.14

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	UIP- MOB D UDLEY	UIP- NB MF M	UIP - EDDY CWS	UIP - THUR BERS AVENU	UIP - SC C OMMONS	UIP - 50 H OLDEN ST	UIP - FALL RIVER	UIP - 888 EDDY ST			
	4.05	4.06	4.07	4.08	4.09	4.10	4.11	4.12			
100.15PATIENT EDUCATION				5320	7680						100.15
101 CROSS FOOT ADJUSTMENTS											101
102 NEGATIVE COST CENTER											102
103 TOTAL	57197	3	12900	15762	56369	34546	26326	10611	103		

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP EQ UIP - 908 EDDY ST 4.13	NEW CAP EQ UIP- FOXBO O-COCAS ST 4.14	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04	PATIENT AC COUNTING 6.05	SUBTOTAL
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET	12934							4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE		31570						4.14
5 EMPLOYEE BENEFITS			59841967					5
6.01 COMMUNICATIONS	118		299674	1472567				6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT	8836		185079	2101	936937			6.03
6.04 CENTRAL PATIENT REGISTRATION			316214	10503	214	1329915		6.04
6.05 PATIENT ACCOUNTING			1166778	70022	2576		5629058	6.05
6.06 ADMINISTRATIVE AND GENERAL	2577		3999505	197463	292164			6.06
7 MAINTENANCE & REPAIRS			640259	26608	8757			7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD					1			7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT	118		617838	12604	12040			8
8.01 OPERATION OF PLANT-KILGUSS				44114	151			8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST					73			8.03
9 LAUNDRY & LINEN SERVICE			78669	700	16484			9
10 HOUSEKEEPING			1358886	4902	20850			10
11 DIETARY			120554	21707	1702			11
12 CAFETERIA			621115	2801	8754			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			899593	18206	510			14
15 CENTRAL SERVICES & SUPPLY			384386	2801	21050			15
16 PHARMACY			1150605	23107	139837			16
17 MEDICAL RECORDS & LIBRARY			636058	21007	4394			17
18 SOCIAL SERVICE			388613	18206	3317	768	3252	18
19.01 INTERNAL MEDICINE			332171	24508	147			19.01
19.02 PSYCHIATRY			208819	14004	130			19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								3016607

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP EQ UIP - 908 EDDY ST 4.13	NEW CAP EQ UIP- FOXBO O-COCAS ST 4.14	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04	PATIENT AC COUNTING 6.05	SUBTOTAL 5A	
23 I&R SERVICES-OTHER PRGM COSTS A			2657331	12604	7318			9524190	23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS			4799839	166653	7890	160025	677358	21855820	25
30 NEONATAL INTENSIVE CARE UNIT			6864251	66521	25884	272605	1153648	31162277	30
33 NURSERY			2097876	1400	6615	36449	154283	9121200	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM			2118768	67221		99384	420674	9390455	37
38 RECOVERY ROOM			824573	9803	552	13521	57232	3523681	38
39 DELIVERY ROOM & LABOR ROOM			3896600	53917	8114	143197	606129	17601205	39
40 ANESTHESIOLOGY			34329	7702	9195	17654	74726	790955	40
41 RADIOLOGY-DIAGNOSTIC			559254	18206	21119	23499	99467	3281039	41
41.01 ULTRASOUND			834708	27309	6623	36162	153065	4843433	41.01
41.02 CT SCANS			182615	2801	1159	17683	74847	985551	41.02
41.03 MRI			174093	700	3696	19109	80885	1234735	41.03
44 LABORATORY	348		4785842	59519	128162	199831	845849	28763845	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA			159454	1400	15424	13568	57429	1799008	47
48 INTRAVENOUS THERAPY			207461	700	594	20299	85920	881300	48
49 RESPIRATORY THERAPY			628958	6302	12191	23504	99489	3501912	49
50 PHYSICAL THERAPY			64465	700	173	1793	7592	337026	50
53 ELECTROCARDIOLOGY			6890	4902	117	2220	9398	126619	53
55 MEDICAL SUPPLIES CHARGED TO PAT					73658	21751	92069	5151093	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						94872	401575	533518	56
59 OTHER ANCILLARY - FETAL MONITOR									59
59.01 CIRCUMCISION			42031	700	246	3226	13657	209602	59.01
59.02 PRENATAL DIAGNOSTIC CENTER			862257	25208	2498	12821	54271	2708155	59.02
59.03 DAY HOSPITAL			149436	9103	254	2522	10676	608703	59.03
59.04 INVITRO FERTILIZATION			1416400	72823	7697	15859	67129	6099810	59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM			68133	2101	6363	5128	21706	779056	59.06
59.07 INFANT DEVELOPMENT UNIT			251152	2101	201	1878	7950	965686	59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			1042160	85427	2224	13719	58069	3837027	60
60.01 CLINIC- PROJECT LINK			169897	3501	281	813	3442	778511	60.01
60.02 CLINIC - CENTER FOR WOMENS SURG			418572		1716	3488	14764	1276445	60.02
60.03 CLINIC - GYNOCOCLOGY PBO			1876613	91029	6765	9631	40765	7945492	60.03
60.04 CLINIC - OB MEDICINE			515319	22407	1300	4325	18308	1897291	60.04
60.05 CLINIC - NEW BOSTON RD			66340		1013	495	2096	616551	60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI			193733	7702	232	1654	7001	619219	60.06
61 EMERGENCY			1838089	30110	5010	34162	144603	7672510	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	11997		53212255	1375936	897435	1327615	5619324	307871664	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				9803	4			83248	96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES		31570	379524	700	8452			2853552	98
100 OTHER NON-REIMBURSABLE (SPECIFY			275843	34311	6618	1963	8308	2362137	100
100.01GRANTS - GENERAL			128685	2101	3274			834917	100.01
100.02GRANTS - RESEARCH			2188257	17506	16918			13689349	100.02
100.03FUND RAISING			283744	9803	553			1379899	100.03
100.04CARE NEW ENGLAND			1006808	5602	136			4451964	100.04
100.05CARE NEW ENGLAND WELLNESS									100.05
100.06GRANT FUNDED CLINICS	325		93773	4201	264			422933	100.06
100.07CARE NEW ENGLAND I/S-PURCH									100.07
100.08OFFSITE PHYSICIANS			579610					2354538	100.08
100.09PHYSICIANS- MEDICAL STUDENTS			215687					871437	100.09
100.10PHYSICIANS- NONREIMBURSABLE									100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB			435923					1775107	100.11
100.12PHYSICIANS- UNFUNDED RESEARCH			589453					2347831	100.12
100.14KENT STAFF PAID BY WOMENS & INF			83510					331250	100.14

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP EQ UIP - 908 EDDY ST 4.13	NEW CAP EQ UIP- FOXBO O-COCAS ST 4.14	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04	PATIENT AC COUNTING 6.05	SUBTOTAL	
100.15PATIENT EDUCATION	612		368895	12604	3283	337	1426	2014951	100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	12934	31570	59841967	1472567	936937	1329915	5629058	343644777	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	ENGINEERING - 79 PLAIN	ENGINEERING - BLACKSTONE	ENGINEERING - WILLARD	ENGINEERING - 100 DUDLEY	OPERATION OF PLANT	OPERATION OF PLANT - KILGUSS
	6.06	7	7.01	7.02	7.03	7.04	8	8.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTRATIVE AND GENERAL	59195140							6.06
7 MAINTENANCE & REPAIRS	1509617	8763766						7
7.01 ENGINEERING- 79 PLAIN	6523		37869					7.01
7.02 ENGINEERING- BLACKSTONE	55			318				7.02
7.03 ENGINEERING- WILLARD	18853				109447			7.03
7.04 ENGINEERING- 100 DUDLEY	28799					167185		7.04
8 OPERATION OF PLANT	1622643	40655					9460567	8
8.01 OPERATION OF PLANT-KILGUSS	43992							8.01
8.02 OPERATION OF PLANT- 70 ELM	36068							8.02
8.03 OPERATION OF PLANT- RICHMOND ST	39027							8.03
9 LAUNDRY & LINEN SERVICE	319343	112521		3			122033	9
10 HOUSEKEEPING	1437824	117352		3	908	1255	127273	10
11 DIETARY	185782	561139					608578	11
12 CAFETERIA	614606							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	802608	24589				39857	26667	14
15 CENTRAL SERVICES & SUPPLY	669273	178579					193676	15
16 PHARMACY	2885440	177330			1		192322	16
17 MEDICAL RECORDS & LIBRARY	617381	175648					190497	17
18 SOCIAL SERVICE	304924	95043					103078	18
19.01 INTERNAL MEDICINE	266011	82450				15808	89421	19.01
19.02 PSYCHIATRY	86272					351		19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	627768							22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE AND GENERAL 6.06	MAINTENANCE & REPAIRS 7	ENGINEERING - 79 PLANNING 7.01	ENGINEERING - BLACKSTONE 7.02	ENGINEERING - WILLARD 7.03	ENGINEERING - 100 DUDLEY 7.04	OPERATION OF PLANT 8	OPERATION OF PLANT - KILGUSS 8.01
23 I&R SERVICES-OTHER PRGM COSTS A	1982022	85870					93129	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	4548284	2685029					2912024	25
30 NEONATAL INTENSIVE CARE UNIT	6485025	709430					769405	30
33 NURSERY	1898158	205610					222992	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1954191	468756				57169	508385	37
38 RECOVERY ROOM	733292	132441					143638	38
39 DELIVERY ROOM & LABOR ROOM	3662881	984463					1067690	39
40 ANESTHESIOLOGY	164601	32730				2489	35497	40
41 RADIOLOGY-DIAGNOSTIC	682797	143189					155294	41
41.01 ULTRASOUND	1007938	213697					231764	41.01
41.02 CT SCANS	205097	73277					79472	41.02
41.03 MRI	256953	59382					64402	41.03
44 LABORATORY	5985871	554083				974	600925	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	374381	33110					35910	47
48 INTRAVENOUS THERAPY	183402			15				48
49 RESPIRATORY THERAPY	728762	53628					58162	49
50 PHYSICAL THERAPY	70136							50
53 ELECTROCARDIOLOGY	26350	27900		2			30258	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1071963							55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	111027							56
59 OTHER ANCILLARY - FETAL MONITOR								59
59.01 CIRCUMCISION	43619	11616					12598	59.01
59.02 PRENATAL DIAGNOSTIC CENTER	563578	111327	37869				120738	59.02
59.03 DAY HOSPITAL	126674					351		59.03
59.04 INVITRO FERTILIZATION	1269395			113	33319			59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM	162125	7273					7888	59.06
59.07 INFANT DEVELOPMENT UNIT	200963							59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	798501							60
60.01 CLINIC- PROJECT LINK	162011							60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	265633							60.02
60.03 CLINIC - GYNONCOLOGY PBO	1653489	86955		181	6539		94307	60.03
60.04 CLINIC - OB MEDICINE	394834					17645		60.04
60.05 CLINIC - NEW BOSTON RD	128307							60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	128862					21911		60.06
61 EMERGENCY	1596680	266023					288512	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	51750611	8511095	37869	318	40766	157810	9186535	39983
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	17324	55691					60399	96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES	593836							98
100 OTHER NON-REIMBURSABLE (SPECIFY	491570	133310				1787	144580	100
100.01GRANTS - GENERAL	173750							100.01
100.02GRANTS - RESEARCH	2848808	41741				7588	45270	100.02
100.03FUND RAISING	287163							100.03
100.04CARE NEW ENGLAND	926472				68681			100.04
100.05CARE NEW ENGLAND WELLNESS								100.05
100.06GRANT FUNDED CLINICS	88014							100.06
100.07CARE NEW ENGLAND I/S-PURCH								100.07
100.08OFFSITE PHYSICIANS	489989							100.08
100.09PHYSICIANS- MEDICAL STUDENTS	181350							100.09
100.10PHYSICIANS- NONREIMBURSABLE								100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB	369407							100.11
100.12PHYSICIANS- UNFUNDED RESEARCH	488593							100.12
100.14KENT STAFF PAID BY WOMENS & INF	68934							100.14

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE AND GENERAL 6.06	MAINTENANCE & REPAIRS 7	ENGINEERING G- 79 PLANNING 7.01	ENGINEERING G- BLACKSTONE 7.02	ENGINEERING G- WILLARD 7.03	ENGINEERING G- 100 DUDLEY 7.04	OPERATION OF PLANT 8	OPERATION OF PLANT-KILGUSS 8.01
100.15 PATIENT EDUCATION	419319	21929					23783	100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	59195140	8763766	37869	318	109447	167185	9460567	255388 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT- 70 ELM ST 8.02	OPERATION OF PLANT- RICHMOND 8.03	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP BLDG- WILLARD & OTHER									1.01
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP BLDG- WILLARD									3.01
3.02 NEW CAP BLDG- PLAIN STREET									3.02
3.03 NEW CAP BLDG- BLACKSTONE									3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET									3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET									3.05
3.06 NEW CAP BLDG- EAST GREENWICH									3.06
3.07 NEW CAP BLDG- WOONSOCKET									3.07
3.08 NEW CAP BLDG- SWANSEA									3.08
3.09 NEW CAP BLDG- RICHMOND ST									3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO									3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL									3.11
3.12 NEW CAP BLDG- LAB OUTREACH									3.12
3.13 NEW CAP BLDG- ELM STREET									3.13
3.14 NEW CAP BLDG - KILGUSS									3.14
3.15 NEW CAP BLDG - NB MFM									3.15
3.16 NEW CAP BLDG - EDDY STREET CWS									3.16
3.17 NEW CAP BLDG - THURBERS AVENUE									3.17
3.18 NEW CAP BLDG- 365 EDDY STREET									3.18
3.19 NEW CAP BLDG- SC COMMONS									3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET									3.20
3.21 NEW CAP BLDG-FALL RIVER									3.21
3.22 NEW CAP BLDG- 888 EDDY STREET									3.22
3.23 NEW CAP BLDG- 908 EDDY STREET									3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO									3.24
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP EQUIP- EAST GREENWICH									4.01
4.02 NEW CAP EQUIP- WOONSOCKET									4.02
4.03 NEW CAP EQUIP- SWANSEA									4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO									4.04
4.05 NEW CAP EQUIP- MOB DUDLEY									4.05
4.06 NEW CAP EQUIP- NB MFM									4.06
4.07 NEW CAP EQUIP - EDDY CWS									4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE									4.08
4.09 NEW CAP EQUIP- SC COMMONS									4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET									4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO									4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET									4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET									4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE									4.14
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 MATERIALS MANAGEMENT									6.03
6.04 CENTRAL PATIENT REGISTRATION									6.04
6.05 PATIENT ACCOUNTING									6.05
6.06 ADMINISTATIVE AND GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
7.01 ENGINEERING- 79 PLAIN									7.01
7.02 ENGINEERING- BLACKSTONE									7.02
7.03 ENGINEERING- WILLARD									7.03
7.04 ENGINEERING- 100 DUDLEY									7.04
8 OPERATION OF PLANT									8
8.01 OPERATION OF PLANT-KILGUSS									8.01
8.02 OPERATION OF PLANT- 70 ELM	209383								8.02
8.03 OPERATION OF PLANT- RICHMOND ST		226563							8.03
9 LAUNDRY & LINEN SERVICE			2088434						9
10 HOUSEKEEPING	3609	855		8598242					10
11 DIETARY				14328	2262563				11
12 CAFETERIA				136381		3704348			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION				93005		59298	4902788		14
15 CENTRAL SERVICES & SUPPLY				144344		49842	133368	4585132	15
16 PHARMACY				140550		81883	219060		16
17 MEDICAL RECORDS & LIBRARY				75717		82391			17
18 SOCIAL SERVICE				46732		30741			18
19.01 INTERNAL MEDICINE				43966		17744			19.01
19.02 PSYCHIATRY				657		8326			19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A						78172			22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT- 70 ELM ST 8.02	OPERATION OF PLANT- RICHMOND 8.03	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	
23 I&R SERVICES-OTHER PRGM COSTS A				31349		82448			23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS			704042	2095376	2262563	378559	1012838		25
30 NEONATAL INTENSIVE CARE UNIT			90581	984953		461551	979518		30
33 NURSERY			120578	243260		169567	467735		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM			421665	997388		154987	343819	2213243	37
38 RECOVERY ROOM			112016	130511		62123	166224		38
39 DELIVERY ROOM & LABOR ROOM			282354	1152658		287390	768887	2371889	39
40 ANESTHESIOLOGY				56135		3127	8346		40
41 RADIOLOGY-DIAGNOSTIC			37194	92232		45735			41
41.01 ULTRASOUND			55514	137665		68245			41.01
41.02 CT SCANS				31589		12150			41.02
41.03 MRI				24081		12093			41.03
44 LABORATORY	205774			446274		384945			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA				7122		12752			47
48 INTRAVENOUS THERAPY			2623	22912		15088			48
49 RESPIRATORY THERAPY				43351		55323	147994		49
50 PHYSICAL THERAPY						4615			50
53 ELECTROCARDIOLOGY				13676		848			53
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY - FETAL MONITOR									59
59.01 CIRCUMCISION				8938		5255			59.01
59.02 PRENATAL DIAGNOSTIC CENTER			13507	16969		57489			59.02
59.03 DAY HOSPITAL			1379	657		12828			59.03
59.04 INVITRO FERTILIZATION			25448	249715		96425			59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM				5672		9701			59.06
59.07 INFANT DEVELOPMENT UNIT						207			59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			20436			88871	232305		60
60.01 CLINIC- PROJECT LINK			371			17386	46533		60.01
60.02 CLINIC - CENTER FOR WOMENS SURG			5540			20852			60.02
60.03 CLINIC - GYNONCOLOGY PBO			24518	334950		136961			60.03
60.04 CLINIC - OB MEDICINE			2643	33207		42100			60.04
60.05 CLINIC - NEW BOSTON RD						6970			60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI				41237		15729			60.06
61 EMERGENCY			141315	395097		138581	343447		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	209383	855	2061724	8292654	2262563	3269298	4870074	4585132	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		38925		16640		5425			96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES			26710			31853			98
100 OTHER NON-REIMBURSABLE (SPECIFY						37183			100
100.01GRANTS - GENERAL						17273	962		100.01
100.02GRANTS - RESEARCH						205168	9303		100.02
100.03FUND RAISING		155795		137409		18686			100.03
100.04CARE NEW ENGLAND		30988		97622		20852			100.04
100.05CARE NEW ENGLAND WELLNESS									100.05
100.06GRANT FUNDED CLINICS						12394	22449		100.06
100.07CARE NEW ENGLAND I/S-PURCH									100.07
100.08OFFSITE PHYSICIANS						16633			100.08
100.09PHYSICIANS- MEDICAL STUDENTS						8571			100.09
100.10PHYSICIANS- NONREIMBURSABLE									100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB						13280			100.11
100.12PHYSICIANS- UNFUNDED RESEARCH						19063			100.12
100.14KENT STAFF PAID BY WOMENS & INF						94			100.14

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT- 70 ELM ST 8.02	OPERATION OF PLANT- RICHMOND 8.03	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15
100.15PATIENT EDUCATION				15612		28575		100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	209383	226563	2088434	8598242	2262563	3704348	4902788	4585132 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	INTERNAL M EDICINE 19.01	PSYCHIATRY 19.02	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTATIVE AND GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST								8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	17561961							16
17 MEDICAL RECORDS & LIBRARY		4108327						17
18 SOCIAL SERVICE		2373	2048137					18
19.01 INTERNAL MEDICINE				1793659				19.01
19.02 PSYCHIATRY					510168			19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A						3722547		22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	INTERNAL M EDICINE 19.01	PSYCHIATRY 19.02	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25
23 I&R SERVICES-OTHER PRGM COSTS A				653918	130375		12603469	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	152038	494341	246625	573013	31554	224846	761263	40938215
30 NEONATAL INTENSIVE CARE UNIT	36011	842142	419833			979509	3316332	47236567
33 NURSERY		112597	56174			103839	351568	13073278
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	14454	307011	153167			532024	1801278	19317992
38 RECOVERY ROOM	491	41768	20838					5067023
39 DELIVERY ROOM & LABOR ROOM	78466	442357	220690			210618	713093	29844641
40 ANESTHESIOLOGY	71695	54535	27207					1247317
41 RADIOLOGY-DIAGNOSTIC	2371	72592	36216			42149	142706	4733514
41.01 ULTRASOUND	3538	111708	55731			62921	213032	7005186
41.02 CT SCANS	249	54624	27252					1469261
41.03 MRI		59031	29450					1740127
44 LABORATORY		617307	307972			220287	745829	38851884
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		41912	20910					2325105
48 INTRAVENOUS THERAPY		62705	31283					1199328
49 RESPIRATORY THERAPY		72608	36224					4697964
50 PHYSICAL THERAPY		5540	2764					420081
53 ELECTROCARDIOLOGY		6859	3422					235934
55 MEDICAL SUPPLIES CHARGED TO PAT		67193	33522					6323771
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	17166609	293072	146213					18250439
59 OTHER ANCILLARY - FETAL MONITOR								59
59.01 CIRCUMCISION		9967	4972					306567
59.02 PRENATAL DIAGNOSTIC CENTER		39607	19760			163138	552339	4406493
59.03 DAY HOSPITAL		7791	3887					762270
59.04 INVITRO FERTILIZATION	6918	48991	24442			49594	167911	8072081
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM		15841	7903					995459
59.07 INFANT DEVELOPMENT UNIT		5802	2894					1175552
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	4067	42379	21143			259495	878577	6182801
60.01 CLINIC- PROJECT LINK		2512	1253					1008577
60.02 CLINIC - CENTER FOR WOMENS SURG	2418	10775	5376			174921	592232	2354192
60.03 CLINIC - GYNONOCLOGY PBO	10687	29750	14842			226390	766491	11331552
60.04 CLINIC - OB MEDICINE	5342	13362	6666					2413090
60.05 CLINIC - NEW BOSTON RD	1075	1529	763					755195
60.06 CLINIC- GENERAL INTERNAL MEDICI	1045	5110	2549			3750	12696	852108
61 EMERGENCY	4159	105532	52650			403921	1367560	12775987
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	17561633	4101223	2044593	1226931	161929	3657402	12382907	297369551
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								277652
97 RESEARCH						65145	220562	285707
98 PHYSICIANS' PRIVATE OFFICES								3505951
100 OTHER NON-REIMBURSABLE (SPECIFY		6063	3025					3205364
100.01GRANTS - GENERAL								1026902
100.02GRANTS - RESEARCH	91			195586	259601			17655319
100.03FUND RAISING								1854139
100.04CARE NEW ENGLAND								5596579
100.05CARE NEW ENGLAND WELLNESS								100.05
100.06GRANT FUNDED CLINICS								545790
100.07CARE NEW ENGLAND I/S-PURCH								100.07
100.08OFFSITE PHYSICIANS								2861160
100.09PHYSICIANS- MEDICAL STUDENTS					39442			1100800
100.10PHYSICIANS- NONREIMBURSABLE								100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB				153955	47618			2359367
100.12PHYSICIANS- UNFUNDED RESEARCH				217187	1578			3074252
100.14KENT STAFF PAID BY WOMENS & INF								400278

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNAL M EDICINE	PSYCHIATRY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL
	16	17	18	19.01	19.02	22	23	25
100.15 PATIENT EDUCATION	237	1041	519					2525966
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	17561961	4108327	2048137	1793659	510168	3722547	12603469	343644777

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL
	26	27
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
1.01 OLD CAP BLDG- WILLARD & OTHER		1.01
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
3.01 NEW CAP BLDG- WILLARD		3.01
3.02 NEW CAP BLDG- PLAIN STREET		3.02
3.03 NEW CAP BLDG- BLACKSTONE		3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET		3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET		3.05
3.06 NEW CAP BLDG- EAST GREENWICH		3.06
3.07 NEW CAP BLDG- WOONSOCKET		3.07
3.08 NEW CAP BLDG- SWANSEA		3.08
3.09 NEW CAP BLDG- RICHMOND ST		3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO		3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL		3.11
3.12 NEW CAP BLDG- LAB OUTREACH		3.12
3.13 NEW CAP BLDG- ELM STREET		3.13
3.14 NEW CAP BLDG - KILGUSS		3.14
3.15 NEW CAP BLDG - NB MFM		3.15
3.16 NEW CAP BLDG - EDDY STREET CWS		3.16
3.17 NEW CAP BLDG - THURBERS AVENUE		3.17
3.18 NEW CAP BLDG- 365 EDDY STREET		3.18
3.19 NEW CAP BLDG- SC COMMONS		3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET		3.20
3.21 NEW CAP BLDG-FALL RIVER		3.21
3.22 NEW CAP BLDG- 888 EDDY STREET		3.22
3.23 NEW CAP BLDG- 908 EDDY STREET		3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO		3.24
4 NEW CAP REL COSTS-MVBLE EQUIP		4
4.01 NEW CAP EQUIP- EAST GREENWICH		4.01
4.02 NEW CAP EQUIP- WOONSOCKET		4.02
4.03 NEW CAP EQUIP- SWANSEA		4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO		4.04
4.05 NEW CAP EQUIP- MOB DUDLEY		4.05
4.06 NEW CAP EQUIP- NB MFM		4.06
4.07 NEW CAP EQUIP - EDDY CWS		4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE		4.08
4.09 NEW CAP EQUIP- SC COMMONS		4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET		4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO		4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET		4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET		4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE		4.14
5 EMPLOYEE BENEFITS		5
6.01 COMMUNICATIONS		6.01
6.02 DATA PROCESSING		6.02
6.03 MATERIALS MANAGEMENT		6.03
6.04 CENTRAL PATIENT REGISTRATION		6.04
6.05 PATIENT ACCOUNTING		6.05
6.06 ADMINISTATIVE AND GENERAL		6.06
7 MAINTENANCE & REPAIRS		7
7.01 ENGINEERING- 79 PLAIN		7.01
7.02 ENGINEERING- BLACKSTONE		7.02
7.03 ENGINEERING- WILLARD		7.03
7.04 ENGINEERING- 100 DUDLEY		7.04
8 OPERATION OF PLANT		8
8.01 OPERATION OF PLANT-KILGUSS		8.01
8.02 OPERATION OF PLANT- 70 ELM		8.02
8.03 OPERATION OF PLANT- RICHMOND ST		8.03
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
19.01 INTERNAL MEDICINE		19.01
19.02 PSYCHIATRY		19.02
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES A		22

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	26	27		
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	-986109	39952106		25
30 NEONATAL INTENSIVE CARE UNIT	-4295841	42940726		30
33 NURSERY	-455407	12617871		33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	-2333302	16984690		37
38 RECOVERY ROOM		5067023		38
39 DELIVERY ROOM & LABOR ROOM	-923711	28920930		39
40 ANESTHESIOLOGY		1247317		40
41 RADIOLOGY-DIAGNOSTIC	-184855	4548659		41
41.01 ULTRASOUND	-275953	6729233		41.01
41.02 CT SCANS		1469261		41.02
41.03 MRI		1740127		41.03
44 LABORATORY	-966116	37885768		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA		2325105		47
48 INTRAVENOUS THERAPY		1199328		48
49 RESPIRATORY THERAPY		4697964		49
50 PHYSICAL THERAPY		420081		50
53 ELECTROCARDIOLOGY		235934		53
55 MEDICAL SUPPLIES CHARGED TO PAT		6323771		55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS		18250439		56
59 OTHER ANCILLARY - FETAL MONITOR				59
59.01 CIRCUMCISION		306567		59.01
59.02 PRENATAL DIAGNOSTIC CENTER	-715477	3691016		59.02
59.03 DAY HOSPITAL		762270		59.03
59.04 INVITRO FERTILIZATION	-217505	7854576		59.04
59.05 HOME CARE				59.05
59.06 HEARING PROGRAM		995459		59.06
59.07 INFANT DEVELOPMENT UNIT		1175552		59.07
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	-1138072	5044729		60
60.01 CLINIC- PROJECT LINK		1008577		60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	-767153	1587039		60.02
60.03 CLINIC - GYNONCOLOGY PBO	-992881	10338671		60.03
60.04 CLINIC - OB MEDICINE		2413090		60.04
60.05 CLINIC - NEW BOSTON RD		755195		60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	-16446	835662		60.06
61 EMERGENCY	-1771481	11004506		61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES				65
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 OOT				69.30
69.40 OSP				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	-16040309	281329242		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		277652		96
97 RESEARCH	-285707			97
98 PHYSICIANS' PRIVATE OFFICES		3505951		98
100 OTHER NON-REIMBURSABLE (SPECIFY		3205364		100
100.01GRANTS - GENERAL		1026902		100.01
100.02GRANTS - RESEARCH		17655319		100.02
100.03FUND RAISING		1854139		100.03
100.04CARE NEW ENGLAND		5596579		100.04
100.05CARE NEW ENGLAND WELLNESS				100.05
100.06GRANT FUNDED CLINICS		545790		100.06
100.07CARE NEW ENGLAND I/S-PURCH				100.07
100.08OFFSITE PHYSICIANS		2861160		100.08
100.09PHYSICIANS- MEDICAL STUDENTS		1100800		100.09
100.10PHYSICIANS- NONREIMBURSABLE				100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB		2359367		100.11
100.12PHYSICIANS- UNFUNDED RESEARCH		3074252		100.12
100.14KENT STAFF PAID BY WOMENS & INF		400278		100.14

PROVIDER NO. 41-0010 WOMEN & INFANTS HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.08
02/24/2010 09:30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
100.15PATIENT EDUCATION		2525966	100.15
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-16326016	327318761	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS		624	437	1061	1061			5
6.01 COMMUNICATIONS		1910	54	1964	5	1969		6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT		1975	48	2023	3	3	2029	6.03
6.04 CENTRAL PATIENT REGISTRATION		2746	73	2819	6	14		2839 6.04
6.05 PATIENT ACCOUNTING					21	94	6	6.05
6.06 ADMINISTATIVE AND GENERAL		12891	950	13841	71	261	653	6.06
7 MAINTENANCE & REPAIRS		89357	2196	91553	11	36	19	7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD			18	18				7.03
7.04 ENGINEERING- 100 DUDLEY			38	38				7.04
8 OPERATION OF PLANT		1784	78	1862	11	17	26	8
8.01 OPERATION OF PLANT-KILGUSS						59		8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST								8.03
9 LAUNDRY & LINEN SERVICE		4938	121	5059	1	1	35	9
10 HOUSEKEEPING		5035	132	5167	24	7	45	10
11 DIETARY		24624	273	24897	2	29	4	11
12 CAFETERIA			344	344	11	4	19	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		1079	95	1174	16	24	1	14
15 CENTRAL SERVICES & SUPPLY		7836	154	7990	7	4	45	15
16 PHARMACY		7782	191	7973	20	31	299	16
17 MEDICAL RECORDS & LIBRARY		7708	189	7897	11	28	9	17
18 SOCIAL SERVICE		4171	109	4280	7	24	7	2 18
19.01 INTERNAL MEDICINE		3618	161	3779	6	33		19.01
19.02 PSYCHIATRY					4	19		19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04
23 I&R SERVICES-OTHER PRGM COSTS A		3768	111	3879	47	17	16	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		117825	2887	120712	85	223	17	336 25
30 NEONATAL INTENSIVE CARE UNIT		31132	713	31845	122	89	55	622 30
33 NURSERY		9023	221	9244	37	2	14	76 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		20570	875	21445	38	90		208 37
38 RECOVERY ROOM		5812	142	5954	15	13	1	28 38
39 DELIVERY ROOM & LABOR ROOM		35350	999	36349	69	72	17	300 39
40 ANESTHESIOLOGY		1436	52	1488	1	10	20	37 40
41 RADIOLOGY-DIAGNOSTIC		6283	102	6385	10	24	45	49 41
41.01 ULTRASOUND		9378	194	9572	15	37	14	76 41.01
41.02 CT SCANS		3216	79	3295	3	4	2	37 41.02
41.03 MRI		2606	3	2606	3	1	8	40 41.03
44 LABORATORY		24315	646	24961	85	80	274	419 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		1453	30	1483	3	2	33	28 47
48 INTRAVENOUS THERAPY					4	1	1	43 48
49 RESPIRATORY THERAPY		2353	58	2411	11	8	26	49 49
50 PHYSICAL THERAPY					1	1		4 50
53 ELECTROCARDIOLOGY		1224	36	1260		7		5 53
55 MEDICAL SUPPLIES CHARGED TO PAT							157	46 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								199 56
59 OTHER ANCILLARY - FETAL MONITOR								59
59.01 CIRCUMCISION		510	12	522	1	1	1	7 59.01
59.02 PRENATAL DIAGNOSTIC CENTER		529	277	806	15	34	5	27 59.02
59.03 DAY HOSPITAL					3	12	1	5 59.03
59.04 INVITRO FERTILIZATION			72	72	25	97	16	33 59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM		319	8	327	1	3	14	11 59.06
59.07 INFANT DEVELOPMENT UNIT					4	3		4 59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC					19	114	5	29 60
60.01 CLINIC- PROJECT LINK					3	5	1	2 60.01
60.02 CLINIC - CENTER FOR WOMENS SURG					7		4	7 60.02
60.03 CLINIC - GYNONOCOLGY PBO		3816	176	3992	33	122	14	20 60.03
60.04 CLINIC - OB MEDICINE			35	35	9	30	3	9 60.04
60.05 CLINIC - NEW BOSTON RD					1		2	1 60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI					3	10		3 60.06
61 EMERGENCY		11674	261	11935	33	40	11	72 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		470670	13647	484317	943	1840	1945	2834 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		2444	60	2504		13		96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES					7	1	18	98
100 OTHER NON-REIMBURSABLE (SPECIFY		1115	532	1647	5	46	14	4 100
100.01GRANTS - GENERAL			44	44	2	3	7	100.01
100.02GRANTS - RESEARCH		1832	42	1874	39	23	36	100.02
100.03FUND RAISING					5	13	1	100.03
100.04CARE NEW ENGLAND			353	353	18	7		100.04
100.05CARE NEW ENGLAND WELLNESS								100.05
100.06GRANT FUNDED CLINICS					2	6	1	100.06
100.07CARE NEW ENGLAND I/S-PURCH								100.07
100.08OFFSITE PHYSICIANS					10			100.08
100.09PHYSICIANS- MEDICAL STUDENTS					4			100.09
100.10PHYSICIANS- NONREIMBURSABLE								100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB					8			100.11
100.12PHYSICIANS- UNFUNDED RESEARCH					10			100.12
100.14KENT STAFF PAID BY WOMENS & INF					1			100.14

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04
100.15PATIENT EDUCATION		962		962	7	17	7	1 100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		477023	14678	491701	1061	1969	2029	2839 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PATIENT AC COUNTING	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	ENGINEERING- 79 PLAIN N	ENGINEERING- WILLARD G-	ENGINEERING- 100 DUDLEY LEY	OPERATION OF PLANT	OPERATION OF PLANT- KILGUSS
	6.05	6.06	7	7.01	7.03	7.04	8	8.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING	121							6.05
6.06 ADMINISTRATIVE AND GENERAL		14826						6.06
7 MAINTENANCE & REPAIRS		377	91996					7
7.01 ENGINEERING- 79 PLAIN		2		2				7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD		5						7.03
7.04 ENGINEERING- 100 DUDLEY		7			23			7.04
8 OPERATION OF PLANT		405	427				2748	8
8.01 OPERATION OF PLANT-KILGUSS		11						8.01
8.02 OPERATION OF PLANT- 70 ELM		9						8.02
8.03 OPERATION OF PLANT- RICHMOND ST		10						8.03
9 LAUNDRY & LINEN SERVICE		80	1181				35	9
10 HOUSEKEEPING		359	1232				37	10
11 DIETARY		46	5890				177	11
12 CAFETERIA		154						12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		201	258			11	8	14
15 CENTRAL SERVICES & SUPPLY		167	1875				56	15
16 PHARMACY		721	1861				56	16
17 MEDICAL RECORDS & LIBRARY		154	1844				55	17
18 SOCIAL SERVICE		76	998				30	18
19.01 INTERNAL MEDICINE		66	866			4	26	19.01
19.02 PSYCHIATRY		22						19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		157						22

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PATIENT AC	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	ENGINEERING - PLANNING	ENGINEERING - WILLARD	ENGINEERING - DUDLEY	OPERATION OF PLANT	OPERATION OF PLANT - KILGUSS
	6.05	6.06	7	7.01	7.03	7.04	8	8.01
23 I&R SERVICES-OTHER PRGM COSTS A		495	901				27	6 23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		1137	28186				846	25
30 NEONATAL INTENSIVE CARE UNIT	121	1655	7447				223	30
33 NURSERY		474	2158				65	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		488	4921			16	148	37
38 RECOVERY ROOM		183	1390				42	38
39 DELIVERY ROOM & LABOR ROOM		915	10334				310	39
40 ANESTHESIOLOGY		41	344				1	40
41 RADIOLOGY-DIAGNOSTIC		171	1503					41
41.01 ULTRASOUND		252	2243					41.01
41.02 CT SCANS		51	769					41.02
41.03 MRI		64	623					41.03
44 LABORATORY		1496	5816				175	5 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		94	348				10	47
48 INTRAVENOUS THERAPY		46						48
49 RESPIRATORY THERAPY		182	563				17	49
50 PHYSICAL THERAPY		18						50
53 ELECTROCARDIOLOGY		7	293				9	53
55 MEDICAL SUPPLIES CHARGED TO PAT		268						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		28						56
59 OTHER ANCILLARY - FETAL MONITOR								59
59.01 CIRCUMCISION		11	122				4	59.01
59.02 PRENATAL DIAGNOSTIC CENTER		141	1169	2			35	1 59.02
59.03 DAY HOSPITAL		32						59.03
59.04 INVITRO FERTILIZATION		317			7			59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM		41	76				2	59.06
59.07 INFANT DEVELOPMENT UNIT		50						59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		200						60
60.01 CLINIC- PROJECT LINK		40						60.01
60.02 CLINIC - CENTER FOR WOMENS SURG		66						60.02
60.03 CLINIC - GYNONOCLOGY PBO		413	913		1		27	60.03
60.04 CLINIC - OB MEDICINE		99				5		60.04
60.05 CLINIC - NEW BOSTON RD		32						60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI		32				6		60.06
61 EMERGENCY		399	2793				84	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	121	12967	89344	2	8	43	2668	12 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		4	585				18	96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES		148						98
100 OTHER NON-REIMBURSABLE (SPECIFY		123	1399				42	100
100.01GRANTS - GENERAL		43						100.01
100.02GRANTS - RESEARCH		712	438				2	13 100.02
100.03FUND RAISING		72						100.03
100.04CARE NEW ENGLAND		232			15			100.04
100.05CARE NEW ENGLAND WELLNESS								100.05
100.06GRANT FUNDED CLINICS		22						100.06
100.07CARE NEW ENGLAND I/S-PURCH								100.07
100.08OFFSITE PHYSICIANS		122						100.08
100.09PHYSICIANS- MEDICAL STUDENTS		45						100.09
100.10PHYSICIANS- NONREIMBURSABLE								100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB		92						100.11
100.12PHYSICIANS- UNFUNDED RESEARCH		122						100.12
100.14KENT STAFF PAID BY WOMENS & INF		17						100.14

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PATIENT AC COUNTING	ADMINISTRATIVE AND GENERAL	STORAGE & REPAIRS	MAINTENANCE & REPAIRS	ENGINEERING G- 79 PLAIN	ENGINEERING G- WILLARD	ENGINEERING G- 100 DUDLEY	OPERATION OF PLANT	OPERATION OF PLANT- KILGUSS
	6.05	6.06	7	7.01	7.03	7.04	8	8.01	
100.15 PATIENT EDUCATION		105		230			7		100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	121	14826		91996	2	23	45	2748	70 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT- 70 ELM ST 8.02	OPERATION OF PLANT- RICHMOND 8.03	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTATIVE AND GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM	9							8.02
8.03 OPERATION OF PLANT- RICHMOND ST		10						8.03
9 LAUNDRY & LINEN SERVICE			6392					9
10 HOUSEKEEPING				6871				10
11 DIETARY					11	31056		11
12 CAFETERIA					109		641	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION					74		10	14
15 CENTRAL SERVICES & SUPPLY					115		9	15
16 PHARMACY					112		50	16
17 MEDICAL RECORDS & LIBRARY					61		82	17
18 SOCIAL SERVICE					37			18
19.01 INTERNAL MEDICINE					35			19.01
19.02 PSYCHIATRY					1		1	19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A						14		22

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	OF PLANT- 70 ELM ST 8.02	OF PLANT- RICHMOND 8.03	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	
23 I&R SERVICES-OTHER PRGM COSTS A				25					23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS			2154	1673	31056		65	328	25
30 NEONATAL INTENSIVE CARE UNIT			277	787			80	365	30
33 NURSERY			369	194			29	174	33
37 ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM			1291	797			27	128	4980 37
38 RECOVERY ROOM			343	104			11	62	38
39 DELIVERY ROOM & LABOR ROOM			864	921			50	287	5338 39
40 ANESTHESIOLOGY				45			1	3	40
41 RADIOLOGY-DIAGNOSTIC			114	74			8		41
41.01 ULTRASOUND			170	110			12		41.01
41.02 CT SCANS				25			2		41.02
41.03 MRI				19			2		41.03
44 LABORATORY	9			357			67		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA				6			2		47
48 INTRAVENOUS THERAPY			8	18			3		48
49 RESPIRATORY THERAPY				35			10	55	49
50 PHYSICAL THERAPY							1		50
53 ELECTROCARDIOLOGY				11					53
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY - FETAL MONITOR									59
59.01 CIRCUMCISION				7			1		59.01
59.02 PRENATAL DIAGNOSTIC CENTER			41	14			10		59.02
59.03 DAY HOSPITAL			4	1			2		59.03
59.04 INVITRO FERTILIZATION			78	200			17		59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM				5			2		59.06
59.07 INFANT DEVELOPMENT UNIT									59.07
60 OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			63				15	87	60
60.01 CLINIC- PROJECT LINK			1				3	17	60.01
60.02 CLINIC - CENTER FOR WOMENS SURG			17				4		60.02
60.03 CLINIC - GYNONOCOLGY PBO			75	268			24		60.03
60.04 CLINIC - OB MEDICINE			8	27			7		60.04
60.05 CLINIC - NEW BOSTON RD							1		60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI				33			3		60.06
61 EMERGENCY			433	316			24	128	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
65 OTHER REIMBURSABLE COST CENTERS									65
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
85.01 SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	9		6310	6627	31056		567	1766	10318 95
96 NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2		13			1		96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES			82				6		98
100 OTHER NON-REIMBURSABLE (SPECIFY									100
100.01GRANTS - GENERAL							3		100.01
100.02GRANTS - RESEARCH							35	3	100.02
100.03FUND RAISING				110			3		100.03
100.04CARE NEW ENGLAND		7		10			3		100.04
100.05CARE NEW ENGLAND WELLNESS		1		78			4		100.05
100.06GRANT FUNDED CLINICS							2	8	100.06
100.07CARE NEW ENGLAND I/S-PURCH									100.07
100.08OFFSITE PHYSICIANS							3		100.08
100.09PHYSICIANS- MEDICAL STUDENTS							1		100.09
100.10PHYSICIANS- NONREIMBURSABLE									100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB							2		100.11
100.12PHYSICIANS- UNFUNDED RESEARCH							3		100.12
100.14KENT STAFF PAID BY WOMENS & INF									100.14

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT- 70 ELM ST 8.02	OPERATION OF PLANT- RICHMOND 8.03	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15
100.15PATIENT EDUCATION				12		5		100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	9	10	6392	6871	31056	641	1777	10318 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	INTERNAL MEDICINE 19.01	PSYCHIATRY 19.02	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTATIVE AND GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST								8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	11169							16
17 MEDICAL RECORDS & LIBRARY		10073						17
18 SOCIAL SERVICE		6	5472					18
19.01 INTERNAL MEDICINE				4818				19.01
19.02 PSYCHIATRY					47			19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A						171		22

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	INTERNAL M EDICINE 19.01	PSYCHIATRY 19.02	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25
23 I&R SERVICES-OTHER PRGM COSTS A				1757	12		7196	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	97	1175	671	1539	3			190303 25
30 NEONATAL INTENSIVE CARE UNIT	23	2308	1038					47057 30
33 NURSERY		268	153					13257 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	9	730	417					35733 37
38 RECOVERY ROOM		99	57					8302 38
39 DELIVERY ROOM & LABOR ROOM	50	1051	601					57528 39
40 ANESTHESIOLOGY	46	130	74					2251 40
41 RADIOLOGY-DIAGNOSTIC	2	173	99					8702 41
41.01 ULTRASOUND	2	265	152					12987 41.01
41.02 CT SCANS		130	74					4415 41.02
41.03 MRI		140	80					3605 41.03
44 LABORATORY		1467	838					36049 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		100	57					2166 47
48 INTRAVENOUS THERAPY		149	85					358 48
49 RESPIRATORY THERAPY		173	99					3639 49
50 PHYSICAL THERAPY		13	8					46 50
53 ELECTROCARDIOLOGY		16	9					1617 53
55 MEDICAL SUPPLIES CHARGED TO PAT		160	91					722 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	10916	696	398					12237 56
59 OTHER ANCILLARY - FETAL MONITOR								59
59.01 CIRCUMCISION		24	14					715 59.01
59.02 PRENATAL DIAGNOSTIC CENTER		94	54					2448 59.02
59.03 DAY HOSPITAL		19	11					90 59.03
59.04 INVITRO FERTILIZATION	4	116	67					1049 59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM		38	22					542 59.06
59.07 INFANT DEVELOPMENT UNIT		14	8					83 59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3	101	58					694 60
60.01 CLINIC- PROJECT LINK		6	3					81 60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	2	26	15					148 60.02
60.03 CLINIC - GYNONOCOLGY PBO	7	71	40					6020 60.03
60.04 CLINIC - OB MEDICINE	3	32	18					285 60.04
60.05 CLINIC - NEW BOSTON RD	1	4	2					44 60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	1	12	7					110 60.06
61 EMERGENCY	3	251	143					16665 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	11169	10057	5463	3296	15			469948 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								3140 96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES								262 98
100 OTHER NON-REIMBURSABLE (SPECIFY		14	8					3329 100
100.01GRANTS - GENERAL								102 100.01
100.02GRANTS - RESEARCH				525	24			3892 100.02
100.03FUND RAISING								111 100.03
100.04CARE NEW ENGLAND								708 100.04
100.05CARE NEW ENGLAND WELLNESS								100.05
100.06GRANT FUNDED CLINICS								41 100.06
100.07CARE NEW ENGLAND I/S-PURCH								100.07
100.08OFFSITE PHYSICIANS								135 100.08
100.09PHYSICIANS- MEDICAL STUDENTS						4		54 100.09
100.10PHYSICIANS- NONREIMBURSABLE								100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB				414	4			520 100.11
100.12PHYSICIANS- UNFUNDED RESEARCH				583				718 100.12
100.14KENT STAFF PAID BY WOMENS & INF								18 100.14

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNAL M EDICINE	PSYCHIATRY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL
	16	17	18	19.01	19.02	22	23	25
100.15PATIENT EDUCATION		2	1					1356 100.15
101 CROSS FOOT ADJUSTMENTS						171	7196	7367 101
102 NEGATIVE COST CENTER								102
103 TOTAL	11169	10073	5472	4818	47	171	7196	491701 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
1.01 OLD CAP BLDG- WILLARD & OTHER			1.01
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
3.01 NEW CAP BLDG- WILLARD			3.01
3.02 NEW CAP BLDG- PLAIN STREET			3.02
3.03 NEW CAP BLDG- BLACKSTONE			3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET			3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET			3.05
3.06 NEW CAP BLDG- EAST GREENWICH			3.06
3.07 NEW CAP BLDG- WOONSOCKET			3.07
3.08 NEW CAP BLDG- SWANSEA			3.08
3.09 NEW CAP BLDG- RICHMOND ST			3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO			3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL			3.11
3.12 NEW CAP BLDG- LAB OUTREACH			3.12
3.13 NEW CAP BLDG- ELM STREET			3.13
3.14 NEW CAP BLDG - KILGUSS			3.14
3.15 NEW CAP BLDG - NB MFM			3.15
3.16 NEW CAP BLDG - EDDY STREET CWS			3.16
3.17 NEW CAP BLDG - THURBERS AVENUE			3.17
3.18 NEW CAP BLDG- 365 EDDY STREET			3.18
3.19 NEW CAP BLDG- SC COMMONS			3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET			3.20
3.21 NEW CAP BLDG-FALL RIVER			3.21
3.22 NEW CAP BLDG- 888 EDDY STREET			3.22
3.23 NEW CAP BLDG- 908 EDDY STREET			3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO			3.24
4 NEW CAP REL COSTS-MVBLE EQUIP			4
4.01 NEW CAP EQUIP- EAST GREENWICH			4.01
4.02 NEW CAP EQUIP- WOONSOCKET			4.02
4.03 NEW CAP EQUIP- SWANSEA			4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO			4.04
4.05 NEW CAP EQUIP- MOB DUDLEY			4.05
4.06 NEW CAP EQUIP- NB MFM			4.06
4.07 NEW CAP EQUIP - EDDY CWS			4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE			4.08
4.09 NEW CAP EQUIP- SC COMMONS			4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET			4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO			4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET			4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET			4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE			4.14
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 MATERIALS MANAGEMENT			6.03
6.04 CENTRAL PATIENT REGISTRATION			6.04
6.05 PATIENT ACCOUNTING			6.05
6.06 ADMINISTATIVE AND GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
7.01 ENGINEERING- 79 PLAIN			7.01
7.02 ENGINEERING- BLACKSTONE			7.02
7.03 ENGINEERING- WILLARD			7.03
7.04 ENGINEERING- 100 DUDLEY			7.04
8 OPERATION OF PLANT			8
8.01 OPERATION OF PLANT-KILGUSS			8.01
8.02 OPERATION OF PLANT- 70 ELM			8.02
8.03 OPERATION OF PLANT- RICHMOND ST			8.03
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
19.01 INTERNAL MEDICINE			19.01
19.02 PSYCHIATRY			19.02
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	26	27	
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS		190303	25
30 NEONATAL INTENSIVE CARE UNIT		47057	30
33 NURSERY		13257	33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM		35733	37
38 RECOVERY ROOM		8302	38
39 DELIVERY ROOM & LABOR ROOM		57528	39
40 ANESTHESIOLOGY		2251	40
41 RADIOLOGY-DIAGNOSTIC		8702	41
41.01 ULTRASOUND		12987	41.01
41.02 CT SCANS		4415	41.02
41.03 MRI		3605	41.03
44 LABORATORY		36049	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA		2166	47
48 INTRAVENOUS THERAPY		358	48
49 RESPIRATORY THERAPY		3639	49
50 PHYSICAL THERAPY		46	50
53 ELECTROCARDIOLOGY		1617	53
55 MEDICAL SUPPLIES CHARGED TO PAT		722	55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS		12237	56
59 OTHER ANCILLARY - FETAL MONITOR			59
59.01 CIRCUMCISION		715	59.01
59.02 PRENATAL DIAGNOSTIC CENTER		2448	59.02
59.03 DAY HOSPITAL		90	59.03
59.04 INVITRO FERTILIZATION		1049	59.04
59.05 HOME CARE			59.05
59.06 HEARING PROGRAM		542	59.06
59.07 INFANT DEVELOPMENT UNIT		83	59.07
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC		694	60
60.01 CLINIC- PROJECT LINK		81	60.01
60.02 CLINIC - CENTER FOR WOMENS SURG		148	60.02
60.03 CLINIC - GYNONOCLOGY PBO		6020	60.03
60.04 CLINIC - OB MEDICINE		285	60.04
60.05 CLINIC - NEW BOSTON RD		44	60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI		110	60.06
61 EMERGENCY		16665	61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
65 AMBULANCE SERVICES			65
69.10 CMHC			69.10
69.20 OPT			69.20
69.30 OOT			69.30
69.40 OSP			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS		469948	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		3140	96
97 RESEARCH			97
98 PHYSICIANS' PRIVATE OFFICES		262	98
100 OTHER NON-REIMBURSABLE (SPECIFY		3329	100
100.01GRANTS - GENERAL		102	100.01
100.02GRANTS - RESEARCH		3892	100.02
100.03FUND RAISING		111	100.03
100.04CARE NEW ENGLAND		708	100.04
100.05CARE NEW ENGLAND WELLNESS			100.05
100.06GRANT FUNDED CLINICS		41	100.06
100.07CARE NEW ENGLAND I/S-PURCH			100.07
100.08OFFSITE PHYSICIANS		135	100.08
100.09PHYSICIANS- MEDICAL STUDENTS		54	100.09
100.10PHYSICIANS- NONREIMBURSABLE			100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB		520	100.11
100.12PHYSICIANS- UNFUNDED RESEARCH		718	100.12
100.14KENT STAFF PAID BY WOMENS & INF		18	100.14

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
100.15PATIENT EDUCATION		1356	100.15
101 CROSS FOOT ADJUSTMENTS		7367	101
102 NEGATIVE COST CENTER			102
103 TOTAL		491701	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	CAP-REL COSTS	BLDGS & FIXTURES	DG-WILLARD & OTHER	DG-PLAIN S T	DG-BLACKST ONE	DG-100 DUD LEY STREET	DG-120 DUD LEY STREET	DG- EAST G REENWICH	DG- EAST G REENWICH	DG- EAST G REENWICH
	0	3	3.01	3.02	3.03	3.04	3.05	3.06	3.07	3.08
GENERAL SERVICE COST CENTERS										
1 OLD CAP REL COSTS-BLDG & FIXT										1
1.01 OLD CAP BLDG- WILLARD & OTHER										1.01
2 OLD CAP REL COSTS-MVBLE EQUIP										2
3 NEW CAP REL COSTS-BLDG & FIXT										3
3.01 NEW CAP BLDG- WILLARD										3.01
3.02 NEW CAP BLDG- PLAIN STREET										3.02
3.03 NEW CAP BLDG- BLACKSTONE										3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET										3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET										3.05
3.06 NEW CAP BLDG- EAST GREENWICH										3.06
3.07 NEW CAP BLDG- WOONSOCKET										3.07
3.08 NEW CAP BLDG- SWANSEA										3.08
3.09 NEW CAP BLDG- RICHMOND ST										3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO										3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL										3.11
3.12 NEW CAP BLDG- LAB OUTREACH										3.12
3.13 NEW CAP BLDG- ELM STREET										3.13
3.14 NEW CAP BLDG - KILGUSS										3.14
3.15 NEW CAP BLDG - NB MFM										3.15
3.16 NEW CAP BLDG - EDDY STREET CWS										3.16
3.17 NEW CAP BLDG - THURBERS AVENUE										3.17
3.18 NEW CAP BLDG- 365 EDDY STREET										3.18
3.19 NEW CAP BLDG- SC COMMONS										3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET										3.20
3.21 NEW CAP BLDG-FALL RIVER										3.21
3.22 NEW CAP BLDG- 888 EDDY STREET										3.22
3.23 NEW CAP BLDG- 908 EDDY STREET										3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO										3.24
4 NEW CAP REL COSTS-MVBLE EQUIP										4
4.01 NEW CAP EQUIP- EAST GREENWICH										4.01
4.02 NEW CAP EQUIP- WOONSOCKET										4.02
4.03 NEW CAP EQUIP- SWANSEA										4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO										4.04
4.05 NEW CAP EQUIP- MOB DUDLEY										4.05
4.06 NEW CAP EQUIP- NB MFM										4.06
4.07 NEW CAP EQUIP - EDDY CWS										4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE										4.08
4.09 NEW CAP EQUIP- SC COMMONS										4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET										4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO										4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET										4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET										4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE										4.14
5 EMPLOYEE BENEFITS		3785								5
6.01 COMMUNICATIONS		11587	1251				972	452		6.01
6.02 DATA PROCESSING										6.02
6.03 MATERIALS MANAGEMENT		11977								6.03
6.04 CENTRAL PATIENT REGISTRATION		16658								6.04
6.05 PATIENT ACCOUNTING										6.05
6.06 ADMINISTATIVE AND GENERAL		78191	141304	42750			76327	5787		6.06
7 MAINTENANCE & REPAIRS		542007				10839				7
7.01 ENGINEERING- 79 PLAIN										7.01
7.02 ENGINEERING- BLACKSTONE										7.02
7.03 ENGINEERING- WILLARD			5683							7.03
7.04 ENGINEERING- 100 DUDLEY							15061			7.04
8 OPERATION OF PLANT		10821						52875		8
8.01 OPERATION OF PLANT-KILGUSS										8.01
8.02 OPERATION OF PLANT- 70 ELM										8.02
8.03 OPERATION OF PLANT- RICHMOND ST										8.03
9 LAUNDRY & LINEN SERVICE		29950				6464				9
10 HOUSEKEEPING		30543	1390			5593	2965			10
11 DIETARY		149361								11
12 CAFETERIA										12
13 MAINTENANCE OF PERSONNEL										13
14 NURSING ADMINISTRATION		6545					94187	2947		14
15 CENTRAL SERVICES & SUPPLY		47533								15
16 PHARMACY		47201				2735				16
17 MEDICAL RECORDS & LIBRARY		46753						10304		17
18 SOCIAL SERVICE		25298								18
19.01 INTERNAL MEDICINE		21946					37357			19.01
19.02 PSYCHIATRY							830			19.02
20 NONPHYSICIAN ANESTHETISTS										20
21 NURSING SCHOOL										21
22 I&R SERVICES-SALARY & FRINGES A										22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	CAP-REL COSTS	BLDGS & FIXTURES	DG-WILLARD & OTHER	DG-PLAIN S T	DG-BLACKST ONE	DG-100 LEY STREET	DG-120 LEY STREET	DG- EAST REENWICH	DG- EAST G	DG- EAST G
	0	3	3.01	3.02	3.03	3.04	3.05	3.06		
23 I&R SERVICES-OTHER PRGM COSTS A		22856								23
24 PARAMED ED PRGM-(SPECIFY)										24
25 INPATIENT ROUTINE SERV COST CENTERS										
25 ADULTS & PEDIATRICS		714689								25
30 NEONATAL INTENSIVE CARE UNIT		188832								30
33 NURSERY		54728								33
37 ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		124771				135103	34892			37
38 RECOVERY ROOM		35253								38
39 DELIVERY ROOM & LABOR ROOM		214419					19855			39
40 ANESTHESIOLOGY		8712				5882				40
41 RADIOLOGY-DIAGNOSTIC		38113								41
41.01 ULTRASOUND		56881						1894		41.01
41.02 CT SCANS		19504								41.02
41.03 MRI		15806								41.03
44 LABORATORY		147483				2301	4603	705		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO										46.30
47 BLOOD STORING, PROCESSING & TRA		8813								47
48 INTRAVENOUS THERAPY					29384					48
49 RESPIRATORY THERAPY		14274								49
50 PHYSICAL THERAPY										50
53 ELECTROCARDIOLOGY		7426			3580					53
55 MEDICAL SUPPLIES CHARGED TO PAT										55
55.30 IMPL. DEV. CHARGED TO PATIENT										55.30
56 DRUGS CHARGED TO PATIENTS										56
59 OTHER ANCILLARY - FETAL MONITOR										59
59.01 CIRCUMCISION		3092								59.01
59.02 PRENATAL DIAGNOSTIC CENTER		3207		146860						59.02
59.03 DAY HOSPITAL							830			59.03
59.04 INVITRO FERTILIZATION			51005		222968					59.04
59.05 HOME CARE										59.05
59.06 HEARING PROGRAM		1936								59.06
59.07 INFANT DEVELOPMENT UNIT										59.07
60 OUTPATIENT SERVICE COST CENTERS										
60 CLINIC										60
60.01 CLINIC- PROJECT LINK										60.01
60.02 CLINIC - CENTER FOR WOMENS SURG										60.02
60.03 CLINIC - GYNONOCOLGY PBO	23145		10010		355520					60.03
60.04 CLINIC - OB MEDICINE						41697				60.04
60.05 CLINIC - NEW BOSTON RD										60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI						51778				60.06
61 EMERGENCY		70808								61
62 OBSERVATION BEDS (NON-DISTINCT										62
63.50 RHC										63.50
63.60 FQHC										63.60
65 OTHER REIMBURSABLE COST CENTERS										
65 AMBULANCE SERVICES										65
69.10 CMHC										69.10
69.20 OPT										69.20
69.30 OOT										69.30
69.40 OSP										69.40
71 HOME HEALTH AGENCY										71
85.01 SPECIAL PURPOSE COST CENTERS										
85.01 PANCREAS ACQUISITION										85.01
85.02 INTESTINAL ACQUISITION										85.02
85.03 ISLET CELL ACQUISITION										85.03
95 SUBTOTALS		2854904	210643	189610	637083	465290	131715	2599		95
96 NONREIMBURSABLE COST CENTERS										
96 GIFT, FLOWER, COFFEE SHOP & CAN		14823								96
97 RESEARCH										97
98 PHYSICIANS' PRIVATE OFFICES								30287		98
100 OTHER NON-REIMBURSABLE (SPECIFY		6762				4222	22587			100
100.01GRANTS - GENERAL										100.01
100.02GRANTS - RESEARCH		11110				17931				100.02
100.03FUND RAISING										100.03
100.04CARE NEW ENGLAND				105139						100.04
100.05CARE NEW ENGLAND WELLNESS										100.05
100.06GRANT FUNDED CLINICS										100.06
100.07CARE NEW ENGLAND I/S-PURCH										100.07
100.08OFFSITE PHYSICIANS										100.08
100.09PHYSICIANS- MEDICAL STUDENTS										100.09
100.10PHYSICIANS- NONREIMBURSABLE										100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB										100.11
100.12PHYSICIANS- UNFUNDED RESEARCH										100.12
100.14KENT STAFF PAID BY WOMENS & INF										100.14

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	CAP-REL COSTS	BLDGS & FIXTURES	DG-WILLARD & OTHER	DG-PLAIN S T	DG-BLACKST ONE	DG-100 DUD LEY STREET	DG-120 DUD LEY STREET	DG-120 DUD LEY STREET	DG-120 DUD LEY STREET	DG-EAST G REENWICH
	0	3	3.01	3.02	3.03	3.04	3.05	3.06		
100.15PATIENT EDUCATION		5837								16326 100.15
101 CROSS FOOT ADJUSTMENTS										101
102 NEGATIVE COST CENTER										102
103 TOTAL		2893436	315782	189610	637083	487443	154302			49212 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP BL DG- WOONSO CKET	NEW CAP BL DG- SWANSE A	NEW CAP BL DG- RICHMO ND ST	NEW CAP BL DG- NORTH ATTLEBORO	NEW CAP BL DG- MEDICA L OFFICE B	NEW CAP BL DG- ELM ST REET	NEW CAP - KILGUSS	NEW CAP - NB MFM
	3.07	3.08	3.09	3.10	3.11	3.13	3.14	3.15
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS			61002		14553			5
6.01 COMMUNICATIONS		723	1557			1582		6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING			97751					6.05
6.06 ADMINISTATIVE AND GENERAL			130735		171	54458		6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT						2978		8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST			13403					8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING			183			5746		10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE					8403			18
19.01 INTERNAL MEDICINE								19.01
19.02 PSYCHIATRY					14406			19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP -	NEW CAP -
	DG- WOONSO CKET	DG- SWANSE A	DG- RICHMO ND ST	DG- NORTH ATTLEBORO	DG- MEDICA L OFFICE B	DG- ELM ST REET	DG- KILGUSS	NB MFM	NB MFM
	3.07	3.08	3.09	3.10	3.11	3.13	3.14	3.15	
23 I&R SERVICES-OTHER PRGM COSTS A					1228		15833		23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS									25
30 NEONATAL INTENSIVE CARE UNIT									30
33 NURSERY									33
37 ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
38 RECOVERY ROOM									38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	1921	12737							41
41.01 ULTRASOUND	1872			3800	2758				41.01
41.02 CT SCANS									41.02
41.03 MRI									41.03
44 LABORATORY	2438	24933		3738	1383	327653	13973		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA									47
48 INTRAVENOUS THERAPY									48
49 RESPIRATORY THERAPY									49
50 PHYSICAL THERAPY									50
53 ELECTROCARDIOLOGY									53
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY - FETAL MONITOR									59
59.01 CIRCUMCISION									59.01
59.02 PRENATAL DIAGNOSTIC CENTER					17448		1583		59.02
59.03 DAY HOSPITAL					12120				59.03
59.04 INVITRO FERTILIZATION									59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM									59.06
59.07 INFANT DEVELOPMENT UNIT									59.07
60 OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					84867				60
60.01 CLINIC- PROJECT LINK									60.01
60.02 CLINIC - CENTER FOR WOMENS SURG									60.02
60.03 CLINIC - GYNONOCOLGY PBO									60.03
60.04 CLINIC - OB MEDICINE									60.04
60.05 CLINIC - NEW BOSTON RD									60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI									60.06
61 EMERGENCY					6483				61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
65 OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
85.01 SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	6231	38393	304631	7538	163820	392417	31389		95
96 NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			8335						96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES	76978	98375		47100				100199	98
100 OTHER NON-REIMBURSABLE (SPECIFY					13715				100
100.01GRANTS - GENERAL					1863				100.01
100.02GRANTS - RESEARCH					49848		169105		100.02
100.03FUND RAISING			33361						100.03
100.04CARE NEW ENGLAND			6635						100.04
100.05CARE NEW ENGLAND WELLNESS									100.05
100.06GRANT FUNDED CLINICS									100.06
100.07CARE NEW ENGLAND I/S-PURCH									100.07
100.08OFFSITE PHYSICIANS									100.08
100.09PHYSICIANS- MEDICAL STUDENTS									100.09
100.10PHYSICIANS- NONREIMBURSABLE									100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB									100.11
100.12PHYSICIANS- UNFUNDED RESEARCH									100.12
100.14KENT STAFF PAID BY WOMENS & INF									100.14

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP BL DG- WOONSO CKET	NEW CAP BL DG- SWANSE A	NEW CAP BL DG- RICHMO ND ST	NEW CAP BL DG- NORTH ATTLEBORO	NEW CAP BL DG- MEDICA L OFFICE B	NEW CAP BL DG- ELM ST REET	NEW CAP - KILGUSS	NEW CAP - NB MFM
	3.07	3.08	3.09	3.10	3.11	3.13	3.14	3.15
100.15PATIENT EDUCATION	7634	11563		19095				100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	90843	148331	352962	73733	229246	392417	200494	100199 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP - EDDY STREE T CWS	NEW CAP - THURBERS A VENUE	NEW CAP - 365 EDDY S TREET	NEW CAP - SOUTH COUN TY COMMONS STREET	NEW CAP - 50 HOLDEN STREET	NEW CAP - FALL RIVER	NEW CAP - 888 EDDY S T	NEW CAP - 908 EDDY S T	NEW CAP - EDDY S
	3.16	3.17	3.18	3.19	3.20	3.21	3.22	3.23	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP BLDG- WILLARD & OTHER									1.01
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP BLDG- WILLARD									3.01
3.02 NEW CAP BLDG- PLAIN STREET									3.02
3.03 NEW CAP BLDG- BLACKSTONE									3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET									3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET									3.05
3.06 NEW CAP BLDG- EAST GREENWICH									3.06
3.07 NEW CAP BLDG- WOONSOCKET									3.07
3.08 NEW CAP BLDG- SWANSEA									3.08
3.09 NEW CAP BLDG- RICHMOND ST									3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO									3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL									3.11
3.12 NEW CAP BLDG- LAB OUTREACH									3.12
3.13 NEW CAP BLDG- ELM STREET									3.13
3.14 NEW CAP BLDG - KILGUSS									3.14
3.15 NEW CAP BLDG - NB MFM									3.15
3.16 NEW CAP BLDG - EDDY STREET CWS									3.16
3.17 NEW CAP BLDG - THURBERS AVENUE									3.17
3.18 NEW CAP BLDG- 365 EDDY STREET									3.18
3.19 NEW CAP BLDG- SC COMMONS									3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET									3.20
3.21 NEW CAP BLDG-FALL RIVER									3.21
3.22 NEW CAP BLDG- 888 EDDY STREET									3.22
3.23 NEW CAP BLDG- 908 EDDY STREET									3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO									3.24
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP EQUIP- EAST GREENWICH									4.01
4.02 NEW CAP EQUIP- WOONSOCKET									4.02
4.03 NEW CAP EQUIP- SWANSEA									4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO									4.04
4.05 NEW CAP EQUIP- MOB DUDLEY									4.05
4.06 NEW CAP EQUIP- NB MFM									4.06
4.07 NEW CAP EQUIP - EDDY CWS									4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE									4.08
4.09 NEW CAP EQUIP- SC COMMONS									4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET									4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO									4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET									4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET									4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE									4.14
5 EMPLOYEE BENEFITS		57520							5
6.01 COMMUNICATIONS		2664						2002	6.01
6.02 DATA PROCESSING									6.02
6.03 MATERIALS MANAGEMENT								149673	6.03
6.04 CENTRAL PATIENT REGISTRATION									6.04
6.05 PATIENT ACCOUNTING									6.05
6.06 ADMINISTATIVE AND GENERAL			69319						6.06
7 MAINTENANCE & REPAIRS									7
7.01 ENGINEERING- 79 PLAIN									7.01
7.02 ENGINEERING- BLACKSTONE									7.02
7.03 ENGINEERING- WILLARD									7.03
7.04 ENGINEERING- 100 DUDLEY									7.04
8 OPERATION OF PLANT								2002	8
8.01 OPERATION OF PLANT-KILGUSS									8.01
8.02 OPERATION OF PLANT- 70 ELM									8.02
8.03 OPERATION OF PLANT- RICHMOND ST									8.03
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY									17
18 SOCIAL SERVICE									18
19.01 INTERNAL MEDICINE									19.01
19.02 PSYCHIATRY									19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -
	EDDY STREE T CWS	THURBERS A VENUE	365 EDDY S TREET	SOUTH COUN TY COMMONS	50 HOLDEN STREET	FALL RIVER 888	EDDY S T	908 EDDY S T
	3.16	3.17	3.18	3.19	3.20	3.21	3.22	3.23
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
25 INPATIENT ROUTINE SERV COST CENTERS								25
30 ADULTS & PEDIATRICS								30
33 NEONATAL INTENSIVE CARE UNIT		51792						33
37 NURSERY								37
38 ANCILLARY SERVICE COST CENTERS								38
39 OPERATING ROOM								39
40 RECOVERY ROOM								40
41 DELIVERY ROOM & LABOR ROOM								41
41.01 ANESTHESIOLOGY								41.01
41.02 RADIOLOGY-DIAGNOSTIC								41.02
41.03 ULTRASOUND				4017				41.03
44 CT SCANS								44
46.30 MRI								46.30
47 LABORATORY	31151			1578			22860	5903
48 BLOOD CLOTTING FACTORS ADMIN CO								48
49 BLOOD STORING, PROCESSING & TRA								49
50 INTRAVENOUS THERAPY								50
53 RESPIRATORY THERAPY								53
55 PHYSICAL THERAPY	43913							55
55.30 ELECTROCARDIOLOGY								55.30
56 MEDICAL SUPPLIES CHARGED TO PAT								56
59 IMPL. DEV. CHARGED TO PATIENT								59
59.01 DRUGS CHARGED TO PATIENTS								59.01
59.02 OTHER ANCILLARY - FETAL MONITOR								59.02
59.03 CIRCUMCISION								59.03
59.04 PRENATAL DIAGNOSTIC CENTER								59.04
59.05 DAY HOSPITAL								59.05
59.06 INVITRO FERTILIZATION								59.06
59.07 HOME CARE								59.07
59.08 HEARING PROGRAM		53977						59.08
59.09 INFANT DEVELOPMENT UNIT					61276			59.09
60 OUTPATIENT SERVICE COST CENTERS								60
60.01 CLINIC								60.01
60.02 CLINIC- PROJECT LINK		58560						60.02
60.03 CLINIC - CENTER FOR WOMENS SURG	141445							60.03
60.04 CLINIC - GYNONOCOLGY PBO							32869	60.04
60.05 CLINIC - OB MEDICINE								60.05
60.06 CLINIC - NEW BOSTON RD						100331		60.06
61 CLINIC- GENERAL INTERNAL MEDICI								61
62 EMERGENCY								62
63.50 OBSERVATION BEDS (NON-DISTINCT								63.50
63.60 RHC								63.60
65 FQHC								65
69.10 OTHER REIMBURSABLE COST CENTERS								69.10
69.20 AMBULANCE SERVICES								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 OOT								71
71 OSP								71
71 HOME HEALTH AGENCY								71
85.01 SPECIAL PURPOSE COST CENTERS								85.01
85.02 PANCREAS ACQUISITION								85.02
85.03 INTESTINAL ACQUISITION								85.03
95 ISLET CELL ACQUISITION								95
96 SUBTOTALS	216509	224513	69319	5595	61276	100331	55729	203244
97 NONREIMBURSABLE COST CENTERS								97
98 GIFT, FLOWER, COFFEE SHOP & CAN								98
100 RESEARCH								100
100.01 PHYSICIANS' PRIVATE OFFICES				44024				100.01
100.02 OTHER NON-REIMBURSABLE (SPECIFY	1182				18781		13366	100.02
100.03 GRANTS - GENERAL								100.03
100.04 GRANTS - RESEARCH	2365	14200			292407			100.04
100.05 FUND RAISING								100.05
100.06 CARE NEW ENGLAND			80306					100.06
100.07 CARE NEW ENGLAND WELLNESS								100.07
100.08 GRANT FUNDED CLINICS		4076						100.08
100.09 CARE NEW ENGLAND I/S-PURCH								100.09
100.10 OFFSITE PHYSICIANS								100.10
100.11 PHYSICIANS- MEDICAL STUDENTS								100.11
100.12 PHYSICIANS- NONREIMBURSABLE								100.12
100.13 PHYSICIANS- OTHER NONREIMBURSAB								100.13
100.14 PHYSICIANS- UNFUNDED RESEARCH								100.14
100.15 KENT STAFF PAID BY WOMENS & INF								100.15

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP - EDDY STREE T CWS 3.16	NEW CAP - THURBERS A VENUE 3.17	NEW CAP - 365 EDDY S TREET 3.18	NEW CAP - SOUTH COUN TY COMMONS 3.19	NEW CAP - 50 HOLDEN STREET 3.20	NEW CAP - FALL RIVER 888 3.21	NEW CAP - EDDY S T 3.22	NEW CAP - 908 EDDY S T 3.23	
100.15PATIENT EDUCATION		123701		7827				10371	100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	220056	366490	149625	57446	372464	100331	69095	219114	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	COCASSET S	MOVABLE	UIP- EAST	UIP- WOONS	UIP- SWANS	UIP- NORTH	UIP- MOB D	UIP- NB MF		
	T FOXBORO	EQUIPMENT	GREENWICH	OCKET	EA	ATTLEBORO	UDLEY	M		
	3.24	4	4.01	4.02	4.03	4.04	4.05	4.06		
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
1.01	OLD CAP BLDG- WILLARD & OTHER									1.01
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAP BLDG- WILLARD									3.01
3.02	NEW CAP BLDG- PLAIN STREET									3.02
3.03	NEW CAP BLDG- BLACKSTONE									3.03
3.04	NEW CAP BLDG- 100 DUDLEY STREET									3.04
3.05	NEW CAP BLDG- 120 DUDLEY STREET									3.05
3.06	NEW CAP BLDG- EAST GREENWICH									3.06
3.07	NEW CAP BLDG- WOONSOCKET									3.07
3.08	NEW CAP BLDG- SWANSEA									3.08
3.09	NEW CAP BLDG- RICHMOND ST									3.09
3.10	NEW CAP BLDG- NORTH ATTLEBORO									3.10
3.11	NEW CAP BLDG- MEDICAL OFFICE BL									3.11
3.12	NEW CAP BLDG- LAB OUTREACH									3.12
3.13	NEW CAP BLDG- ELM STREET									3.13
3.14	NEW CAP BLDG - KILGUSS									3.14
3.15	NEW CAP BLDG - NB MFM									3.15
3.16	NEW CAP BLDG - EDDY STREET CWS									3.16
3.17	NEW CAP BLDG - THURBERS AVENUE									3.17
3.18	NEW CAP BLDG- 365 EDDY STREET									3.18
3.19	NEW CAP BLDG- SC COMMONS									3.19
3.20	NEW CAP BLDG- 50 HOLDEN STREET									3.20
3.21	NEW CAP BLDG-FALL RIVER									3.21
3.22	NEW CAP BLDG- 888 EDDY STREET									3.22
3.23	NEW CAP BLDG- 908 EDDY STREET									3.23
3.24	NEW CAP BLDG- COCASSET ST FOXBO									3.24
4	NEW CAP REL COSTS-MVBLE EQUIP									4
4.01	NEW CAP EQUIP- EAST GREENWICH									4.01
4.02	NEW CAP EQUIP- WOONSOCKET									4.02
4.03	NEW CAP EQUIP- SWANSEA									4.03
4.04	NEW CAP EQUIP- NORTH ATTLEBORO									4.04
4.05	NEW CAP EQUIP- MOB DUDLEY									4.05
4.06	NEW CAP EQUIP- NB MFM									4.06
4.07	NEW CAP EQUIP - EDDY CWS									4.07
4.08	NEW CAP EQUIP - THURBERS AVENUE									4.08
4.09	NEW CAP EQUIP- SC COMMONS									4.09
4.10	NEW CAP EQUIP- 50 HOLDEN STREET									4.10
4.11	NEW CAP EQUIP- FALL RIVER BOSTO									4.11
4.12	NEW CAP EQUIP- 888 EDDY STREET									4.12
4.13	NEW CAP EQUIP- 908 EDDY STREET									4.13
4.14	NEW CAP EQUIP- FOXBORO- COCASSE									4.14
5	EMPLOYEE BENEFITS	161165							3631	5
6.01	COMMUNICATIONS	29785				9				6.01
6.02	DATA PROCESSING									6.02
6.03	MATERIALS MANAGEMENT	21360								6.03
6.04	CENTRAL PATIENT REGISTRATION	29708								6.04
6.05	PATIENT ACCOUNTING	247481								6.05
6.06	ADMINISTRATIVE AND GENERAL	950425						43		6.06
7	MAINTENANCE & REPAIRS	977865								7
7.01	ENGINEERING- 79 PLAIN									7.01
7.02	ENGINEERING- BLACKSTONE									7.02
7.03	ENGINEERING- WILLARD	8425								7.03
7.04	ENGINEERING- 100 DUDLEY	16361								7.04
8	OPERATION OF PLANT	85929								8
8.01	OPERATION OF PLANT-KILGUSS									8.01
8.02	OPERATION OF PLANT- 70 ELM									8.02
8.03	OPERATION OF PLANT- RICHMOND ST	33934								8.03
9	LAUNDRY & LINEN SERVICE	60112								9
10	HOUSEKEEPING	72376								10
11	DIETARY	266367								11
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	117518								14
15	CENTRAL SERVICES & SUPPLY	84770								15
16	PHARMACY	86985								16
17	MEDICAL RECORDS & LIBRARY	95720								17
18	SOCIAL SERVICE	45116						2097		18
19.01	INTERNAL MEDICINE	79745								19.01
19.02	PSYCHIATRY	902						3594		19.02
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	T COXCASSET FOXBORO 3.24	S MOVABLE EQUIPMENT 4	UIP- EAST GREENWICH 4.01	UIP- WOONS OCKET 4.02	UIP- SWANS EA 4.03	UIP- NORTH ATTLEBORO 4.04	UIP- MOB D UDLEY 4.05	UIP- NB M 4.06		
23 I&R SERVICES-OTHER PRGM COSTS A		81987						306		23
24 PARAMED ED PRGM-(SPECIFY)										24
INPATIENT ROUTINE SERV COST CENTERS										
25 ADULTS & PEDIATRICS		1274562								25
30 NEONATAL INTENSIVE CARE UNIT		336760								30
33 NURSERY		97601								33
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		411068								37
38 RECOVERY ROOM		62869								38
39 DELIVERY ROOM & LABOR ROOM		406173								39
40 ANESTHESIOLOGY		21927								40
41 RADIOLOGY-DIAGNOSTIC		67970			158					41
41.01 ULTRASOUND		101440	2791	77		4	688			41.01
41.02 CT SCANS		34784								41.02
41.03 MRI		28188								41.03
44 LABORATORY		670299	1039	100	309	4	345			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO										46.30
47 BLOOD STORING, PROCESSING & TRA		15717								47
48 INTRAVENOUS THERAPY		30455								48
49 RESPIRATORY THERAPY		25457								49
50 PHYSICAL THERAPY										50
53 ELECTROCARDIOLOGY		16954								53
55 MEDICAL SUPPLIES CHARGED TO PAT										55
55.30 IMPL. DEV. CHARGED TO PATIENT										55.30
56 DRUGS CHARGED TO PATIENTS										56
59 OTHER ANCILLARY - FETAL MONITOR										59
59.01 CIRCUMCISION		5514								59.01
59.02 PRENATAL DIAGNOSTIC CENTER		189791					4353			59.02
59.03 DAY HOSPITAL		902					3024			59.03
59.04 INVITRO FERTILIZATION		306691								59.04
59.05 HOME CARE										59.05
59.06 HEARING PROGRAM		3453								59.06
59.07 INFANT DEVELOPMENT UNIT										59.07
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC							21174			60
60.01 CLINIC- PROJECT LINK										60.01
60.02 CLINIC - CENTER FOR WOMENS SURG										60.02
60.03 CLINIC - GYNONOCOLGY PBO		424595								60.03
60.04 CLINIC - OB MEDICINE		45296								60.04
60.05 CLINIC - NEW BOSTON RD										60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI		56247								60.06
61 EMERGENCY		126278					1618			61
62 OBSERVATION BEDS (NON-DISTINCT										62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
65 AMBULANCE SERVICES										65
69.10 CMHC										69.10
69.20 OPT										69.20
69.30 OOT										69.30
69.40 OSP										69.40
71 HOME HEALTH AGENCY										71
SPECIAL PURPOSE COST CENTERS										
85.01 PANCREAS ACQUISITION										85.01
85.02 INTESTINAL ACQUISITION										85.02
85.03 ISLET CELL ACQUISITION										85.03
95 SUBTOTALS		8315027	3830	256	476	8	40873			95
NONREIMBURSABLE COST CENTERS										
96 GIFT, FLOWER, COFFEE SHOP & CAN		47538								96
97 RESEARCH										97
98 PHYSICIANS' PRIVATE OFFICES	62873		44627	3147	1221	54			3	98
100 OTHER NON-REIMBURSABLE (SPECIFY		43699	24056				3422			100
100.01GRANTS - GENERAL							465			100.01
100.02GRANTS - RESEARCH		479605					12437			100.02
100.03FUND RAISING		84460								100.03
100.04CARE NEW ENGLAND		251397								100.04
100.05CARE NEW ENGLAND WELLNESS										100.05
100.06GRANT FUNDED CLINICS										100.06
100.07CARE NEW ENGLAND I/S-PURCH										100.07
100.08OFFSITE PHYSICIANS										100.08
100.09PHYSICIANS- MEDICAL STUDENTS										100.09
100.10PHYSICIANS- NONREIMBURSABLE										100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB										100.11
100.12PHYSICIANS- UNFUNDED RESEARCH										100.12
100.14KENT STAFF PAID BY WOMENS & INF										100.14

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	COCASSET S	MOVABLE	UIP- EAST	UIP- WOONS	UIP- SWANS	UIP- NORTH	UIP- MOB D	UIP- NB MF		
	T FOXBORO	EQUIPMENT	GREENWICH	OCKET	EA	ATTLEBORO	UDLEY	M		
	3.24	4	4.01	4.02	4.03	4.04	4.05	4.06		
100.15PATIENT EDUCATION		10409		312	144	21				100.15
101 CROSS FOOT ADJUSTMENTS										101
102 NEGATIVE COST CENTER										102
103 TOTAL	62873	9232135	72513	3715	1841	83	57197			3 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	UIP - EDDY CWS	UIP - THURBERS AVENUE	UIP - SC COMMONS	UIP - 50 HOLDEN ST	UIP - FALL RIVER	UIP - 888 EDDY ST	UIP - 908 EDDY ST	UIP - FOXBORO-COCAS ST	
	4.07	4.08	4.09	4.10	4.11	4.12	4.13	4.14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP BLDG- WILLARD & OTHER									1.01
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP BLDG- WILLARD									3.01
3.02 NEW CAP BLDG- PLAIN STREET									3.02
3.03 NEW CAP BLDG- BLACKSTONE									3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET									3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET									3.05
3.06 NEW CAP BLDG- EAST GREENWICH									3.06
3.07 NEW CAP BLDG- WOONSOCKET									3.07
3.08 NEW CAP BLDG- SWANSEA									3.08
3.09 NEW CAP BLDG- RICHMOND ST									3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO									3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL									3.11
3.12 NEW CAP BLDG- LAB OUTREACH									3.12
3.13 NEW CAP BLDG- ELM STREET									3.13
3.14 NEW CAP BLDG - KILGUSS									3.14
3.15 NEW CAP BLDG - NB MFM									3.15
3.16 NEW CAP BLDG - EDDY STREET CWS									3.16
3.17 NEW CAP BLDG - THURBERS AVENUE									3.17
3.18 NEW CAP BLDG- 365 EDDY STREET									3.18
3.19 NEW CAP BLDG- SC COMMONS									3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET									3.20
3.21 NEW CAP BLDG-FALL RIVER									3.21
3.22 NEW CAP BLDG- 888 EDDY STREET									3.22
3.23 NEW CAP BLDG- 908 EDDY STREET									3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO									3.24
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP EQUIP- EAST GREENWICH									4.01
4.02 NEW CAP EQUIP- WOONSOCKET									4.02
4.03 NEW CAP EQUIP- SWANSEA									4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO									4.04
4.05 NEW CAP EQUIP- MOB DUDLEY									4.05
4.06 NEW CAP EQUIP- NB MFM									4.06
4.07 NEW CAP EQUIP - EDDY CWS									4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE									4.08
4.09 NEW CAP EQUIP- SC COMMONS									4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET									4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO									4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET									4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET									4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE									4.14
5 EMPLOYEE BENEFITS		2474							5
6.01 COMMUNICATIONS		115					118		6.01
6.02 DATA PROCESSING									6.02
6.03 MATERIALS MANAGEMENT							8836		6.03
6.04 CENTRAL PATIENT REGISTRATION									6.04
6.05 PATIENT ACCOUNTING									6.05
6.06 ADMINISTATIVE AND GENERAL							2577		6.06
7 MAINTENANCE & REPAIRS									7
7.01 ENGINEERING- 79 PLAIN									7.01
7.02 ENGINEERING- BLACKSTONE									7.02
7.03 ENGINEERING- WILLARD									7.03
7.04 ENGINEERING- 100 DUDLEY									7.04
8 OPERATION OF PLANT								118	8
8.01 OPERATION OF PLANT-KILGUSS									8.01
8.02 OPERATION OF PLANT- 70 ELM									8.02
8.03 OPERATION OF PLANT- RICHMOND ST									8.03
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY									17
18 SOCIAL SERVICE									18
19.01 INTERNAL MEDICINE									19.01
19.02 PSYCHIATRY									19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	UIP - EDDY CWS	UIP - THUR BERS AVENU	UIP - SC C OMMONS	UIP - 50 H OLDEN ST	UIP - FALL RIVER	UIP - 888 EDDY ST	UIP - 908 EDDY ST	UIP- FOXBO O-COCAS ST		
	4.07	4.08	4.09	4.10	4.11	4.12	4.13	4.14		
23 I&R SERVICES-OTHER PRGM COSTS A										23
24 PARAMED ED PRGM-(SPECIFY)										24
25 INPATIENT ROUTINE SERV COST CENTERS										25
30 ADULTS & PEDIATRICS										30
33 NEONATAL INTENSIVE CARE UNIT		2227								33
37 NURSERY										37
38 ANCILLARY SERVICE COST CENTERS										38
39 OPERATING ROOM										39
40 RECOVERY ROOM										40
41 DELIVERY ROOM & LABOR ROOM										41
41.01 ANESTHESIOLOGY										41.01
41.02 RADIOLOGY-DIAGNOSTIC			3941							41.02
41.03 ULTRASOUND										41.03
44 CT SCANS										44
46.30 MRI										46.30
47 LABORATORY	1826		1548			3511	348			47
48 BLOOD CLOTTING FACTORS ADMIN CO										48
49 BLOOD STORING, PROCESSING & TRA										49
50 INTRAVENOUS THERAPY										50
53 RESPIRATORY THERAPY										53
55 PHYSICAL THERAPY	2574									55
55.30 ELECTROCARDIOLOGY										55.30
56 MEDICAL SUPPLIES CHARGED TO PAT										56
59 IMPL. DEV. CHARGED TO PATIENT										59
59.01 DRUGS CHARGED TO PATIENTS										59.01
59.02 OTHER ANCILLARY - FETAL MONITOR										59.02
59.03 CIRCUMCISION										59.03
59.04 PRENATAL DIAGNOSTIC CENTER										59.04
59.05 DAY HOSPITAL										59.05
59.06 INVITRO FERTILIZATION										59.06
59.07 HOME CARE										59.07
60 HEARING PROGRAM		2321								60
60.01 INFANT DEVELOPMENT UNIT				5683						60.01
60.02 OUTPATIENT SERVICE COST CENTERS										60.02
60.03 CLINIC										60.03
60.04 CLINIC- PROJECT LINK		2519								60.04
60.05 CLINIC - CENTER FOR WOMENS SURG	8292									60.05
60.06 CLINIC - GYNONOCOLGY PBO						5047				60.06
61 CLINIC - OB MEDICINE										61
62 CLINIC - NEW BOSTON RD					26326					62
63.50 CLINIC- GENERAL INTERNAL MEDICI										63.50
63.60 EMERGENCY										63.60
65 OBSERVATION BEDS (NON-DISTINCT)										65
69.10 RHC										69.10
69.20 FQHC										69.20
69.30 OTHER REIMBURSABLE COST CENTERS										69.30
69.40 AMBULANCE SERVICES										69.40
71 CMHC										71
71 OPT										71
71 OOT										71
71 OSP										71
71 HOME HEALTH AGENCY										71
85.01 SPECIAL PURPOSE COST CENTERS										85.01
85.02 PANCREAS ACQUISITION										85.02
85.03 INTESTINAL ACQUISITION										85.03
95 ISLET CELL ACQUISITION										95
96 SUBTOTALS	12692	9656	5489	5683	26326	8558	11997			96
97 NONREIMBURSABLE COST CENTERS										97
98 GIFT, FLOWER, COFFEE SHOP & CAN										98
100 RESEARCH										100
100.01 PHYSICIANS' PRIVATE OFFICES			43200							100.01
100.02 OTHER NON-REIMBURSABLE (SPECIFY	69				1742	2053				100.02
100.03 GRANTS - GENERAL										100.03
100.04 GRANTS - RESEARCH	139	611		27121						100.04
100.05 FUND RAISING										100.05
100.06 CARE NEW ENGLAND										100.06
100.07 CARE NEW ENGLAND WELLNESS										100.07
100.08 GRANT FUNDED CLINICS		175					325			100.08
100.09 CARE NEW ENGLAND I/S-PURCH										100.09
100.10 OFFSITE PHYSICIANS										100.10
100.11 PHYSICIANS- MEDICAL STUDENTS										100.11
100.12 PHYSICIANS- NONREIMBURSABLE										100.12
100.13 PHYSICIANS- OTHER NONREIMBURSAB										100.13
100.14 PHYSICIANS- UNFUNDED RESEARCH										100.14
100.15 KENT STAFF PAID BY WOMENS & INF										100.15

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	UIP - EDDY CWS	UIP - THUR BERS AVENU	UIP - SC OMMONS	UIP - 50 OLDEN ST	UIP - FALL RIVER	UIP - 888 EDDY ST	UIP - 908 EDDY ST	UIP- FOXBO O-COCAS ST	NEW CAP EQ
	4.07	4.08	4.09	4.10	4.11	4.12	4.13	4.14	
100.15PATIENT EDUCATION		5320	7680				612		100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	12900	15762	56369	34546	26326	10611	12934	31570	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04	PATIENT AC COUNTING 6.05	ADMINISTAT IVE AND GE NERAL 6.06	MAIN- TENANCE & REPAIRS 7
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS	304130	304130						5
6.01 COMMUNICATIONS	52817	1523	54340					6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT	191846	941	78	192865				6.03
6.04 CENTRAL PATIENT REGISTRATION	46366	1607	388	44	48405			6.04
6.05 PATIENT ACCOUNTING	345232	5929	2584	530		354275		6.05
6.06 ADMINISTATIVE AND GENERAL	1595751	20325	7282	60116			1683474	6.06
7 MAINTENANCE & REPAIRS	1530711	3254	982	1803			42930	7
7.01 ENGINEERING- 79 PLAIN							186	7.01
7.02 ENGINEERING- BLACKSTONE							2	7.02
7.03 ENGINEERING- WILLARD	14108						536	7.03
7.04 ENGINEERING- 100 DUDLEY	31422						819	7.04
8 OPERATION OF PLANT	154723	3140	465	2479			46144	8
8.01 OPERATION OF PLANT-KILGUSS			1628	31			1251	8.01
8.02 OPERATION OF PLANT- 70 ELM							1026	8.02
8.03 OPERATION OF PLANT- RICHMOND ST	47337			15			1110	8.03
9 LAUNDRY & LINEN SERVICE	96526	400	26	3394			9081	9
10 HOUSEKEEPING	118796	6906	181	4293			40888	10
11 DIETARY	415728	613	801	350			5283	11
12 CAFETERIA		3156	103	1802			17478	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	221197	4572	672	105			22824	14
15 CENTRAL SERVICES & SUPPLY	132303	1953	103	4334			19033	15
16 PHARMACY	136921	5847	853	28789			82055	16
17 MEDICAL RECORDS & LIBRARY	152777	3232	775	905			17557	17
18 SOCIAL SERVICE	80914	1975	672	683	28	205	8671	18
19.01 INTERNAL MEDICINE	139048	1688	904	30			7565	19.01
19.02 PSYCHIATRY	19732	1061	517	27			2453	19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A							17852	22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04	PATIENT AC COUNTING 6.05	ADMINISTAT IVE AND GE NERAL 6.06	MAIN- TENANCE & REPAIRS 7	
23 I&R SERVICES-OTHER PRGM COSTS A	122210	13504	465	1507			56364	15478	23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS	1989251	24392	6150	1624	5790	42629	129343	483979	25
30 NEONATAL INTENSIVE CARE UNIT	579611	34907	2455	5329	10151	72622	184523	127876	30
33 NURSERY	152329	10661	52	1362	1319	9710	53979	37061	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	705834	10767	2481		3596	26475	55573	84494	37
38 RECOVERY ROOM	98122	4190	362	114	489	3602	20853	23873	38
39 DELIVERY ROOM & LABOR ROOM	640447	19802	1990	1671	5181	38146	104164	177451	39
40 ANESTHESIOLOGY	36521	174	284	1893	639	4703	4681	5900	40
41 RADIOLOGY-DIAGNOSTIC	120978	2842	672	4348	850	6260	19417	25810	41
41.01 ULTRASOUND	180163	4242	1008	1364	1308	9633	28663	38519	41.01
41.02 CT SCANS	54288	928	103	239	640	4710	5832	13208	41.02
41.03 MRI	43994	885	26	761	691	5090	7307	10704	41.03
44 LABORATORY	1270031	24321	2196	26386	7230	53232	170224	99874	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	24530	810	52	3176	491	3614	10647	5968	47
48 INTRAVENOUS THERAPY	59839	1054	26	122	734	5407	5216		48
49 RESPIRATORY THERAPY	39731	3196	233	2510	850	6261	20724	9666	49
50 PHYSICAL THERAPY	46487	328	26	36	65	478	1995		50
53 ELECTROCARDIOLOGY	27960	35	181	24	80	591	749	5029	53
55 MEDICAL SUPPLIES CHARGED TO PAT				15165	787	5794	30484		55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS					3433	25273	3157		56
59 OTHER ANCILLARY - FETAL MONITOR									59
59.01 CIRCUMCISION	8606	214	26	51	117	859	1240	2094	59.01
59.02 PRENATAL DIAGNOSTIC CENTER	363242	4382	930	514	464	3415	16027	20067	59.02
59.03 DAY HOSPITAL	16876	759	336	52	91	672	3602		59.03
59.04 INVITRO FERTILIZATION	580664	7198	2687	1585	574	4225	36099		59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM	61687	346	78	1310	186	1366	4610	1311	59.06
59.07 INFANT DEVELOPMENT UNIT	66959	1276	78	41	68	500	5715		59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	106041	5296	3152	458	496	3654	22708		60
60.01 CLINIC- PROJECT LINK	61079	863	129	58	29	217	4607		60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	149737	2127		353	126	929	7554		60.02
60.03 CLINIC - GYNONOCLOGY PBO	851186	9537	3359	1393	348	2565	47021	15674	60.03
60.04 CLINIC - OB MEDICINE	86993	2619	827	268	157	1152	11228		60.04
60.05 CLINIC - NEW BOSTON RD	126657	337		209	18	132	3649		60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	108025	985	284	48	60	441	3665		60.06
61 EMERGENCY	205187	9341	1111	1031	1236	9100	45406	47951	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	14813650	270440	50773	184732	48322	353662	1471770	1534136	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	70696		362	1			493	10038	96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES	583658	1929	26	1740			16887		98
100 OTHER NON-REIMBURSABLE (SPECIFY	155656	1402	1266	1363	71	523	13979	24029	100
100.01GRANTS - GENERAL	2328	654	78	674			4941		100.01
100.02GRANTS - RESEARCH	1076879	11120	646	3483			81014	7524	100.02
100.03FUND RAISING	117821	1442	362	114			8166		100.03
100.04CARE NEW ENGLAND	443477	5116	207	28			26347		100.04
100.05CARE NEW ENGLAND WELLNESS									100.05
100.06GRANT FUNDED CLINICS	10075	477	155	54			2503		100.06
100.07CARE NEW ENGLAND I/S-PURCH									100.07
100.08OFFSITE PHYSICIANS		2945					13934		100.08
100.09PHYSICIANS- MEDICAL STUDENTS		1096					5157		100.09
100.10PHYSICIANS- NONREIMBURSABLE									100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB		2215					10505		100.11
100.12PHYSICIANS- UNFUNDED RESEARCH		2995					13894		100.12
100.14KENT STAFF PAID BY WOMENS & INF		424					1960		100.14

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	MATERIALS MANAGEMENT 6.03	CENTRAL PA TIENT REGI STRATION 6.04	PATIENT AC COUNTING 6.05	ADMINISTAT IVE AND GE NERAL 6.06	MAIN- TENANCE & REPAIRS 7	
100.15PATIENT EDUCATION	226852	1875	465	676	12	90	11924	3953	100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	17501092	304130	54340	192865	48405	354275	1683474	1579680	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ENGINEERIN G- 79 PLAI N	ENGINEERIN G- BLACKST ONE	ENGINEERIN G- WILLARD 7.03	ENGINEERIN G- 100 DUD LEY	OPERATION OF PLANT	OPERATION OF PLANT- KILGUSS	OPERATION OF PLANT- 70 ELM ST	OPERATION OF PLANT- RICHMOND
	7.01	7.02	7.03	7.04	8	8.01	8.02	8.03
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTATIVE AND GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN	186							7.01
7.02 ENGINEERING- BLACKSTONE		2						7.02
7.03 ENGINEERING- WILLARD			14644					7.03
7.04 ENGINEERING- 100 DUDLEY				32241				7.04
8 OPERATION OF PLANT					214279			8
8.01 OPERATION OF PLANT-KILGUSS						2910		8.01
8.02 OPERATION OF PLANT- 70 ELM							1026	8.02
8.03 OPERATION OF PLANT- RICHMOND ST								8.03
9 LAUNDRY & LINEN SERVICE					2764			9
10 HOUSEKEEPING			122	242	2883		18	10
11 DIETARY					13784			11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION				7686	604			14
15 CENTRAL SERVICES & SUPPLY					4387			15
16 PHARMACY					4356			16
17 MEDICAL RECORDS & LIBRARY					4315			17
18 SOCIAL SERVICE					2335			18
19.01 INTERNAL MEDICINE				3049	2025			19.01
19.02 PSYCHIATRY				68				19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ENGINEERIN	ENGINEERIN	ENGINEERIN	ENGINEERIN	OPERATION	OPERATION	OPERATION	OPERATION
	G- 79 PLAIN	G- BLACKSTONE	G- WILLARD	G- 100 DUDLEY	OF PLANT	OF PLANT-KILGUSS	OF PLANT-70 ELM ST	OF PLANT-RICHMOND
	7.01	7.02	7.03	7.04	8	8.01	8.02	8.03
23 I&R SERVICES-OTHER PRGM COSTS A					2109	230		23
24 PARAMED ED PRGM-(SPECIFY)								24
25 INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS					65956			25
30 NEONATAL INTENSIVE CARE UNIT					17427			30
33 NURSERY					5051			33
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				11024	11515			37
38 RECOVERY ROOM					3253			38
39 DELIVERY ROOM & LABOR ROOM					24183			39
40 ANESTHESIOLOGY				480	804			40
41 RADIOLOGY-DIAGNOSTIC					3517			41
41.01 ULTRASOUND					5249			41.01
41.02 CT SCANS					1800			41.02
41.03 MRI					1459			41.03
44 LABORATORY				188	13611	203	1008	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA					813			47
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY					1317			49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY					685			53
55 MEDICAL SUPPLIES CHARGED TO PAT								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
59 OTHER ANCILLARY - FETAL MONITOR								59
59.01 CIRCUMCISION					285			59.01
59.02 PRENATAL DIAGNOSTIC CENTER	186				2735	23		59.02
59.03 DAY HOSPITAL				68				59.03
59.04 INVITRO FERTILIZATION		1	4458					59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM					179			59.06
59.07 INFANT DEVELOPMENT UNIT								59.07
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CLINIC- PROJECT LINK								60.01
60.02 CLINIC - CENTER FOR WOMENS SURG								60.02
60.03 CLINIC - GYNONOCOLGY PBO		1	875		2136			60.03
60.04 CLINIC - OB MEDICINE				3403				60.04
60.05 CLINIC - NEW BOSTON RD								60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI				4225				60.06
61 EMERGENCY					6535			61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
65 OTHER REIMBURSABLE COST CENTERS								65
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
85.01 SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	186	2	5455	30433	208072	456	1026	183 95
96 NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					1368			8326 96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES								98
100 OTHER NON-REIMBURSABLE (SPECIFY					345	3275		100
100.01GRANTS - GENERAL								100.01
100.02GRANTS - RESEARCH				1463	1025	2454		100.02
100.03FUND RAISING								33325 100.03
100.04CARE NEW ENGLAND			9189					6628 100.04
100.05CARE NEW ENGLAND WELLNESS								100.05
100.06GRANT FUNDED CLINICS								100.06
100.07CARE NEW ENGLAND I/S-PURCH								100.07
100.08OFFSITE PHYSICIANS								100.08
100.09PHYSICIANS- MEDICAL STUDENTS								100.09
100.10PHYSICIANS- NONREIMBURSABLE								100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB								100.11
100.12PHYSICIANS- UNFUNDED RESEARCH								100.12
100.14KENT STAFF PAID BY WOMENS & INF								100.14

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ENGINEERIN G- 79 PLAI N	ENGINEERIN G- BLACKST ONE	ENGINEERIN G- WILLARD	ENGINEERIN G- 100 DUD LEY	OPERATION OF PLANT	OPERATION OF PLANT- KILGUSS	OPERATION OF PLANT- 70 ELM ST	OPERATION OF PLANT- RICHMOND
	7.01	7.02	7.03	7.04	8	8.01	8.02	8.03
100.15PATIENT EDUCATION					539			
101 CROSS FOOT ADJUSTMENTS								100.15
102 NEGATIVE COST CENTER								101
103 TOTAL	186	2	14644	32241	214279	2910	1026	48462 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTATIVE AND GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST								8.03
9 LAUNDRY & LINEN SERVICE	132473							9
10 HOUSEKEEPING		195665						10
11 DIETARY		326	538031					11
12 CAFETERIA		3104		25643				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		2116		410	264618			14
15 CENTRAL SERVICES & SUPPLY		3285		345	7200	205132		15
16 PHARMACY		3198		567	11826		306376	16
17 MEDICAL RECORDS & LIBRARY		1723		570				17
18 SOCIAL SERVICE		1063		213				18
19.01 INTERNAL MEDICINE		1001		123				19.01
19.02 PSYCHIATRY		15		58				19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				541				22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
23 I&R SERVICES-OTHER PRGM COSTS A		713		571				23
24 PARAMED ED PRGM-(SPECIFY)								24
25 INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	44660	47683	538031	2621	54616		2652	25678 25
30 NEONATAL INTENSIVE CARE UNIT	5746	22414		3198	52880		628	43858 30
33 NURSERY	7648	5536		1174	25251			5849 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	26747	22697		1073	18561	99017	252	15947 37
38 RECOVERY ROOM	7105	2970		430	8974		9	2170 38
39 DELIVERY ROOM & LABOR ROOM	17910	26230		1989	41509	106115	1369	22978 39
40 ANESTHESIOLOGY		1277		22	451		1251	2833 40
41 RADIOLOGY-DIAGNOSTIC	2359	2099		317			41	3771 41
41.01 ULTRASOUND	3521	3133		472			62	5803 41.01
41.02 CT SCANS		719		84			4	2837 41.02
41.03 MRI		548		84				3066 41.03
44 LABORATORY		10156		2665				32065 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		162		88				2177 47
48 INTRAVENOUS THERAPY	166	521		104				3257 48
49 RESPIRATORY THERAPY		987		383	7990			3772 49
50 PHYSICAL THERAPY				32				288 50
53 ELECTROCARDIOLOGY		311		6				356 53
55 MEDICAL SUPPLIES CHARGED TO PAT								3490 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
59 OTHER ANCILLARY - FETAL MONITOR							299479	15223 59
59.01 CIRCUMCISION		203		36				518 59.01
59.02 PRENATAL DIAGNOSTIC CENTER	857	386		398				2057 59.02
59.03 DAY HOSPITAL	88	15		89				405 59.03
59.04 INVITRO FERTILIZATION	1614	5683		667			121	2545 59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM		129		67				823 59.06
59.07 INFANT DEVELOPMENT UNIT				1				301 59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1296			615	12541		71	2201 60
60.01 CLINIC- PROJECT LINK	24			120	2512			130 60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	351			144			42	560 60.02
60.03 CLINIC - GYNONCOLOGY PBO	1555	7622		948			186	1545 60.03
60.04 CLINIC - OB MEDICINE	168	756		291			93	694 60.04
60.05 CLINIC - NEW BOSTON RD				48			19	79 60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI		938		109			18	265 60.06
61 EMERGENCY	8964	8991		959	18541		73	5482 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	130779	188710	538031	22632	262852	205132	306370	213146 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		379		38				96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES	1694			220				98
100 OTHER NON-REIMBURSABLE (SPECIFY		585		257				315 100
100.01GRANTS - GENERAL				120	52			100.01
100.02GRANTS - RESEARCH		3127		1420	502		2	100.02
100.03FUND RAISING		287		129				100.03
100.04CARE NEW ENGLAND		2222		144				100.04
100.05CARE NEW ENGLAND WELLNESS								100.05
100.06GRANT FUNDED CLINICS				86	1212			100.06
100.07CARE NEW ENGLAND I/S-PURCH								100.07
100.08OFFSITE PHYSICIANS				115				100.08
100.09PHYSICIANS- MEDICAL STUDENTS				59				100.09
100.10PHYSICIANS- NONREIMBURSABLE								100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB				92				100.11
100.12PHYSICIANS- UNFUNDED RESEARCH				132				100.12
100.14KENT STAFF PAID BY WOMENS & INF				1				100.14

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
100.15PATIENT EDUCATION		355		198			4	54	100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	132473	195665	538031	25643	264618	205132	306376	213515	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	INTERNAL MEDICINE	PSYCHIATRY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	19.01	19.02	22	23	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STREET								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STREET								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE BL								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CWS								3.16
3.17 NEW CAP BLDG - THURBERS AVENUE								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREET								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOXBO								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBORO								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVENUE								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STREET								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOSTO								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREET								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREET								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCASSE								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTRATIVE AND GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND ST								8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE	114014							18
19.01 INTERNAL MEDICINE		170295						19.01
19.02 PSYCHIATRY			23931					19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				18393				22

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	INTERNAL M EDICINE	PSYCHIATRY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	19.01	19.02	22	23	25	26	27
23 I&R SERVICES-OTHER PRGM COSTS A		62085	6116		281352			23
24 PARAMED ED PRGM-(SPECIFY)								24
25 INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	13762	54403	1480			3534700		3534700 25
30 NEONATAL INTENSIVE CARE UNIT	23150					1186775		1186775 30
33 NURSERY	3135					320117		320117 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8547					1104600		1104600 37
38 RECOVERY ROOM	1163					177679		177679 38
39 DELIVERY ROOM & LABOR ROOM	12315					1243450		1243450 39
40 ANESTHESIOLOGY	1518					63431		63431 40
41 RADIOLOGY-DIAGNOSTIC	2021					195302		195302 41
41.01 ULTRASOUND	3110					286250		286250 41.01
41.02 CT SCANS	1521					86913		86913 41.02
41.03 MRI	1643					76258		76258 41.03
44 LABORATORY	17185					1730575		1730575 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	1167					53695		53695 47
48 INTRAVENOUS THERAPY	1746					78192		78192 48
49 RESPIRATORY THERAPY	2021					99641		99641 49
50 PHYSICAL THERAPY	154					49889		49889 50
53 ELECTROCARDIOLOGY	191					36198		36198 53
55 MEDICAL SUPPLIES CHARGED TO PAT	1871					57591		57591 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	8159					354724		354724 56
59 OTHER ANCILLARY - FETAL MONITOR								59
59.01 CIRCUMCISION	277					14526		14526 59.01
59.02 PRENATAL DIAGNOSTIC CENTER	1103					416786		416786 59.02
59.03 DAY HOSPITAL	217					23270		23270 59.03
59.04 INVITRO FERTILIZATION	1364					649485		649485 59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM	441					72533		72533 59.06
59.07 INFANT DEVELOPMENT UNIT	162					75101		75101 59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1180					159709		159709 60
60.01 CLINIC- PROJECT LINK	70					69838		69838 60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	300					162223		162223 60.02
60.03 CLINIC - GYNONCOLOGY PBO	828					946779		946779 60.03
60.04 CLINIC - OB MEDICINE	372					109021		109021 60.04
60.05 CLINIC - NEW BOSTON RD	43					131191		131191 60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	142					119205		119205 60.06
61 EMERGENCY	2938					372846		372846 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	113816	116488	7596			14058493		14058493 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						91701		91701 96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES						606154		606154 98
100 OTHER NON-REIMBURSABLE (SPECIFY	169					203235		203235 100
100.01GRANTS - GENERAL						8847		8847 100.01
100.02GRANTS - RESEARCH		18570	12177			1221406		1221406 100.02
100.03FUND RAISING						161646		161646 100.03
100.04CARE NEW ENGLAND						493358		493358 100.04
100.05CARE NEW ENGLAND WELLNESS								100.05
100.06GRANT FUNDED CLINICS						14562		14562 100.06
100.07CARE NEW ENGLAND I/S-PURCH								100.07
100.08OFFSITE PHYSICIANS						16994		16994 100.08
100.09PHYSICIANS- MEDICAL STUDENTS			1850			8162		8162 100.09
100.10PHYSICIANS- NONREIMBURSABLE								100.10
100.11PHYSICIANS- OTHER NONREIMBURSAB		14617	2234			29663		29663 100.11
100.12PHYSICIANS- UNFUNDED RESEARCH		20620	74			37715		37715 100.12
100.14KENT STAFF PAID BY WOMENS & INF						2385		2385 100.14

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	INTERNAL M EDICINE	PSYCHIATRY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	19.01	19.02	22	23	25	26	27
100.15PATIENT EDUCATION	29					247026		247026 100.15
101 CROSS FOOT ADJUSTMENTS				18393	281352	299745		299745 101
102 NEGATIVE COST CENTER								102
103 TOTAL	114014	170295	23931	18393	281352	17501092		17501092 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	BLDGS & FIXTURES OLD-MAIN B UILDING SQ	MOVABLE EQUIPMENT OLD-TOTAL SQFT	BLDGS & FIXTURES OLD-MAIN B UILDING SQ	DG-WILLARD & OTHER SQFT	DG-PLAIN S T SQFT	DG-BLACKST ONE SQFT	DG-100 DUD LEY STREET 100 DUDLEY STREET
	1	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	200269						1
1.01 OLD CAP BLDG- WILLARD & OTHER							1.01
2 OLD CAP REL COSTS-MVBLE EQUIP		251374					2
3 NEW CAP REL COSTS-BLDG & FIXT			200269				3
3.01 NEW CAP BLDG- WILLARD				18171			3.01
3.02 NEW CAP BLDG- PLAIN STREET					9017		3.02
3.03 NEW CAP BLDG- BLACKSTONE						25627	3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE							20551 3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE							3.05
3.06 NEW CAP BLDG- EAST GREENWICH							3.06
3.07 NEW CAP BLDG- WOONSOCKET							3.07
3.08 NEW CAP BLDG- SWANSEA							3.08
3.09 NEW CAP BLDG- RICHMOND ST							3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO							3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE							3.11
3.12 NEW CAP BLDG- LAB OUTREACH							3.12
3.13 NEW CAP BLDG- ELM STREET							3.13
3.14 NEW CAP BLDG - KILGUSS							3.14
3.15 NEW CAP BLDG - NB MFM							3.15
3.16 NEW CAP BLDG - EDDY STREET CW							3.16
3.17 NEW CAP BLDG - THURBERS AVENU							3.17
3.18 NEW CAP BLDG- 365 EDDY STREET							3.18
3.19 NEW CAP BLDG- SC COMMONS							3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE							3.20
3.21 NEW CAP BLDG-FALL RIVER							3.21
3.22 NEW CAP BLDG- 888 EDDY STREET							3.22
3.23 NEW CAP BLDG- 908 EDDY STREET							3.23
3.24 NEW CAP BLDG- COCASSET ST FOX							3.24
4 NEW CAP REL COSTS-MVBLE EQUIP							4
4.01 NEW CAP EQUIP- EAST GREENWICH							4.01
4.02 NEW CAP EQUIP- WOONSOCKET							4.02
4.03 NEW CAP EQUIP- SWANSEA							4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR							4.04
4.05 NEW CAP EQUIP- MOB DUDLEY							4.05
4.06 NEW CAP EQUIP- NB MFM							4.06
4.07 NEW CAP EQUIP - EDDY CWS							4.07
4.08 NEW CAP EQUIP - THURBERS AVEN							4.08
4.09 NEW CAP EQUIP- SC COMMONS							4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE							4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS							4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE							4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE							4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS							4.14
5 EMPLOYEE BENEFITS	262	7489	262				5
6.01 COMMUNICATIONS	802	921	802	72			41 6.01
6.02 DATA PROCESSING							6.02
6.03 MATERIALS MANAGEMENT	829	829	829				6.03
6.04 CENTRAL PATIENT REGISTRATION	1153	1244	1153				6.04
6.05 PATIENT ACCOUNTING							6.05
6.06 ADMINISTATIVE AND GENERAL	5412	16265	5412	8131	2033		3218 6.06
7 MAINTENANCE & REPAIRS	37515	37602	37515			436	7
7.01 ENGINEERING- 79 PLAIN							7.01
7.02 ENGINEERING- BLACKSTONE							7.02
7.03 ENGINEERING- WILLARD		303		327			7.03
7.04 ENGINEERING- 100 DUDLEY		651					635 7.04
8 OPERATION OF PLANT	749	1334	749				8
8.01 OPERATION OF PLANT-KILGUSS							8.01
8.02 OPERATION OF PLANT- 70 ELM							8.02
8.03 OPERATION OF PLANT- RICHMOND							8.03
9 LAUNDRY & LINEN SERVICE	2073	2073	2073			260	9
10 HOUSEKEEPING	2114	2256	2114	80		225	125 10
11 DIETARY	10338	4682	10338				11
12 CAFETERIA		5889					12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	453	1626	453				3971 14
15 CENTRAL SERVICES & SUPPLY	3290	2638	3290				15
16 PHARMACY	3267	3267	3267			110	16
17 MEDICAL RECORDS & LIBRARY	3236	3236	3236				17
18 SOCIAL SERVICE	1751	1863	1751				18
19.01 INTERNAL MEDICINE	1519	2765	1519				1575 19.01
19.02 PSYCHIATRY							35 19.02
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	BLDGS & FIXTURES OLD-MAIN B UILDING SQ	MOVABLE EQUIPMENT OLD-TOTAL SQFT	BLDGS & FIXTURES OLD-MAIN B UILDING SQ	DG-WILLARD & OTHER WILLARD & OTHER SQFT	DG-PLAIN S T PLAIN ST QFT	DG-BLACKST ONE BLACKSTONE SQFT	DG-100 DUD LEY STREET 100 DUDLEY STREET	
	1	2	3	3.01	3.02	3.03	3.04	
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS	1582	1903	1582					23
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25 ADULTS & PEDIATRICS	49467	49468	49467					25
30 NEONATAL INTENSIVE CARE UNIT	13070	12206	13070					30
33 NURSERY	3788	3788	3788					33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8636	14986	8636				5696	37
38 RECOVERY ROOM	2440	2440	2440					38
39 DELIVERY ROOM & LABOR ROOM	14841	17117	14841					39
40 ANESTHESIOLOGY	603	884	603				248	40
41 RADIOLOGY-DIAGNOSTIC	2638	1747	2638					41
41.01 ULTRASOUND	3937	3320	3937					41.01
41.02 CT SCANS	1350	1350	1350					41.02
41.03 MRI	1094		1094					41.03
44 LABORATORY	10208	11060	10208				97	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	610	508	610					47
48 INTRAVENOUS THERAPY						1182		48
49 RESPIRATORY THERAPY	988	988	988					49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY	514	616	514			144		53
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
59 OTHER ANCILLARY - FETAL MONIT								59
59.01 CIRCUMCISION	214	214	214					59.01
59.02 PRENATAL DIAGNOSTIC CENTER	222	4745	222		6984			59.02
59.03 DAY HOSPITAL							35	59.03
59.04 INVITRO FERTILIZATION		1237		2935		8969		59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM	134	134	134					59.06
59.07 INFANT DEVELOPMENT UNIT OUTPATIENT SERVICE COST CENTERS								59.07
60 CLINIC								60
60.01 CLINIC- PROJECT LINK								60.01
60.02 CLINIC - CENTER FOR WOMENS SU								60.02
60.03 CLINIC - GYNONOCLOGY PBO	1602	3019	1602	576		14301		60.03
60.04 CLINIC - OB MEDICINE		599					1758	60.04
60.05 CLINIC - NEW BOSTON RD								60.05
60.06 CLINIC- GENERAL INTERNAL MEDI							2183	60.06
61 EMERGENCY	4901	4465	4901					61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	197602	233727	197602	12121	9017	25627	19617	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1026	1026	1026					96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES								98
100 OTHER NON-REIMBURSABLE (SPECI	468	9110	468				178	100
100.01 GRANTS - GENERAL		749						100.01
100.02 GRANTS - RESEARCH	769	712	769				756	100.02
100.03 FUND RAISING								100.03
100.04 CARE NEW ENGLAND		6050		6050				100.04
100.05 CARE NEW ENGLAND WELLNESS								100.05
100.06 GRANT FUNDED CLINICS								100.06
100.07 CARE NEW ENGLAND I/S-PURCH								100.07
100.08 OFFSITE PHYSICIANS								100.08
100.09 PHYSICIANS- MEDICAL STUDENTS								100.09
100.10 PHYSICIANS- NONREIMBURSABLE								100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP BL	NEW CAP BL	NEW CAP BL	NEW CAP BL
	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BLDGS & FIXTURES	DG-WILLARD & OTHER	DG-PLAIN T	DG-BLACKST ONE	DG-100 DUDLEY STREET
	1	2	3	3.01	3.02	3.03	3.04
100.11 PHYSICIANS- OTHER NONREIMBURS							100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH							100.12
100.14 KENT STAFF PAID BY WOMENS & I							100.14
100.15 PATIENT EDUCATION	404		404				100.15
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	477023	14678	2893436	315782	189610	637083	487443
104 UNIT COST MULT-WS B PT I		.058391		17.378350		24.859835	
104 UNIT COST MULT-WS B PT I	2.381911		14.447748		21.028058		23.718700
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III							107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BL DG-120 DUD LEY STREET STREET	NEW CAP BL DG- EAST G REENWICH GREENWICH	NEW CAP BL DG- WOONSO CKET WOONSOCKET SQUARE FE	NEW CAP BL DG- SWANSE A SWANSEA	NEW CAP BL DG- RICHMO ND ST RICHMOND	NEW CAP BL DG- NORTH ATTLEBORO EBORO SQUA	NEW CAP BL DG- MEDICA L OFFICE B REET NORTH ATTL MOB DUDLEY 70 ELM STR	NEW CAP BL DG- ELM ST REET SQUARE
	3.05	3.06	3.07	3.08	3.09	3.10	3.11	3.13
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE	7173							3.05
3.06 NEW CAP BLDG- EAST GREENWICH		3560						3.06
3.07 NEW CAP BLDG- WOONSOCKET			3689					3.07
3.08 NEW CAP BLDG- SWANSEA				3284				3.08
3.09 NEW CAP BLDG- RICHMOND ST					34682			3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO						2367		3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE							28182	3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								16869 3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CW								3.16
3.17 NEW CAP BLDG - THURBERS AVENU								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOX								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVEN								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS								4.14
5 EMPLOYEE BENEFITS					5994		1789	5
6.01 COMMUNICATIONS	21			16	153			68 6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING					9605			6.05
6.06 ADMINISTATIVE AND GENERAL	269				12846		21	2341 6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT	2458							128 8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND					1317			8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING					18			247 10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	137							14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	479							17
18 SOCIAL SERVICE							1033	18
19.01 INTERNAL MEDICINE								19.01
19.02 PSYCHIATRY							1771	19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BL DG-120 DUD LEY STREET 120 DUDLEY STREET	NEW CAP BL DG- EAST G REENWICH GREENWICH	NEW CAP BL DG- WOONSO CKET WOONSOCKET SQUARE FE	NEW CAP BL DG- SWANSE A SWANSEA	NEW CAP BL DG- RICHMO ND ST RICHMOND	NEW CAP BL DG- NORTH ATTLEBORO NORTH ATTL EBORO SQUA	NEW CAP BL DG- MEDICA L OFFICE B REET DUDLEY 70 SQUARE FE	NEW CAP BL DG- ELM ST 70 ELM STR EET SQUARE
	3.05	3.06	3.07	3.08	3.09	3.10	3.11	3.13
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS							151	23
24 PARAMED ED PRGM-(SPECIFY)								24
25 INPATIENT ROUTINE SERV COST CENTERS								25
30 ADULTS & PEDIATRICS								30
33 NEONATAL INTENSIVE CARE UNIT								33
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1622							37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM	923							39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			78	282				41
41.01 ULTRASOUND		137	76			122	339	41.01
41.02 CT SCANS								41.02
41.03 MRI								41.03
44 LABORATORY	214	51	99	552		120	170	14085
44.30 BLOOD CLOTTING FACTORS ADMIN								44
46.30 BLOOD STORING, PROCESSING & T								46.30
47 INTRAVENOUS THERAPY								47
48 RESPIRATORY THERAPY								48
49 PHYSICAL THERAPY								49
50 ELECTROCARDIOLOGY								50
53 MEDICAL SUPPLIES CHARGED TO P								53
55 IMPL. DEV. CHARGED TO PATIENT								55
55.30 DRUGS CHARGED TO PATIENTS								55.30
56 OTHER ANCILLARY - FETAL MONIT								56
59 CIRCUMCISION								59
59.01 PRENATAL DIAGNOSTIC CENTER							2145	59.01
59.02 DAY HOSPITAL							1490	59.02
59.03 INVITRO FERTILIZATION								59.03
59.04 HOME CARE								59.04
59.05 HEARING PROGRAM								59.05
59.06 INFANT DEVELOPMENT UNIT								59.06
59.07 OUTPATIENT SERVICE COST CENTERS								59.07
60 CLINIC							10433	60
60.01 CLINIC- PROJECT LINK								60.01
60.02 CLINIC - CENTER FOR WOMENS SU								60.02
60.03 CLINIC - GYNONCOLOGY PBO								60.03
60.04 CLINIC - OB MEDICINE								60.04
60.05 CLINIC - NEW BOSTON RD								60.05
60.06 CLINIC- GENERAL INTERNAL MEDI								60.06
61 EMERGENCY							797	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	6123	188	253	850	29933	242	20139	16869
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C					819			96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES		2191	3126	2178		1512		98
100 OTHER NON-REIMBURSABLE (SPECI	1050						1686	100
100.01 GRANTS - GENERAL							229	100.01
100.02 GRANTS - RESEARCH							6128	100.02
100.03 FUND RAISING					3278			100.03
100.04 CARE NEW ENGLAND					652			100.04
100.05 CARE NEW ENGLAND WELLNESS								100.05
100.06 GRANT FUNDED CLINICS								100.06
100.07 CARE NEW ENGLAND I/S-PURCH								100.07
100.08 OFFSITE PHYSICIANS								100.08
100.09 PHYSICIANS- MEDICAL STUDENTS								100.09
100.10 PHYSICIANS- NONREIMBURSABLE								100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BL DG-120 DUD LEY STREET 120 DUDLEY STREET	NEW CAP BL DG- EAST G REENWICH EAST GREENWICH	NEW CAP BL DG- WOONSO CKET WOONSOCKET SQUARE FE	NEW CAP BL DG- SWANSE A SWANSEA SQUARE FEE	NEW CAP BL DG- RICHMO ND ST RICHMOND STREET SQU	NEW CAP BL DG- NORTH ATTLEBORO EBORO SQUA	NEW CAP BL DG- MEDICA L OFFICE B DUDLEY 70 SQUARE FE	NEW CAP BL DG- ELM ST REET 70 ELM STR EET SQUARE	NEW CAP BL
100.11 PHYSICIANS- OTHER NONREIMBURS									100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH									100.12
100.14 KENT STAFF PAID BY WOMENS & I									100.14
100.15 PATIENT EDUCATION		1181	310	256		613			100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	154302	49212	90843	148331	352962	73733	229246	392417	103
104 UNIT COST MULT-WS B PT I	21.511501		24.625373		10.177095		8.134483		104
104 UNIT COST MULT-WS B PT I		13.823596		45.167783		31.150401		23.262612	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III									107
108 UNIT COST MULT-WS B PT III									108
108 UNIT COST MULT-WS B PT III									108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -
	KILGUSS	NB MFM	EDDY STREE	THURBERS A	365 EDDY S	SOUTH COUN	50 HOLDEN	FALL RIVER
	SQ	NB MFM	T CWS	VENUE	TREET	TY COMMONS	STREET	SQ FT
	UARE FEET	ARE FEET	S SQUARE F	VE SQ FT	T SQ FT	TY COMMONS	STREET	SQ FT
	3.14	3.15	3.16	3.17	3.18	3.19	3.20	3.21
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS	20261							3.14
3.15 NEW CAP BLDG - NB MFM		862						3.15
3.16 NEW CAP BLDG - EDDY STREET CW			5397					3.16
3.17 NEW CAP BLDG - THURBERS AVENU				13756				3.17
3.18 NEW CAP BLDG- 365 EDDY STREET					5692			3.18
3.19 NEW CAP BLDG- SC COMMONS						4734		3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE							11780	3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOX								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVEN								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS								4.14
5 EMPLOYEE BENEFITS					2159			5
6.01 COMMUNICATIONS					100			6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTATIVE AND GENERAL						2637		6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND								8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
19.01 INTERNAL MEDICINE								19.01
19.02 PSYCHIATRY								19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP -
	KILGUSS	NB MFM	EDDY STREE	THURBERS A	365 EDDY S	SOUTH COUN	50 HOLDEN	FALL RIVER
	KILGUSS SQ	NB MFM SQ	EDDY ST CW	THURBERS A	365 EDDY S	SOUTH COUN	50 HOLDEN	FALL RIVER
	UARE FEET	ARE FEET	S SQUARE F	VE SQ FT	T SQ FT	TY COMMONS	STREET	SQ FT
	3.14	3.15	3.16	3.17	3.18	3.19	3.20	3.21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS	1600							23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS								25
30 NEONATAL INTENSIVE CARE UNIT				1944				30
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 ULTRASOUND						331		41.01
41.02 CT SCANS								41.02
41.03 MRI								41.03
44 LABORATORY	1412		764			130		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY			1077					50
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
59 OTHER ANCILLARY - FETAL MONIT								59
59.01 CIRCUMCISION								59.01
59.02 PRENATAL DIAGNOSTIC CENTER	160							59.02
59.03 DAY HOSPITAL								59.03
59.04 INVITRO FERTILIZATION								59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM				2026				59.06
59.07 INFANT DEVELOPMENT UNIT							1938	59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CLINIC- PROJECT LINK				2198				60.01
60.02 CLINIC - CENTER FOR WOMENS SU			3469					60.02
60.03 CLINIC - GYNONOCOLGY PBO								60.03
60.04 CLINIC - OB MEDICINE								60.04
60.05 CLINIC - NEW BOSTON RD							3242	60.05
60.06 CLINIC- GENERAL INTERNAL MEDI								60.06
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	3172		5310	8427	2637	461	1938	3242 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES		862				3628		98
100 OTHER NON-REIMBURSABLE (SPECI			29				594	100
100.01 GRANTS - GENERAL								100.01
100.02 GRANTS - RESEARCH	17089		58	533			9248	100.02
100.03 FUND RAISING								100.03
100.04 CARE NEW ENGLAND					3055			100.04
100.05 CARE NEW ENGLAND WELLNESS								100.05
100.06 GRANT FUNDED CLINICS				153				100.06
100.07 CARE NEW ENGLAND I/S-PURCH								100.07
100.08 OFFSITE PHYSICIANS								100.08
100.09 PHYSICIANS- MEDICAL STUDENTS								100.09
100.10 PHYSICIANS- NONREIMBURSABLE								100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP - KILGUSS	NEW CAP - NB MFM	NEW CAP - EDDY STREE T CWS	NEW CAP - THURBERS A VENUE	NEW CAP - 365 EDDY S TREET	NEW CAP - SOUTH COUN TY COMMONS	NEW CAP - 50 HOLDEN STREET	NEW CAP - FALL RIVER
	KILGUSS SQ UARE FEET	NB MFM SQU ARE FEET	EDDY ST CW S SQUARE F	THURBERS A VE SQ FT	365 EDDY S T SQ FT	SOUTH COUN TY COMMONS	50 HOLDEN STREET	FALL RIVER SQ FT
	3.14	3.15	3.16	3.17	3.18	3.19	3.20	3.21
100.11 PHYSICIANS- OTHER NONREIMBURS								100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH								100.12
100.14 KENT STAFF PAID BY WOMENS & I								100.14
100.15 PATIENT EDUCATION				4643		645		100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	200494	100199	220056	366490	149625	57446	372464	100331
104 UNIT COST MULT-WS B PT I	9.895563		40.773763		26.286894		31.618336	
104 UNIT COST MULT-WS B PT I		116.240139		26.642192		12.134770		30.947255
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III								107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III								108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP - 888 EDDY S T T SQ FT	NEW CAP - 908 EDDY S T T SQ FT	NEW CAP - COCASSET S T FOXBORO T SQ FT	NEW CAP MOVABLE EQUIPMENT TOTAL SQUARE FEE	NEW CAP EQ UIP- EAST GREENWICH EAST GREENWICH	NEW CAP EQ UIP- WOONS OCKET WOONSOCKET SQUARE FE	NEW CAP EQ UIP- SWANS EA WOONSOCKET SWANSEA SQUARE FEE	NEW CAP EQ UIP- NORTH ATTLEBORO NORTH ATTL EBORO SQUA
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CW								3.16
3.17 NEW CAP BLDG - THURBERS AVENU								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET	3355							3.22
3.23 NEW CAP BLDG- 908 EDDY STREET		14663						3.23
3.24 NEW CAP BLDG- COCASSET ST FOX			2286					3.24
4 NEW CAP REL COSTS-MVBLE EQUIP				358309				4
4.01 NEW CAP EQUIP- EAST GREENWICH					3560			4.01
4.02 NEW CAP EQUIP- WOONSOCKET						3689		4.02
4.03 NEW CAP EQUIP- SWANSEA							3284	4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY							2367	4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVEN								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS								4.14
5 EMPLOYEE BENEFITS				6255				5
6.01 COMMUNICATIONS		134		1156			16	6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT		10016		829				6.03
6.04 CENTRAL PATIENT REGISTRATION				1153				6.04
6.05 PATIENT ACCOUNTING				9605				6.05
6.06 ADMINISTATIVE AND GENERAL		2922		36887				6.06
7 MAINTENANCE & REPAIRS				37952				7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD				327				7.03
7.04 ENGINEERING- 100 DUDLEY				635				7.04
8 OPERATION OF PLANT		134		3335				8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND				1317				8.03
9 LAUNDRY & LINEN SERVICE				2333				9
10 HOUSEKEEPING				2809				10
11 DIETARY				10338				11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION				4561				14
15 CENTRAL SERVICES & SUPPLY				3290				15
16 PHARMACY				3376				16
17 MEDICAL RECORDS & LIBRARY				3715				17
18 SOCIAL SERVICE				1751				18
19.01 INTERNAL MEDICINE				3095				19.01
19.02 PSYCHIATRY				35				19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	888 EDDY S	908 EDDY S	COCASSET S	MOVABLE	UIP- EAST	UIP- WOONS	UIP- SWANS	UIP- NORTH	
	T	T	T	EQUIPMENT	GREENWICH	OCKET	EA	ATTLEBORO	
	888 EDDY S	908 EDDY S	COCASSET S	TOTAL	EAST	WOONSOCKET	SWANSEA	NORTH ATTL	
	T SQ FT	T SQ FT	T SQ FT	SQUARE FEE	GREENWICH	SQUARE FE	SQUARE FEE	EBORO SQUA	
	3.22	3.23	3.24	4	4.01	4.02	4.03	4.04	
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS				3182					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS				49467					25
30 NEONATAL INTENSIVE CARE UNIT				13070					30
33 NURSERY				3788					33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM				15954					37
38 RECOVERY ROOM				2440					38
39 DELIVERY ROOM & LABOR ROOM				15764					39
40 ANESTHESIOLOGY				851					40
41 RADIOLOGY-DIAGNOSTIC				2638			282		41
41.01 ULTRASOUND				3937	137	76		122	41.01
41.02 CT SCANS				1350					41.02
41.03 MRI				1094					41.03
44 LABORATORY	1110	395		26015	51	99	552	120	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T				610					47
48 INTRAVENOUS THERAPY				1182					48
49 RESPIRATORY THERAPY				988					49
50 PHYSICAL THERAPY									50
53 ELECTROCARDIOLOGY				658					53
55 MEDICAL SUPPLIES CHARGED TO P									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY - FETAL MONIT									59
59.01 CIRCUMCISION				214					59.01
59.02 PRENATAL DIAGNOSTIC CENTER				7366					59.02
59.03 DAY HOSPITAL				35					59.03
59.04 INVITRO FERTILIZATION				11903					59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM				134					59.06
59.07 INFANT DEVELOPMENT UNIT									59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 CLINIC- PROJECT LINK									60.01
60.02 CLINIC - CENTER FOR WOMENS SU									60.02
60.03 CLINIC - GYNONOCOLGY PBO	1596			16479					60.03
60.04 CLINIC - OB MEDICINE				1758					60.04
60.05 CLINIC - NEW BOSTON RD									60.05
60.06 CLINIC- GENERAL INTERNAL MEDI				2183					60.06
61 EMERGENCY				4901					61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2706	13601		322715	188	253	850	242	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C				1845					96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES			2286		2191	3126	2178	1512	98
100 OTHER NON-REIMBURSABLE (SPECI	649			1696	1181				100
100.01 GRANTS - GENERAL									100.01
100.02 GRANTS - RESEARCH				18614					100.02
100.03 FUND RAISING				3278					100.03
100.04 CARE NEW ENGLAND				9757					100.04
100.05 CARE NEW ENGLAND WELLNESS									100.05
100.06 GRANT FUNDED CLINICS		368							100.06
100.07 CARE NEW ENGLAND I/S-PURCH									100.07
100.08 OFFSITE PHYSICIANS									100.08
100.09 PHYSICIANS- MEDICAL STUDENTS									100.09
100.10 PHYSICIANS- NONREIMBURSABLE									100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP -	NEW CAP -	NEW CAP -	NEW CAP	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	888 EDDY S	908 EDDY S	COCASSET S	MOVABLE	UIP- EAST	UIP- WOONS	UIP- SWANS	UIP- NORTH	
	T	T	T FOXBORO	EQUIPMENT	GREENWICH	OCKET	EA	ATTLEBORO	
	888 EDDY S	908 EDDY S	COCASSET S	TOTAL	EAST	WOONSOCKET	SWANSEA	NORTH ATTL	
	T SQ FT	T SQ FT	T SQ FT	SQUARE FEE	GREENWICH	SQUARE FE	SQUARE FEE	EBORO SQUA	
	3.22	3.23	3.24	4	4.01	4.02	4.03	4.04	
100.11 PHYSICIANS- OTHER NONREIMBURS									100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH									100.12
100.14 KENT STAFF PAID BY WOMENS & I									100.14
100.15 PATIENT EDUCATION		694		404		310	256	613	100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	69095	219114	62873	9232135	72513	3715	1841	83	103
104 UNIT COST MULT-WS B PT I	20.594635		27.503500		20.368820		.560597		104
104 UNIT COST MULT-WS B PT I		14.943327		25.765847		1.007048		.035065	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III									107
108 UNIT COST MULT-WS B PT III									108
108 UNIT COST MULT-WS B PT III									108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP EQ UIP- MOB D UDLEY MOB DUDLEY SQUARE FE	NEW CAP EQ UIP- NB MF M NB MFM ARE FEET	NEW CAP EQ UIP - EDDY CWS EDDY ST S SQUARE F	NEW CAP EQ UIP - THUR BERS AVENU THURBERS A VE SQ FT	NEW CAP EQ UIP - SC C OMMONS SOUTH COUN TY COMMONS	NEW CAP EQ UIP - 50 H OLDEN ST 50 HOLDEN STREET	NEW CAP EQ UIP - FALL RIVER FALL RIVER SQ FT	NEW CAP EQ UIP - 888 EDDY ST 888 EDDY S T SQ FT
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CW								3.16
3.17 NEW CAP BLDG - THURBERS AVENU								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOX								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY	28182							4.05
4.06 NEW CAP EQUIP- NB MFM		862						4.06
4.07 NEW CAP EQUIP - EDDY CWS			5397					4.07
4.08 NEW CAP EQUIP - THURBERS AVEN				13756				4.08
4.09 NEW CAP EQUIP- SC COMMONS					4734			4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE						11780		4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS							3242	4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS								4.14
5 EMPLOYEE BENEFITS	1789				2159			5
6.01 COMMUNICATIONS					100			6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTRATIVE AND GENERAL	21							6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND								8.03
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE	1033							18
19.01 INTERNAL MEDICINE								19.01
19.02 PSYCHIATRY	1771							19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	UIP- MOB D	UIP- NB MF	UIP - EDDY	UIP - THUR	UIP - SC C	UIP - 50 H	UIP - FALL	UIP - 888	
	UDLEY M	CWS	BERS AVENU	OMMONS	OLDEN ST	RIVER	EDDY ST		
	MOB DUDLEY	NB MFM SQU	EDDY ST CW	THURBERS A	SOUTH COUN	50 HOLDEN	FALL RIVER	888 EDDY S	
	SQUARE FE	ARE FEET	S SQUARE F	VE SQ FT	TY COMMONS	STREET	SQ FT	T SQ FT	
	4.05	4.06	4.07	4.08	4.09	4.10	4.11	4.12	
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS	151								23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									25
30 ADULTS & PEDIATRICS									30
33 NEONATAL INTENSIVE CARE UNIT				1944					33
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
38 RECOVERY ROOM									38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC									41
41.01 ULTRASOUND	339					331			41.01
41.02 CT SCANS									41.02
41.03 MRI									41.03
44 LABORATORY	170		764		130			1110	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T									47
48 INTRAVENOUS THERAPY									48
49 RESPIRATORY THERAPY									49
50 PHYSICAL THERAPY			1077						50
53 ELECTROCARDIOLOGY									53
55 MEDICAL SUPPLIES CHARGED TO P									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY - FETAL MONIT									59
59.01 CIRCUMCISION									59.01
59.02 PRENATAL DIAGNOSTIC CENTER	2145								59.02
59.03 DAY HOSPITAL	1490								59.03
59.04 INVITRO FERTILIZATION									59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM				2026					59.06
59.07 INFANT DEVELOPMENT UNIT						1938			59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	10433								60
60.01 CLINIC- PROJECT LINK				2198					60.01
60.02 CLINIC - CENTER FOR WOMENS SU			3469						60.02
60.03 CLINIC - GYNONCOLOGY PBO								1596	60.03
60.04 CLINIC - OB MEDICINE									60.04
60.05 CLINIC - NEW BOSTON RD							3242		60.05
60.06 CLINIC- GENERAL INTERNAL MEDI									60.06
61 EMERGENCY	797								61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	20139		5310	8427	461	1938	3242	2706	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C									96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES		862			3628				98
100 OTHER NON-REIMBURSABLE (SPECI	1686		29			594		649	100
100.01 GRANTS - GENERAL	229								100.01
100.02 GRANTS - RESEARCH	6128		58	533		9248			100.02
100.03 FUND RAISING									100.03
100.04 CARE NEW ENGLAND									100.04
100.05 CARE NEW ENGLAND WELLNESS									100.05
100.06 GRANT FUNDED CLINICS				153					100.06
100.07 CARE NEW ENGLAND I/S-PURCH									100.07
100.08 OFFSITE PHYSICIANS									100.08
100.09 PHYSICIANS- MEDICAL STUDENTS									100.09
100.10 PHYSICIANS- NONREIMBURSABLE									100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ	NEW CAP EQ
	UIP- MOB D	UIP- NB MF	UIP - EDDY	UIP - THUR	UIP - SC C	UIP - 50 H	UIP - FALL	UIP - 888	UDLEY M	MOB DUDLEY NB MFM SQU
	SQUARE FE	ARE FEET	S SQUARE F	VE SQ FT	TY COMMONS	STREET	SQ FT	T SQ FT	OLDEN ST RIVER	EDDY ST
	4.05	4.06	4.07	4.08	4.09	4.10	4.11	4.12		
100.11 PHYSICIANS- OTHER NONREIMBURS										100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH										100.12
100.14 KENT STAFF PAID BY WOMENS & I										100.14
100.15 PATIENT EDUCATION					4643	645				100.15
101 CROSS FOOT ADJUSTMENTS										101
102 NEGATIVE COST CENTER										102
103 COST TO BE ALLOC PER B PT I	57197	3	12900	15762	56369	34546	26326	10611		103
104 UNIT COST MULT-WS B PT I	2.029558		2.390217		11.907267		8.120296			104
104 UNIT COST MULT-WS B PT I		.003480		1.145827		2.932598		3.162742		104
105 COST TO BE ALLOC PER B PT II										105
106 UNIT COST MULT-WS B PT II										106
106 UNIT COST MULT-WS B PT II										106
107 COST TO BE ALLOC PER B PT III										107
108 UNIT COST MULT-WS B PT III										108
108 UNIT COST MULT-WS B PT III										108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP EQ UIP - 908 EDDY ST T SQ FT	NEW CAP EQ UIP- FOXBORO O-COCAS ST SQ FT	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT IONS NUMBER OF INSTRUMENT	MATERIALS MANAGEMENT PUR REL EXPENSE	CENTRAL PA TIENT REGI STRATION GROSS REVENUE	PATIENT AC COUNTING GROSS REVENUE	RECON- CILIATION 6A.06
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CW								3.16
3.17 NEW CAP BLDG - THURBERS AVENU								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOX								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVEN								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE	14663							4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS		2286						4.14
5 EMPLOYEE BENEFITS			177526813					5
6.01 COMMUNICATIONS	134		889010	2103				6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT	10016		549055	3	60657223			6.03
6.04 CENTRAL PATIENT REGISTRATION			938077	15	13850	697336608		6.04
6.05 PATIENT ACCOUNTING			3461357	100	166793		697336608	6.05
6.06 ADMINISTRATIVE AND GENERAL	2922		11864903	282	18913451			6.06
7 MAINTENANCE & REPAIRS			1899388	38	566954			7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD					42			7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT	134		1832873	18	779512			8
8.01 OPERATION OF PLANT-KILGUSS				63	9799			8.01
8.02 OPERATION OF PLANT- 70 ELM								8.02
8.03 OPERATION OF PLANT- RICHMOND					4739			8.03
9 LAUNDRY & LINEN SERVICE			233380	1	1067207			9
10 HOUSEKEEPING			4031261	7	1349851			10
11 DIETARY			357635	31	110167			11
12 CAFETERIA			1842597	4	566745			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			2668726	26	33048			14
15 CENTRAL SERVICES & SUPPLY			1140317	4	1362839			15
16 PHARMACY			3413376	33	9053266			16
17 MEDICAL RECORDS & LIBRARY			1886924	30	284462			17
18 SOCIAL SERVICE			1152856	26	214774	402845	402845	18
19.01 INTERNAL MEDICINE			985416	35	9529			19.01
19.02 PSYCHIATRY			619482	20	8389			19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	EMPLOYEE	COMMUNICAT	MATERIALS	CENTRAL PA	PATIENT AC	RECON- CILIATION
	UIP - 908	UIP- FOXBO	BENEFITS	IONS	MANAGEMENT	TIENT REGI	COUNTING	
	EDDY ST	O-COCAS ST	GROSS	NUMBER OF	PUR REL	STRATION	GROSS	
	908 EDDY S	FOXBORO	SALARIES	INSTRUMENT	EXPENSE	REVENUE	REVENUE	6A.06
	T SQ FT	SQ FT	5	6.01	6.03	6.04	6.05	
	4.13	4.14						
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS			7883221	18	473780			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS			14239171	238	510844	83914540	83914540	25
30 NEONATAL INTENSIVE CARE UNIT			20363486	95	1675784	142900327	142900327	30
33 NURSERY			6223544	2	428297	19113400	19113400	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			6285523	96		52115195	52115195	37
38 RECOVERY ROOM			2446174	14	35759	7090189	7090189	38
39 DELIVERY ROOM & LABOR ROOM			11559626	77	525327	75090296	75090296	39
40 ANESTHESIOLOGY			101840	11	595291	9257375	9257375	40
41 RADIOLOGY-DIAGNOSTIC			1659079	26	1367249	12322455	12322455	41
41.01 ULTRASOUND			2476239	39	428780	18962521	18962521	41.01
41.02 CT SCANS			541743	4	75030	9272440	9272440	41.02
41.03 MRI			516462	1	239255	10020463	10020463	41.03
44 LABORATORY		395	14197645	85	8297439	104788068	104788068	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T			473034	2	998603	7114592	7114592	47
48 INTRAVENOUS THERAPY			615453	1	38435	10644206	10644206	48
49 RESPIRATORY THERAPY			1865864	9	789235	12325229	12325229	49
50 PHYSICAL THERAPY			191240	1	11192	940474	940474	50
53 ELECTROCARDIOLOGY			20441	7	7578	1164306	1164306	53
55 MEDICAL SUPPLIES CHARGED TO P					4768772	11405981	11405981	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS						49749105	49749105	56
59 OTHER ANCILLARY - FETAL MONIT								59
59.01 CIRCUMCISION			124688	1	15926	1691900	1691900	59.01
59.02 PRENATAL DIAGNOSTIC CENTER			2557966	36	161704	6723331	6723331	59.02
59.03 DAY HOSPITAL			443317	13	16434	1322600	1322600	59.03
59.04 INVITRO FERTILIZATION			4201882	104	498335	8316315	8316315	59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM			202122	3	411924	2689027	2689027	59.06
59.07 INFANT DEVELOPMENT UNIT			745066	3	13024	984828	984828	59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			3091665	122	144017	7193833	7193833	60
60.01 CLINIC- PROJECT LINK			504016	5	18167	426449	426449	60.01
60.02 CLINIC - CENTER FOR WOMENS SU			1241734		111078	1829088	1829088	60.02
60.03 CLINIC - GYNONCOLOGY PBO			5567147	130	437999	5050119	5050119	60.03
60.04 CLINIC - OB MEDICINE			1528742	32	84141	2268144	2268144	60.04
60.05 CLINIC - NEW BOSTON RD			196804		65591	259627	259627	60.05
60.06 CLINIC- GENERAL INTERNAL MEDI			574728	11	15009	867352	867352	60.06
61 EMERGENCY			5452863	43	324340	17914156	17914156	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	13601		157859158	1965	58099756	696130776	696130776	-59195140
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				14	241			96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES		2286	1125894	1	547225			98
100 OTHER NON-REIMBURSABLE (SPECI			818313	49	428483	1029202	1029202	100
100.01 GRANTS - GENERAL			381756	3	211982			100.01
100.02 GRANTS - RESEARCH			6491667	25	1095308			100.02
100.03 FUND RAISING			841752	14	35809			100.03
100.04 CARE NEW ENGLAND			2986789	8	8799			100.04
100.05 CARE NEW ENGLAND WELLNESS								100.05
100.06 GRANT FUNDED CLINICS	368		278186	6	17087			100.06
100.07 CARE NEW ENGLAND I/S-PURCH								100.07
100.08 OFFSITE PHYSICIANS			1719467					100.08
100.09 PHYSICIANS- MEDICAL STUDENTS			639857					100.09
100.10 PHYSICIANS- NONREIMBURSABLE								100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP EQ	NEW CAP EQ	EMPLOYEE	COMMUNICAT	MATERIALS	CENTRAL PA	PATIENT AC	RECON- CILIATION
	UIP - 908	UIP- FOXBO	BENEFITS	IONS	MANAGEMENT	TIENT REGI	COUNTING	
	EDDY ST	O-COCAS ST	GROSS	NUMBER OF	PUR REL	STRATION	GROSS	
	908 EDDY S	FOXBORO	SALARIES	INSTRUMENT	EXPENSE	REVENUE	REVENUE	
	T SQ FT	SQ FT	5	6.01	6.03	6.04	6.05	6A.06
100.11 PHYSICIANS- OTHER NONREIMBURS			1293206					100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH			1748666					100.12
100.14 KENT STAFF PAID BY WOMENS & I			247740					100.14
100.15 PATIENT EDUCATION	694		1094362	18	212533	176630	176630	100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	12934	31570	59841967	1472567	936937	1329915	5629058	103
104 UNIT COST MULT-WS B PT I	.882084		.337087		.015446		.008072	104
104 UNIT COST MULT-WS B PT I		13.810149		700.222064		.001907		104
105 COST TO BE ALLOC PER B PT II			1061	1969	2029	2839	121	105
106 UNIT COST MULT-WS B PT II			.000006		.000033			106
106 UNIT COST MULT-WS B PT II				.936282		.000004		106
107 COST TO BE ALLOC PER B PT III			304130	54340	192865	48405	354275	107
108 UNIT COST MULT-WS B PT III			.001713		.003180		.000508	108
108 UNIT COST MULT-WS B PT III				25.839277		.000069		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINISTRATIVE AND GENERAL COST	MAINTENANCE & REPAIRS SQUARE FEET	ENGINEERING- 79 PLAIN ST QFT	ENGINEERING- BLACKSTONE ONE BLACKSTONE SQFT	ENGINEERING- WILLARD & LEY 100 DUDLEY OTHER SQFT	ENGINEERING- 100 DUDLEY STREET	OPERATION OF PLANT TOTAL SQUARE FEET	OPERATION OF PLANT- KILGUSS KILGUSS SQ
	6.06	7	7.01	7.02	7.03	7.04	8	8.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CW								3.16
3.17 NEW CAP BLDG - THURBERS AVENU								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOX								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVEN								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTRATIVE AND GENERAL	284449637							6.06
7 MAINTENANCE & REPAIRS	7254149	161457						7
7.01 ENGINEERING- 79 PLAIN	31346		6984					7.01
7.02 ENGINEERING- BLACKSTONE	263			25191				7.02
7.03 ENGINEERING- WILLARD	90594				9641			7.03
7.04 ENGINEERING- 100 DUDLEY	138386					16657		7.04
8 OPERATION OF PLANT	7797269	749					160708	8
8.01 OPERATION OF PLANT-KILGUSS	211396							8.01
8.02 OPERATION OF PLANT- 70 ELM	173315							8.02
8.03 OPERATION OF PLANT- RICHMOND	187536							8.03
9 LAUNDRY & LINEN SERVICE	1534534	2073		260			2073	9
10 HOUSEKEEPING	6909163	2162		225	80	125	2162	10
11 DIETARY	892736	10338					10338	11
12 CAFETERIA	2953361							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3856764	453				3971	453	14
15 CENTRAL SERVICES & SUPPLY	3216050	3290					3290	15
16 PHARMACY	13865375	3267		110			3267	16
17 MEDICAL RECORDS & LIBRARY	2966693	3236					3236	17
18 SOCIAL SERVICE	1465246	1751					1751	18
19.01 INTERNAL MEDICINE	1278259	1519				1575	1519	19.01
19.02 PSYCHIATRY	414562					35		19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINISTRATIVE AND GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	ENGINEERING - 79 PLAIN ST QFT	ENGINEERING - BLACKSTONE ONE BLACKSTONE SQFT	ENGINEERING - WILLARD & LEY OTHER SQFT	ENGINEERING - 100 DUDLEY STREET SQFT	OPERATION OF PLANT TOTAL SQUARE FEET	OPERATION OF PLANT-KILGUSS SQUARE FEET	
	6.06	7	7.01	7.02	7.03	7.04	8	8.01	
22 I&R SERVICES-SALARY & FRINGES	3016607								22
23 I&R SERVICES-OTHER PRGM COSTS	9524190	1582					1582	1600	23
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS									24
25 ADULTS & PEDIATRICS	21855820	49467					49467		25
30 NEONATAL INTENSIVE CARE UNIT	31162277	13070					13070		30
33 NURSERY	9121200	3788					3788		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9390455	8636				5696	8636		37
38 RECOVERY ROOM	3523681	2440					2440		38
39 DELIVERY ROOM & LABOR ROOM	17601205	18137					18137		39
40 ANESTHESIOLOGY	790955	603				248	603		40
41 RADIOLOGY-DIAGNOSTIC	3281039	2638					2638		41
41.01 ULTRASOUND	4843433	3937					3937		41.01
41.02 CT SCANS	985551	1350					1350		41.02
41.03 MRI	1234735	1094					1094		41.03
44 LABORATORY	28763845	10208				97	10208	1412	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	1799008	610					610		47
48 INTRAVENOUS THERAPY	881300			1182					48
49 RESPIRATORY THERAPY	3501912	988					988		49
50 PHYSICAL THERAPY	337026								50
53 ELECTROCARDIOLOGY	126619	514		144			514		53
55 MEDICAL SUPPLIES CHARGED TO P	5151093								55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	533518								56
59 OTHER ANCILLARY - FETAL MONIT									59
59.01 CIRCUMCISION	209602	214					214		59.01
59.02 PRENATAL DIAGNOSTIC CENTER	2708155	2051	6984				2051	160	59.02
59.03 DAY HOSPITAL	608703					35			59.03
59.04 INVITRO FERTILIZATION	6099810			8969	2935				59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM	779056	134					134		59.06
59.07 INFANT DEVELOPMENT UNIT OUTPATIENT SERVICE COST CENTERS	965686								59.07
60 CLINIC	3837027								60
60.01 CLINIC- PROJECT LINK	778511								60.01
60.02 CLINIC - CENTER FOR WOMENS SU	1276445								60.02
60.03 CLINIC - GYNONOCOLGY PBO	7945492	1602		14301	576		1602		60.03
60.04 CLINIC - OB MEDICINE	1897291					1758			60.04
60.05 CLINIC - NEW BOSTON RD	616551								60.05
60.06 CLINIC- GENERAL INTERNAL MEDI	619219					2183			60.06
61 EMERGENCY	7672510	4901					4901		61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	248676524	156802	6984	25191	3591	15723	156053	3172	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	83248	1026					1026		96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES	2853552								98
100 OTHER NON-REIMBURSABLE (SPECI	2362137	2456				178	2456		100
100.01 GRANTS - GENERAL	834917								100.01
100.02 GRANTS - RESEARCH	13689349	769				756	769	17089	100.02
100.03 FUND RAISING	1379899								100.03
100.04 CARE NEW ENGLAND	4451964				6050				100.04
100.05 CARE NEW ENGLAND WELLNESS									100.05
100.06 GRANT FUNDED CLINICS	422933								100.06
100.07 CARE NEW ENGLAND I/S-PURCH									100.07
100.08 OFFSITE PHYSICIANS	2354538								100.08
100.09 PHYSICIANS- MEDICAL STUDENTS	871437								100.09
100.10 PHYSICIANS- NONREIMBURSABLE									100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINISTRATIVE AND GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS TOTAL SQUARE FEET	ENGINEERING G- 79 PLAIN ST S QFT	ENGINEERING G- BLACKSTONE ONE BLACKSTONE SQFT	ENGINEERING G- WILLARD & LEY 100 DUDLEY OTHER SQFT	ENGINEERING G- 100 DUDLEY STREET	OPERATION OF PLANT TOTAL SQUARE FEET	OPERATION OF PLANT-KILGUSS UARE FEET
100.11 PHYSICIANS- OTHER NONREIMBURS	1775107							100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH	2347831							100.12
100.14 KENT STAFF PAID BY WOMENS & I	331250							100.14
100.15 PATIENT EDUCATION	2014951	404					404	100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	59195140	8763766	37869	318	109447	167185	9460567	255388 103
104 UNIT COST MULT-WS B PT I	.208104		5.422251		11.352246		58.868053	104
104 UNIT COST MULT-WS B PT I		54.279257		.012624		10.036921		12.604906 104
105 COST TO BE ALLOC PER B PT II	14826	91996	2		23	45	2748	70 105
106 UNIT COST MULT-WS B PT II	.000052		.000286		.002386		.017099	106
106 UNIT COST MULT-WS B PT II		.569786				.002702		.003455 106
107 COST TO BE ALLOC PER B PT III	1683474	1579680	186	2	14644	32241	214279	2910 107
108 UNIT COST MULT-WS B PT III	.005918		.026632		1.518930		1.333344	108
108 UNIT COST MULT-WS B PT III		9.783905		.000079		1.935583		.143626 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL
	OF PLANT- 70 ELM ST EET SQUARE 8.02	OF PLANT- RICHMOND STREET SQU 8.03	& LINEN SERVICE POUNDS OF LAUNDRY 9	KEEPING HOURS CLEANED 10	%OF MEALS SERVED 11	F. T. E. 'S 12	ADMINIS- TRATION HOURS IN NURSING DE 14	SERVICES & SUPPLY %OF PROCEDURES 15
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP BLDG- WILLARD & OTHER								1.01
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP BLDG- WILLARD								3.01
3.02 NEW CAP BLDG- PLAIN STREET								3.02
3.03 NEW CAP BLDG- BLACKSTONE								3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE								3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE								3.05
3.06 NEW CAP BLDG- EAST GREENWICH								3.06
3.07 NEW CAP BLDG- WOONSOCKET								3.07
3.08 NEW CAP BLDG- SWANSEA								3.08
3.09 NEW CAP BLDG- RICHMOND ST								3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO								3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE								3.11
3.12 NEW CAP BLDG- LAB OUTREACH								3.12
3.13 NEW CAP BLDG- ELM STREET								3.13
3.14 NEW CAP BLDG - KILGUSS								3.14
3.15 NEW CAP BLDG - NB MFM								3.15
3.16 NEW CAP BLDG - EDDY STREET CW								3.16
3.17 NEW CAP BLDG - THURBERS AVENU								3.17
3.18 NEW CAP BLDG- 365 EDDY STREET								3.18
3.19 NEW CAP BLDG- SC COMMONS								3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE								3.20
3.21 NEW CAP BLDG-FALL RIVER								3.21
3.22 NEW CAP BLDG- 888 EDDY STREET								3.22
3.23 NEW CAP BLDG- 908 EDDY STREET								3.23
3.24 NEW CAP BLDG- COCASSET ST FOX								3.24
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP EQUIP- EAST GREENWICH								4.01
4.02 NEW CAP EQUIP- WOONSOCKET								4.02
4.03 NEW CAP EQUIP- SWANSEA								4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR								4.04
4.05 NEW CAP EQUIP- MOB DUDLEY								4.05
4.06 NEW CAP EQUIP- NB MFM								4.06
4.07 NEW CAP EQUIP - EDDY CWS								4.07
4.08 NEW CAP EQUIP - THURBERS AVEN								4.08
4.09 NEW CAP EQUIP- SC COMMONS								4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE								4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS								4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE								4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE								4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS								4.14
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 MATERIALS MANAGEMENT								6.03
6.04 CENTRAL PATIENT REGISTRATION								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMINISTATIVE AND GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
7.01 ENGINEERING- 79 PLAIN								7.01
7.02 ENGINEERING- BLACKSTONE								7.02
7.03 ENGINEERING- WILLARD								7.03
7.04 ENGINEERING- 100 DUDLEY								7.04
8 OPERATION OF PLANT								8
8.01 OPERATION OF PLANT-KILGUSS								8.01
8.02 OPERATION OF PLANT- 70 ELM	14332							8.02
8.03 OPERATION OF PLANT- RICHMOND		4767						8.03
9 LAUNDRY & LINEN SERVICE			1889432					9
10 HOUSEKEEPING	247	18		1647824				10
11 DIETARY				2746	100			11
12 CAFETERIA				26137		196657		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION				17824		3148	203129422	14
15 CENTRAL SERVICES & SUPPLY				27663		2646	5525702	15
16 PHARMACY				26936		4347	9076076	16
17 MEDICAL RECORDS & LIBRARY				14511		4374		17
18 SOCIAL SERVICE				8956		1632		18
19.01 INTERNAL MEDICINE				8426		942		19.01
19.02 PSYCHIATRY				126		442		19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT- 70 ELM ST 8.02	OPERATION OF PLANT- RICHMOND 8.03	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY %OF MEALS SERVED 11	CAFETERIA F. T. E. 'S 12	NURSING ADMINIS-TRATION HOURS IN NURSING DE 14	CENTRAL SERVICES & SUPPLY %OF PROCEDURES 15	
22 I&R SERVICES-SALARY & FRINGES						4150			22
23 I&R SERVICES-OTHER PRGM COSTS				6008		4377			23
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS									24
25 ADULTS & PEDIATRICS			636956	401571	100	20097	41961395		25
30 NEONATAL INTENSIVE CARE UNIT			81950	188763		24503	40583276		30
33 NURSERY			109088	46620		9002	19379156		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM			381485	191146		8228	14245087	4827	37
38 RECOVERY ROOM			101342	25012		3298	6886980		38
39 DELIVERY ROOM & LABOR ROOM			255449	220903		15257	31856421	5173	39
40 ANESTHESIOLOGY				10758		166	345791		40
41 RADIOLOGY-DIAGNOSTIC			33650	17676		2428			41
41.01 ULTRASOUND				50224		26383	3623		41.01
41.02 CT SCANS						6054	645		41.02
41.03 MRI						4615	642		41.03
44 LABORATORY	14085					85527	20436		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T						1365	677		47
48 INTRAVENOUS THERAPY			2373			4391	801		48
49 RESPIRATORY THERAPY						8308	2937	6131686	49
50 PHYSICAL THERAPY							245		50
53 ELECTROCARDIOLOGY						2621	45		53
55 MEDICAL SUPPLIES CHARGED TO P									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59 OTHER ANCILLARY - FETAL MONIT									59
59.01 CIRCUMCISION						1713	279		59.01
59.02 PRENATAL DIAGNOSTIC CENTER			12220			3252	3052		59.02
59.03 DAY HOSPITAL			1248			126	681		59.03
59.04 INVITRO FERTILIZATION			23023			47857	5119		59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM						1087	515		59.06
59.07 INFANT DEVELOPMENT UNIT							11		59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			18489				4718	9624852	60
60.01 CLINIC- PROJECT LINK			336				923	1927935	60.01
60.02 CLINIC - CENTER FOR WOMENS SU			5012				1107		60.02
60.03 CLINIC - GYNONCOLOGY PBO			22182		64192		7271		60.03
60.04 CLINIC - OB MEDICINE			2391		6364		2235		60.04
60.05 CLINIC - NEW BOSTON RD							370		60.05
60.06 CLINIC- GENERAL INTERNAL MEDI						7903	835		60.06
61 EMERGENCY			127849		75719		7357	14229659	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	14332	18	1865267	1589259	100	173561	201774016	10000	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		819		3189		288			96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES			24165			1691			98
100 OTHER NON-REIMBURSABLE (SPECI				4927		1974			100
100.01 GRANTS - GENERAL						917	39839		100.01
100.02 GRANTS - RESEARCH				26334		10892	385447		100.02
100.03 FUND RAISING		3278		2414		992			100.03
100.04 CARE NEW ENGLAND		652		18709		1107			100.04
100.05 CARE NEW ENGLAND WELLNESS									100.05
100.06 GRANT FUNDED CLINICS						658	930120		100.06
100.07 CARE NEW ENGLAND I/S-PURCH									100.07
100.08 OFFSITE PHYSICIANS						883			100.08
100.09 PHYSICIANS- MEDICAL STUDENTS						455			100.09
100.10 PHYSICIANS- NONREIMBURSABLE									100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT- 70 ELM ST EET SQUARE 8.02	OPERATION OF PLANT- RICHMOND STREET SQU 8.03	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING HOURS CLEANED 10	DIETARY %OF MEALS SERVED 11	CAFETERIA F. T. E. 'S 12	NURSING ADMINIS- TRATION HOURS IN NURSING DE 14	CENTRAL SERVICES & SUPPLY %OF PROCEDURES 15	
100.11 PHYSICIANS- OTHER NONREIMBURS						705			100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH						1012			100.12
100.14 KENT STAFF PAID BY WOMENS & I						5			100.14
100.15 PATIENT EDUCATION				2992		1517			100.15
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	209383	226563	2088434	8598242	2262563	3704348	4902788	4585132	103
104 UNIT COST MULT-WS B PT I	14.609475		1.105324		22625.630000		.024136		104
104 UNIT COST MULT-WS B PT I		47.527376		5.217937		18.836594		458.513200	104
105 COST TO BE ALLOC PER B PT II	9	10	6392	6871	31056	641	1777	10318	105
106 UNIT COST MULT-WS B PT II	.000628		.003383		310.560000		.000009		106
106 UNIT COST MULT-WS B PT II		.002098		.004170		.003259		1.031800	106
107 COST TO BE ALLOC PER B PT III	1026	48462	132473	195665	538031	25643	264618	205132	107
108 UNIT COST MULT-WS B PT III	.071588		.070113		5380.310000		.001303		108
108 UNIT COST MULT-WS B PT III		10.166142		.118741		.130395		20.513200	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNAL MEDICINE	PSYCHIATRY	I&R SALARY & FRINGES	I&R PROGRAM COSTS
	COSTED REQUISITIO	GROSS REVENUE	GROSS REVENUE	%OF TIME	%OF TIME	I&R ASSIGN ED TIME	I&R ASSIGN ED TIME
	16	17	18	19.01	19.02	22	23
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
1.01 OLD CAP BLDG- WILLARD & OTHER							1.01
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
3.01 NEW CAP BLDG- WILLARD							3.01
3.02 NEW CAP BLDG- PLAIN STREET							3.02
3.03 NEW CAP BLDG- BLACKSTONE							3.03
3.04 NEW CAP BLDG- 100 DUDLEY STRE							3.04
3.05 NEW CAP BLDG- 120 DUDLEY STRE							3.05
3.06 NEW CAP BLDG- EAST GREENWICH							3.06
3.07 NEW CAP BLDG- WOONSOCKET							3.07
3.08 NEW CAP BLDG- SWANSEA							3.08
3.09 NEW CAP BLDG- RICHMOND ST							3.09
3.10 NEW CAP BLDG- NORTH ATTLEBORO							3.10
3.11 NEW CAP BLDG- MEDICAL OFFICE							3.11
3.12 NEW CAP BLDG- LAB OUTREACH							3.12
3.13 NEW CAP BLDG- ELM STREET							3.13
3.14 NEW CAP BLDG - KILGUSS							3.14
3.15 NEW CAP BLDG - NB MFM							3.15
3.16 NEW CAP BLDG - EDDY STREET CW							3.16
3.17 NEW CAP BLDG - THURBERS AVENU							3.17
3.18 NEW CAP BLDG- 365 EDDY STREET							3.18
3.19 NEW CAP BLDG- SC COMMONS							3.19
3.20 NEW CAP BLDG- 50 HOLDEN STREE							3.20
3.21 NEW CAP BLDG-FALL RIVER							3.21
3.22 NEW CAP BLDG- 888 EDDY STREET							3.22
3.23 NEW CAP BLDG- 908 EDDY STREET							3.23
3.24 NEW CAP BLDG- COCASSET ST FOX							3.24
4 NEW CAP REL COSTS-MVBLE EQUIP							4
4.01 NEW CAP EQUIP- EAST GREENWICH							4.01
4.02 NEW CAP EQUIP- WOONSOCKET							4.02
4.03 NEW CAP EQUIP- SWANSEA							4.03
4.04 NEW CAP EQUIP- NORTH ATTLEBOR							4.04
4.05 NEW CAP EQUIP- MOB DUDLEY							4.05
4.06 NEW CAP EQUIP- NB MFM							4.06
4.07 NEW CAP EQUIP - EDDY CWS							4.07
4.08 NEW CAP EQUIP - THURBERS AVEN							4.08
4.09 NEW CAP EQUIP- SC COMMONS							4.09
4.10 NEW CAP EQUIP- 50 HOLDEN STRE							4.10
4.11 NEW CAP EQUIP- FALL RIVER BOS							4.11
4.12 NEW CAP EQUIP- 888 EDDY STREE							4.12
4.13 NEW CAP EQUIP- 908 EDDY STREE							4.13
4.14 NEW CAP EQUIP- FOXBORO- COCAS							4.14
5 EMPLOYEE BENEFITS							5
6.01 COMMUNICATIONS							6.01
6.02 DATA PROCESSING							6.02
6.03 MATERIALS MANAGEMENT							6.03
6.04 CENTRAL PATIENT REGISTRATION							6.04
6.05 PATIENT ACCOUNTING							6.05
6.06 ADMINISTATIVE AND GENERAL							6.06
7 MAINTENANCE & REPAIRS							7
7.01 ENGINEERING- 79 PLAIN							7.01
7.02 ENGINEERING- BLACKSTONE							7.02
7.03 ENGINEERING- WILLARD							7.03
7.04 ENGINEERING- 100 DUDLEY							7.04
8 OPERATION OF PLANT							8
8.01 OPERATION OF PLANT-KILGUSS							8.01
8.02 OPERATION OF PLANT- 70 ELM							8.02
8.03 OPERATION OF PLANT- RICHMOND							8.03
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY	10583168						16
17 MEDICAL RECORDS & LIBRARY		697336608					17
18 SOCIAL SERVICE		402845	696933763				18
19.01 INTERNAL MEDICINE				4567			19.01
19.02 PSYCHIATRY					3557		19.02
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNAL MEDICINE	PSYCHIATRY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
	COSTED REQUISITIO 16	GROSS REVENUE 17	GROSS REVENUE 18	%OF TIME 19.01	%OF TIME 19.02	I&R ASSIGN ED TIME 22	I&R ASSIGN ED TIME 23	
22 I&R SERVICES-SALARY & FRINGES						202513		22
23 I&R SERVICES-OTHER PRGM COSTS				1665	909		202513	23
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25 ADULTS & PEDIATRICS	91621	83914540	83914540	1459	220	12232	12232	25
30 NEONATAL INTENSIVE CARE UNIT	21701	142900327	142900327			53287	53287	30
33 NURSERY		19113400	19113400			5649	5649	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8710	52115195	52115195			28943	28943	37
38 RECOVERY ROOM	296	7090189	7090189					38
39 DELIVERY ROOM & LABOR ROOM	47285	75090296	75090296			11458	11458	39
40 ANESTHESIOLOGY	43205	9257375	9257375					40
41 RADIOLOGY-DIAGNOSTIC	1429	12322455	12322455			2293	2293	41
41.01 ULTRASOUND	2132	18962521	18962521			3423	3423	41.01
41.02 CT SCANS	150	9272440	9272440					41.02
41.03 MRI		10020463	10020463					41.03
44 LABORATORY		104788068	104788068			11984	11984	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		7114592	7114592					47
48 INTRAVENOUS THERAPY		10644206	10644206					48
49 RESPIRATORY THERAPY		12325229	12325229					49
50 PHYSICAL THERAPY		940474	940474					50
53 ELECTROCARDIOLOGY		1164306	1164306					53
55 MEDICAL SUPPLIES CHARGED TO P		11405981	11405981					55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	10344921	49749105	49749105					56
59 OTHER ANCILLARY - FETAL MONIT								59
59.01 CIRCUMCISION		1691900	1691900					59.01
59.02 PRENATAL DIAGNOSTIC CENTER		6723331	6723331			8875	8875	59.02
59.03 DAY HOSPITAL		1322600	1322600					59.03
59.04 INVITRO FERTILIZATION	4169	8316315	8316315			2698	2698	59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM		2689027	2689027					59.06
59.07 INFANT DEVELOPMENT UNIT		984828	984828					59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2451	7193833	7193833			14117	14117	60
60.01 CLINIC- PROJECT LINK		426449	426449					60.01
60.02 CLINIC - CENTER FOR WOMENS SU	1457	1829088	1829088			9516	9516	60.02
60.03 CLINIC - GYNONCOLOGY PBO	6440	5050119	5050119			12316	12316	60.03
60.04 CLINIC - OB MEDICINE	3219	2268144	2268144					60.04
60.05 CLINIC - NEW BOSTON RD	648	259627	259627					60.05
60.06 CLINIC- GENERAL INTERNAL MEDI	630	867352	867352			204	204	60.06
61 EMERGENCY	2506	17914156	17914156			21974	21974	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	10582970	696130776	695727931	3124	1129	198969	198969	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
97 RESEARCH						3544	3544	97
98 PHYSICIANS' PRIVATE OFFICES								98
100 OTHER NON-REIMBURSABLE (SPECI		1029202	1029202					100
100.01 GRANTS - GENERAL								100.01
100.02 GRANTS - RESEARCH	55			498	1810			100.02
100.03 FUND RAISING								100.03
100.04 CARE NEW ENGLAND								100.04
100.05 CARE NEW ENGLAND WELLNESS								100.05
100.06 GRANT FUNDED CLINICS								100.06
100.07 CARE NEW ENGLAND I/S-PURCH								100.07
100.08 OFFSITE PHYSICIANS								100.08
100.09 PHYSICIANS- MEDICAL STUDENTS					275			100.09
100.10 PHYSICIANS- NONREIMBURSABLE								100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNAL MEDICINE	PSYCHIATRY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
	COSTED REQUISITIO 16	GROSS REVENUE 17	GROSS REVENUE 18	%OF TIME 19.01	%OF TIME 19.02	I&R ASSIGN ED TIME 22	I&R ASSIGN ED TIME 23	
100.11 PHYSICIANS- OTHER NONREIMBURS				392	332			100.11
100.12 PHYSICIANS- UNFUNDED RESEARCH				553	11			100.12
100.14 KENT STAFF PAID BY WOMENS & I								100.14
100.15 PATIENT EDUCATION	143	176630	176630					100.15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	17561961	4108327	2048137	1793659	510168	3722547	12603469	103
104 UNIT COST MULT-WS B PT I	1.659424		.002939		143.426483		62.235358	104
104 UNIT COST MULT-WS B PT I		.005891		392.743376		18.381768		104
105 COST TO BE ALLOC PER B PT II	11169	10073	5472	4818	47	171	7196	105
106 UNIT COST MULT-WS B PT II	.001055		.000008		.013213		.035534	106
106 UNIT COST MULT-WS B PT II		.000014		1.054959		.000844		106
107 COST TO BE ALLOC PER B PT III	306376	213515	114014	170295	23931	18393	281352	107
108 UNIT COST MULT-WS B PT III	.028949		.000164		6.727861		1.389303	108
108 UNIT COST MULT-WS B PT III		.000306		37.288154		.090824		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	39952106		39952106		39952106	25
30 NEONATAL INTENSIVE CARE UNI	42940726		42940726	68758	43009484	30
33 NURSERY	12617871		12617871		12617871	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16984690		16984690	44018	17028708	37
38 RECOVERY ROOM	5067023		5067023		5067023	38
39 DELIVERY ROOM & LABOR ROOM	28920930		28920930		28920930	39
40 ANESTHESIOLOGY	1247317		1247317		1247317	40
41 RADIOLOGY-DIAGNOSTIC	4548659		4548659		4548659	41
41.01 ULTRASOUND	6729233		6729233		6729233	41.01
41.02 CT SCANS	1469261		1469261		1469261	41.02
41.03 MRI	1740127		1740127		1740127	41.03
44 LABORATORY	37885768		37885768		37885768	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2325105		2325105		2325105	47
48 INTRAVENOUS THERAPY	1199328		1199328		1199328	48
49 RESPIRATORY THERAPY	4697964		4697964		4697964	49
50 PHYSICAL THERAPY	420081		420081		420081	50
53 ELECTROCARDIOLOGY	235934		235934		235934	53
55 MEDICAL SUPPLIES CHARGED TO	6323771		6323771		6323771	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	18250439		18250439		18250439	56
59 OTHER ANCILLARY - FETAL MON						59
59.01 CIRCUMCISION	306567		306567		306567	59.01
59.02 PRENATAL DIAGNOSTIC CENTER	3691016		3691016	2934	3693950	59.02
59.03 DAY HOSPITAL	762270		762270		762270	59.03
59.04 INVITRO FERTILIZATION	7854576		7854576		7854576	59.04
59.05 HOME CARE						59.05
59.06 HEARING PROGRAM	995459		995459		995459	59.06
59.07 INFANT DEVELOPMENT UNIT	1175552		1175552		1175552	59.07
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	5044729		5044729		5044729	60
60.01 CLINIC- PROJECT LINK	1008577		1008577		1008577	60.01
60.02 CLINIC - CENTER FOR WOMENS	1587039		1587039		1587039	60.02
60.03 CLINIC - GYNONCOLOGY PBO	10338671		10338671		10338671	60.03
60.04 CLINIC - OB MEDICINE	2413090		2413090		2413090	60.04
60.05 CLINIC - NEW BOSTON RD	755195		755195		755195	60.05
60.06 CLINIC- GENERAL INTERNAL ME	835662		835662		835662	60.06
61 EMERGENCY	11004506		11004506		11004506	61
62 OBSERVATION BEDS (NON-DISTI	1074553		1074553		1074553	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 SUBTOTAL	282403795		282403795	115710	282519505	101
102 LESS OBSERVATION BEDS	1074553		1074553		1074553	102
103 TOTAL	281329242		281329242	115710	281444952	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	83914540		83914540			25
30 NEONATAL INTENSIVE CARE UNI	142900327		142900327			30
33 NURSERY	19113400		19113400			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	27706867	24408328	52115195	.325907	.325907	.326751 37
38 RECOVERY ROOM	2583996	4506193	7090189	.714653	.714653	.714653 38
39 DELIVERY ROOM & LABOR ROOM	74876869	213427	75090296	.385149	.385149	.385149 39
40 ANESTHESIOLOGY	6914385	2342990	9257375	.134738	.134738	.134738 40
41 RADIOLOGY-DIAGNOSTIC	2595696	9726759	12322455	.369136	.369136	.369136 41
41.01 ULTRASOUND	2507071	16455450	18962521	.354870	.354870	.354870 41.01
41.02 CT SCANS	2055633	7216807	9272440	.158455	.158455	.158455 41.02
41.03 MRI	1107971	8912492	10020463	.173657	.173657	.173657 41.03
44 LABORATORY	18237383	86550686	104788069	.361547	.361547	.361547 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3618998	3495594	7114592	.326808	.326808	.326808 47
48 INTRAVENOUS THERAPY	13618	10630588	10644206	.112674	.112674	.112674 48
49 RESPIRATORY THERAPY	12291695	33534	12325229	.381166	.381166	.381166 49
50 PHYSICAL THERAPY	465653	474821	940474	.446669	.446669	.446669 50
53 ELECTROCARDIOLOGY	433776	730530	1164306	.202639	.202639	.202639 53
55 MEDICAL SUPPLIES CHARGED TO	5484200	5921781	11405981	.554426	.554426	.554426 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	18074514	31674591	49749105	.366850	.366850	.366850 56
59 OTHER ANCILLARY - FETAL MON						59
59.01 CIRCUMCISION	1682400	9500	1691900	.181197	.181197	.181197 59.01
59.02 PRENATAL DIAGNOSTIC CENTER	50659	6672672	6723331	.548986	.548986	.549423 59.02
59.03 DAY HOSPITAL		1322600	1322600	.576342	.576342	.576342 59.03
59.04 INVITRO FERTILIZATION		8316315	8316315	.944478	.944478	.944478 59.04
59.05 HOME CARE						59.05
59.06 HEARING PROGRAM	2372672	316355	2689027	.370193	.370193	.370193 59.06
59.07 INFANT DEVELOPMENT UNIT	935048	49780	984828	1.193662	1.193662	1.193662 59.07
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	60245	7133588	7193833	.701257	.701257	.701257 60
60.01 CLINIC- PROJECT LINK		426449	426449	2.365059	2.365059	2.365059 60.01
60.02 CLINIC - CENTER FOR WOMENS	355	1828733	1829088	.867667	.867667	.867667 60.02
60.03 CLINIC - GYNONCOLOGY PBO	5230	5044889	5050119	2.047213	2.047213	2.047213 60.03
60.04 CLINIC - OB MEDICINE	1591	2266553	2268144	1.063905	1.063905	1.063905 60.04
60.05 CLINIC - NEW BOSTON RD	355	259272	259627	2.908769	2.908769	2.908769 60.05
60.06 CLINIC- GENERAL INTERNAL ME		867352	867352	.963464	.963464	.963464 60.06
61 EMERGENCY	2201117	12863277	15064394	.730498	.730498	.730498 61
62 OBSERVATION BEDS (NON-DISTI	329860	2519902	2849762	.377068	.377068	.377068 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	37636	500	38136			65
101 SUBTOTAL	432573760	263192308	695766068			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	432573760	263192308	695766068			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	190303		190303	3534700		3534700
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE UNIT	47057		47057	1186775		1186775
31 SUBPROVIDER I						
33 NURSERY	13257		13257	320117		320117
101 TOTAL	250617		250617	5041592		5041592

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	39597	2103	4.81	10115	89.27	187735
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE UNIT	25126		1.87		47.23	
31 SUBPROVIDER I						
33 NURSERY	22226		.60		14.40	
101 TOTAL	86949	2103		10115		187735

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (41-0010) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	35733	1104600	52115195	3698221	.000686	2537	.021195	78384	37
38 RECOVERY ROOM	8302	177679	7090189	360237	.001171	422	.025060	9028	38
39 DELIVERY ROOM & LABOR ROOM	57528	1243450	75090296	218595	.000766	167	.016559	3620	39
40 ANESTHESIOLOGY	2251	63431	9257375	170780	.000243	41	.006852	1170	40
41 RADIOLOGY-DIAGNOSTIC	8702	195302	12322455	219970	.000706	155	.015849	3486	41
41.01 ULTRASOUND	12987	286250	18962521	108119	.000685	74	.015096	1632	41.01
41.02 CT SCANS	4415	86913	9272440	369470	.000476	176	.009373	3463	41.02
41.03 MRI	3605	76258	10020463	57832	.000360	21	.007610	440	41.03
44 LABORATORY	36049	1730575	104788069	1250231	.000344	430	.016515	20648	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	2166	53695	7114592	203754	.000304	62	.007547	1538	47
48 INTRAVENOUS THERAPY	358	78192	10644206	305	.000034		.007346	2	48
49 RESPIRATORY THERAPY	3639	99641	12325229	168939	.000295	50	.008084	1366	49
50 PHYSICAL THERAPY	46	49889	940474	144114	.000049	7	.053047	7645	50
53 ELECTROCARDIOLOGY	1617	36198	1164306	86423	.001389	120	.031090	2687	53
55 MEDICAL SUPPLIES CHARGED TO P	722	57591	11405981	694046	.000063	44	.005049	3504	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	12237	354724	49749105	925166	.000246	228	.007130	6596	56
59 OTHER ANCILLARY - FETAL MONIT									59
59.01 CIRCUMCISION	715	14526	1691900		.000423		.008586		59.01
59.02 PRENATAL DIAGNOSTIC CENTER	2448	416786	6723331		.000364		.061991		59.02
59.03 DAY HOSPITAL	90	23270	1322600		.000068		.017594		59.03
59.04 INVITRO FERTILIZATION	1049	649485	8316315		.000126		.078098		59.04
59.05 HOME CARE									59.05
59.06 HEARING PROGRAM	542	72533	2689027		.000202		.026974		59.06
59.07 INFANT DEVELOPMENT UNIT	83	75101	984828		.000084		.076258		59.07
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	694	159709	7193833	27877	.000096	3	.022201	619	60
60.01 CLINIC- PROJECT LINK	81	69838	426449		.000190		.163766		60.01
60.02 CLINIC - CENTER FOR WOMENS SU	148	162223	1829088		.000081		.088691		60.02
60.03 CLINIC - GYNOCOBG PBO	6020	946779	5050119		.001192		.187477		60.03
60.04 CLINIC - OB MEDICINE	285	109021	2268144		.000126		.048066		60.04
60.05 CLINIC - NEW BOSTON RD	44	131191	259627		.000169		.505306		60.05
60.06 CLINIC- GENERAL INTERNAL MEDI	110	119205	867352		.000127		.137436		60.06
61 EMERGENCY	16665	372846	15064394	81925	.001106	91	.024750	2028	61
62 OBSERVATION BEDS (NON-DISTINC	5118	95069	2849762	28536	.001796	51	.033360	952	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL	224449	9111970	449799665	8814540		4679		148808	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					39597		2103	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 NEONATAL INTENSIVE CARE UNIT					25126			30
31 SUBPROVIDER I								31
33 NURSERY					22226			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					86949		2103	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0010) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCANS							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 OTHER ANCILLARY - FETAL MONIT							59
59.01 CIRCUMCISION							59.01
59.02 PRENATAL DIAGNOSTIC CENTER							59.02
59.03 DAY HOSPITAL							59.03
59.04 INVITRO FERTILIZATION							59.04
59.05 HOME CARE							59.05
59.06 HEARING PROGRAM							59.06
59.07 INFANT DEVELOPMENT UNIT							59.07
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CLINIC- PROJECT LINK							60.01
60.02 CLINIC - CENTER FOR WOMENS SU							60.02
60.03 CLINIC - GYNONOCOLGY PBO							60.03
60.04 CLINIC - OB MEDICINE							60.04
60.05 CLINIC - NEW BOSTON RD							60.05
60.06 CLINIC- GENERAL INTERNAL MEDI							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0010) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		52115195			3698221		1776852 37
38 RECOVERY ROOM		7090189			360237		283250 38
39 DELIVERY ROOM & LABOR ROOM		75090296			218595		218595 39
40 ANESTHESIOLOGY		9257375			170780		144615 40
41 RADIOLOGY-DIAGNOSTIC		12322455			219970		294505 41
41.01 ULTRASOUND		18962521			108119		1322686 41.01
41.02 CT SCANS		9272440			369470		1544928 41.02
41.03 MRI		10020463			57832		740539 41.03
44 LABORATORY		104788069			1250231		575684 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7114592			203754		181255 47
48 INTRAVENOUS THERAPY		10644206			305		1545865 48
49 RESPIRATORY THERAPY		12325229			168939		22259 49
50 PHYSICAL THERAPY		940474			144114		275 50
53 ELECTROCARDIOLOGY		1164306			86423		44138 53
55 MEDICAL SUPPLIES CHARGED TO P		11405981			694046		458624 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		49749105			925166		6586288 56
59 OTHER ANCILLARY - FETAL MONIT							59
59.01 CIRCUMCISION		1691900					59.01
59.02 PRENATAL DIAGNOSTIC CENTER		6723331					59.02
59.03 DAY HOSPITAL		1322600					35700 59.03
59.04 INVITRO FERTILIZATION		8316315					59.04
59.05 HOME CARE							59.05
59.06 HEARING PROGRAM		2689027					2020 59.06
59.07 INFANT DEVELOPMENT UNIT		984828					59.07
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		7193833			27877		165708 60
60.01 CLINIC- PROJECT LINK		426449					60.01
60.02 CLINIC - CENTER FOR WOMENS SU		1829088					495577 60.02
60.03 CLINIC - GYNONCOLOGY PBO		5050119					946460 60.03
60.04 CLINIC - OB MEDICINE		2268144					156679 60.04
60.05 CLINIC - NEW BOSTON RD		259627					229918 60.05
60.06 CLINIC- GENERAL INTERNAL MEDI		867352					50094 60.06
61 EMERGENCY		15064394			81925		210195 61
62 OBSERVATION BEDS (NON-DISTINC		2849762			28536		154048 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		449799665			8814540		17968162 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0010) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCANS					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 OTHER ANCILLARY - FETAL MONIT					59
59.01 CIRCUMCISION					59.01
59.02 PRENATAL DIAGNOSTIC CENTER					59.02
59.03 DAY HOSPITAL					59.03
59.04 INVITRO FERTILIZATION					59.04
59.05 HOME CARE					59.05
59.06 HEARING PROGRAM					59.06
59.07 INFANT DEVELOPMENT UNIT					59.07
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CLINIC- PROJECT LINK					60.01
60.02 CLINIC - CENTER FOR WOMENS SU					60.02
60.03 CLINIC - GYNONOCLOGY PBO					60.03
60.04 CLINIC - OB MEDICINE					60.04
60.05 CLINIC - NEW BOSTON RD					60.05
60.06 CLINIC- GENERAL INTERNAL MEDI					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0010) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.325907	.325907	.325907			37
39 RECOVERY ROOM	.714653	.714653	.714653			38
40 DELIVERY ROOM & LABOR ROOM	.385149	.385149	.385149			39
41 ANESTHESIOLOGY	.134738	.134738	.134738			40
41 RADIOLOGY-DIAGNOSTIC	.369136	.369136	.369136			41
41.01 ULTRASOUND	.354870	.354870	.354870			41.01
41.02 CT SCANS	.158455	.158455	.158455			41.02
41.03 MRI	.173657	.173657	.173657			41.03
44 LABORATORY	.361547	.361547	.361547			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.326808	.326808	.326808			47
48 INTRAVENOUS THERAPY	.112674	.112674	.112674			48
49 RESPIRATORY THERAPY	.381166	.381166	.381166			49
50 PHYSICAL THERAPY	.446669	.446669	.446669			50
53 ELECTROCARDIOLOGY	.202639	.202639	.202639			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.554426	.554426	.554426			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.366850	.366850	.366850			56
59 OTHER ANCILLARY - FETAL MONITOR						59
59.01 CIRCUMCISION	.181197	.181197	.181197			59.01
59.02 PRENATAL DIAGNOSTIC CENTER	.548986	.548986	.548986			59.02
59.03 DAY HOSPITAL	.576342	.576342	.576342			59.03
59.04 INVITRO FERTILIZATION	.944478	.944478	.944478			59.04
59.05 HOME CARE						59.05
59.06 HEARING PROGRAM	.370193	.370193	.370193			59.06
59.07 INFANT DEVELOPMENT UNIT	1.193662	1.193662	1.193662			59.07
60 OUTPATIENT SERVICE COST CENTERS						60
60.01 CLINIC - PROJECT LINK	2.365059	2.365059	2.365059			60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	.867667	.867667	.867667			60.02
60.03 CLINIC - GYNONCOLOGY PBO	2.047213	2.047213	2.047213			60.03
60.04 CLINIC - OB MEDICINE	1.063905	1.063905	1.063905			60.04
60.05 CLINIC - NEW BOSTON RD	2.908769	2.908769	2.908769			60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	.963464	.963464	.963464			60.06
61 EMERGENCY	.730498	.730498	.730498			61
62 OBSERVATION BEDS (NON-DISTINCT	.377068	.377068	.377068			62
63.50 RHC						63.50
63.60 FQHC						63.60
65 OTHER REIMBURSABLE COST CENTERS						65
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.366850	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0010) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1776852						37
38 RECOVERY ROOM		283250						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		144615						40
41 RADIOLOGY-DIAGNOSTIC		294505						41
41.01 ULTRASOUND		1322686						41.01
41.02 CT SCANS		1544928						41.02
41.03 MRI		740539						41.03
44 LABORATORY		575684						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		181255						47
48 INTRAVENOUS THERAPY		1545865						48
49 RESPIRATORY THERAPY		22259						49
50 PHYSICAL THERAPY		275						50
53 ELECTROCARDIOLOGY		44138						53
55 MEDICAL SUPPLIES CHARGED TO PA		458624						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		6586288						56
59 OTHER ANCILLARY - FETAL MONITO								59
59.01 CIRCUMCISION								59.01
59.02 PRENATAL DIAGNOSTIC CENTER								59.02
59.03 DAY HOSPITAL		35700						59.03
59.04 INVITRO FERTILIZATION								59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM		2020						59.06
59.07 INFANT DEVELOPMENT UNIT								59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		165708						60
60.01 CLINIC- PROJECT LINK								60.01
60.02 CLINIC - CENTER FOR WOMENS SUR		495577						60.02
60.03 CLINIC - GYNONOCOLGY PBO		946460						60.03
60.04 CLINIC - OB MEDICINE		156679						60.04
60.05 CLINIC - NEW BOSTON RD		229918						60.05
60.06 CLINIC- GENERAL INTERNAL MEDIC		50094						60.06
61 EMERGENCY		210195						61
62 OBSERVATION BEDS (NON-DISTINCT		154048						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		17968162						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		17968162						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0010) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		579089					37
38 RECOVERY ROOM		202425					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		19485					40
41 RADIOLOGY-DIAGNOSTIC		108712					41
41.01 ULTRASOUND		469382					41.01
41.02 CT SCANS		244802					41.02
41.03 MRI		128600					41.03
44 LABORATORY		208137					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		59236					47
48 INTRAVENOUS THERAPY		174179					48
49 RESPIRATORY THERAPY		8484					49
50 PHYSICAL THERAPY		123					50
53 ELECTROCARDIOLOGY		8944					53
55 MEDICAL SUPPLIES CHARGED TO PAT		254273					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		2416180					56
59 OTHER ANCILLARY - FETAL MONITOR							59
59.01 CIRCUMCISION							59.01
59.02 PRENATAL DIAGNOSTIC CENTER							59.02
59.03 DAY HOSPITAL		20575					59.03
59.04 INVITRO FERTILIZATION							59.04
59.05 HOME CARE							59.05
59.06 HEARING PROGRAM		748					59.06
59.07 INFANT DEVELOPMENT UNIT							59.07
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		116204					60
60.01 CLINIC- PROJECT LINK							60.01
60.02 CLINIC - CENTER FOR WOMENS SURG		429996					60.02
60.03 CLINIC - GYNONOCOLGY PBO		1937605					60.03
60.04 CLINIC - OB MEDICINE		166692					60.04
60.05 CLINIC - NEW BOSTON RD		668778					60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI		48264					60.06
61 EMERGENCY		153547					61
62 OBSERVATION BEDS (NON-DISTINCT		58087					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		8482547					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8482547					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	190303		190303	3534700		3534700
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE UNIT	47057		47057	1186775		1186775
31 SUBPROVIDER I						
33 NURSERY	13257		13257	320117		320117
101 TOTAL	250617		250617	5041592		5041592

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	39597	14351	4.81	69028	89.27	1281114
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE UNIT	25126	13307	1.87	24884	47.23	628490
31 SUBPROVIDER I						
33 NURSERY	22226	10100	.60	6060	14.40	145440
101 TOTAL	86949	37758		99972		2055044

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (41-0010) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	35733	1104600	52115195		.000686		.021195	37
38 RECOVERY ROOM	8302	177679	7090189		.001171		.025060	38
39 DELIVERY ROOM & LABOR ROOM	57528	1243450	75090296		.000766		.016559	39
40 ANESTHESIOLOGY	2251	63431	9257375		.000243		.006852	40
41 RADIOLOGY-DIAGNOSTIC	8702	195302	12322455		.000706		.015849	41
41.01 ULTRASOUND	12987	286250	18962521		.000685		.015096	41.01
41.02 CT SCANS	4415	86913	9272440		.000476		.009373	41.02
41.03 MRI	3605	76258	10020463		.000360		.007610	41.03
44 LABORATORY	36049	1730575	104788069		.000344		.016515	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	2166	53695	7114592		.000304		.007547	47
48 INTRAVENOUS THERAPY	358	78192	10644206		.000034		.007346	48
49 RESPIRATORY THERAPY	3639	99641	12325229		.000295		.008084	49
50 PHYSICAL THERAPY	46	49889	940474		.000049		.053047	50
53 ELECTROCARDIOLOGY	1617	36198	1164306		.001389		.031090	53
55 MEDICAL SUPPLIES CHARGED TO P	722	57591	11405981		.000063		.005049	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	12237	354724	49749105		.000246		.007130	56
59 OTHER ANCILLARY - FETAL MONIT								59
59.01 CIRCUMCISION	715	14526	1691900		.000423		.008586	59.01
59.02 PRENATAL DIAGNOSTIC CENTER	2448	416786	6723331		.000364		.061991	59.02
59.03 DAY HOSPITAL	90	23270	1322600		.000068		.017594	59.03
59.04 INVITRO FERTILIZATION	1049	649485	8316315		.000126		.078098	59.04
59.05 HOME CARE								59.05
59.06 HEARING PROGRAM	542	72533	2689027		.000202		.026974	59.06
59.07 INFANT DEVELOPMENT UNIT	83	75101	984828		.000084		.076258	59.07
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	694	159709	7193833		.000096		.022201	60
60.01 CLINIC- PROJECT LINK	81	69838	426449		.000190		.163766	60.01
60.02 CLINIC - CENTER FOR WOMENS SU	148	162223	1829088		.000081		.088691	60.02
60.03 CLINIC - GYNOCOCLOGY PBO	6020	946779	5050119		.001192		.187477	60.03
60.04 CLINIC - OB MEDICINE	285	109021	2268144		.000126		.048066	60.04
60.05 CLINIC - NEW BOSTON RD	44	131191	259627		.000169		.505306	60.05
60.06 CLINIC- GENERAL INTERNAL MEDI	110	119205	867352		.000127		.137436	60.06
61 EMERGENCY	16665	372846	15064394		.001106		.024750	61
62 OBSERVATION BEDS (NON-DISTINC	5118	95069	2849762		.001796		.033360	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	224449	9111970	449799665					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					39597		14351	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 NEONATAL INTENSIVE CARE UNIT					25126		13307	30
31 SUBPROVIDER I								31
33 NURSERY					22226		10100	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					86949		37758	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0010) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCANS							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 OTHER ANCILLARY - FETAL MONIT							59
59.01 CIRCUMCISION							59.01
59.02 PRENATAL DIAGNOSTIC CENTER							59.02
59.03 DAY HOSPITAL							59.03
59.04 INVITRO FERTILIZATION							59.04
59.05 HOME CARE							59.05
59.06 HEARING PROGRAM							59.06
59.07 INFANT DEVELOPMENT UNIT							59.07
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CLINIC- PROJECT LINK							60.01
60.02 CLINIC - CENTER FOR WOMENS SU							60.02
60.03 CLINIC - GYNONOCLOGY PBO							60.03
60.04 CLINIC - OB MEDICINE							60.04
60.05 CLINIC - NEW BOSTON RD							60.05
60.06 CLINIC- GENERAL INTERNAL MEDI							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0010) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		52115195					37
38 RECOVERY ROOM		7090189					38
39 DELIVERY ROOM & LABOR ROOM		75090296					39
40 ANESTHESIOLOGY		9257375					40
41 RADIOLOGY-DIAGNOSTIC		12322455					41
41.01 ULTRASOUND		18962521					41.01
41.02 CT SCANS		9272440					41.02
41.03 MRI		10020463					41.03
44 LABORATORY		104788069					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7114592					47
48 INTRAVENOUS THERAPY		10644206					48
49 RESPIRATORY THERAPY		12325229					49
50 PHYSICAL THERAPY		940474					50
53 ELECTROCARDIOLOGY		1164306					53
55 MEDICAL SUPPLIES CHARGED TO P		11405981					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		49749105					56
59 OTHER ANCILLARY - FETAL MONIT							59
59.01 CIRCUMCISION		1691900					59.01
59.02 PRENATAL DIAGNOSTIC CENTER		6723331					59.02
59.03 DAY HOSPITAL		1322600					59.03
59.04 INVITRO FERTILIZATION		8316315					59.04
59.05 HOME CARE							59.05
59.06 HEARING PROGRAM		2689027					59.06
59.07 INFANT DEVELOPMENT UNIT		984828					59.07
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		7193833					60
60.01 CLINIC- PROJECT LINK		426449					60.01
60.02 CLINIC - CENTER FOR WOMENS SU		1829088					60.02
60.03 CLINIC - GYNONOCOLGY PBO		5050119					60.03
60.04 CLINIC - OB MEDICINE		2268144					60.04
60.05 CLINIC - NEW BOSTON RD		259627					60.05
60.06 CLINIC- GENERAL INTERNAL MEDI		867352					60.06
61 EMERGENCY		15064394					61
62 OBSERVATION BEDS (NON-DISTINC		2849762					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		449799665					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0010) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCANS					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 OTHER ANCILLARY - FETAL MONIT					59
59.01 CIRCUMCISION					59.01
59.02 PRENATAL DIAGNOSTIC CENTER					59.02
59.03 DAY HOSPITAL					59.03
59.04 INVITRO FERTILIZATION					59.04
59.05 HOME CARE					59.05
59.06 HEARING PROGRAM					59.06
59.07 INFANT DEVELOPMENT UNIT					59.07
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CLINIC- PROJECT LINK					60.01
60.02 CLINIC - CENTER FOR WOMENS SU					60.02
60.03 CLINIC - GYNONOCLOGY PBO					60.03
60.04 CLINIC - OB MEDICINE					60.04
60.05 CLINIC - NEW BOSTON RD					60.05
60.06 CLINIC- GENERAL INTERNAL MEDI					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0010)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	39597						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	39597						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39597						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2103						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0010)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	39952106						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	39952106						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	83914540						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	83914540						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	39952106						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (41-0010)	SUB I	SUB II	SUB III	SUB IV			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1			
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1008.97						38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2121864						39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2121864						41	
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST			
		1	2	3	4	5			
42	NURSERY (TITLES V AND XIX ONLY)							42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT							43	
44	CORONARY CARE UNIT							44	
45	BURN INTENSIVE CARE UNIT							45	
46	SURGICAL INTENSIVE CARE UNIT							46	
47	NEONATAL INTENSIVE CARE UNIT	43009484	25126	1711.75				47	
		HOSPITAL (PPS) (41-0010)	SUB I	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	3240464						48	
49	TOTAL PROGRAM INPATIENT COSTS	5362328						49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	197850						50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	153487						51	
52	TOTAL PROGRAM EXCLUDABLE COST	351337						52	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	5010991						53	

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (41-0010)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (41-0010)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1065	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1008.97	84
85 OBSERVATION BED COST	1074553	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	190303	39952106	.004763	1074553	5118	86
87 NEW CAPITAL-RELATED COST	3534700	39952106	.088473	1074553	95069	87
88 NON PHYSICIAN ANESTHETIST		39952106		1074553		88
89 MEDICAL EDUCATION		39952106		1074553		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (41-0010)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	39597					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	39597					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39597					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	14351					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	22226					15
16 TITLE V OR XIX NURSERY DAYS	10100					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (41-0010)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	39952106						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	39952106						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	83914540						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	83914540						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	39952106						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (41-0010)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1008.97					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14479728					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14479728					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	12617871	22226	567.71	10100	5733871	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	42940726	25126	1709.02	13307	22741929	47
	HOSPITAL (OTHER) (41-0010)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	42955528					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2155016					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	2155016					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (41-0010)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

NF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL (OTHER) (41-0010)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1065	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1008.97	84
85 OBSERVATION BED COST	1074553	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (41-0010) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		5744205		25
30 NEONATAL INTENSIVE CARE UNIT				30
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.326751	3698221	1208397	37
38 RECOVERY ROOM	.714653	360237	257444	38
39 DELIVERY ROOM & LABOR ROOM	.385149	218595	84192	39
40 ANESTHESIOLOGY	.134738	170780	23011	40
41 RADIOLOGY-DIAGNOSTIC	.369136	219970	81199	41
41.01 ULTRASOUND	.354870	108119	38368	41.01
41.02 CT SCANS	.158455	369470	58544	41.02
41.03 MRI	.173657	57832	10043	41.03
44 LABORATORY	.361547	1250231	452017	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.326808	203754	66588	47
48 INTRAVENOUS THERAPY	.112674	305	34	48
49 RESPIRATORY THERAPY	.381166	168939	64394	49
50 PHYSICAL THERAPY	.446669	144114	64371	50
53 ELECTROCARDIOLOGY	.202639	86423	17513	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.554426	694046	384797	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.366850	925166	339397	56
59 OTHER ANCILLARY - FETAL MONITOR				59
59.01 CIRCUMCISION	.181197			59.01
59.02 PRENATAL DIAGNOSTIC CENTER	.549423			59.02
59.03 DAY HOSPITAL	.576342			59.03
59.04 INVITRO FERTILIZATION	.944478			59.04
59.05 HOME CARE				59.05
59.06 HEARING PROGRAM	.370193			59.06
59.07 INFANT DEVELOPMENT UNIT	1.193662			59.07
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.701257	27877	19549	60
60.01 CLINIC- PROJECT LINK	2.365059			60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	.867667			60.02
60.03 CLINIC - GYNOCOCLOGY PBO	2.047213			60.03
60.04 CLINIC - OB MEDICINE	1.063905			60.04
60.05 CLINIC - NEW BOSTON RD	2.908769			60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	.963464			60.06
61 EMERGENCY	.730498	81925	59846	61
62 OBSERVATION BEDS (NON-DISTINCT	.377068	28536	10760	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		8814540	3240464	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8814540		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (41-0010)	[] SNF	[] PPS
[] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
30 NEONATAL INTENSIVE CARE UNIT			30
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.325907		37
38 RECOVERY ROOM	.714653		38
39 DELIVERY ROOM & LABOR ROOM	.385149		39
40 ANESTHESIOLOGY	.134738		40
41 RADIOLOGY-DIAGNOSTIC	.369136		41
41.01 ULTRASOUND	.354870		41.01
41.02 CT SCANS	.158455		41.02
41.03 MRI	.173657		41.03
44 LABORATORY	.361547		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.326808		47
48 INTRAVENOUS THERAPY	.112674		48
49 RESPIRATORY THERAPY	.381166		49
50 PHYSICAL THERAPY	.446669		50
53 ELECTROCARDIOLOGY	.202639		53
55 MEDICAL SUPPLIES CHARGED TO PAT	.554426		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.366850		56
59 OTHER ANCILLARY - FETAL MONITOR			59
59.01 CIRCUMCISION	.181197		59.01
59.02 PRENATAL DIAGNOSTIC CENTER	.548986		59.02
59.03 DAY HOSPITAL	.576342		59.03
59.04 INVITRO FERTILIZATION	.944478		59.04
59.05 HOME CARE			59.05
59.06 HEARING PROGRAM	.370193		59.06
59.07 INFANT DEVELOPMENT UNIT	1.193662		59.07
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.701257		60
60.01 CLINIC- PROJECT LINK	2.365059		60.01
60.02 CLINIC - CENTER FOR WOMENS SURG	.867667		60.02
60.03 CLINIC - GYNOCOCLOGY PBO	2.047213		60.03
60.04 CLINIC - OB MEDICINE	1.063905		60.04
60.05 CLINIC - NEW BOSTON RD	2.908769		60.05
60.06 CLINIC- GENERAL INTERNAL MEDICI	.963464		60.06
61 EMERGENCY	.730498		61
62 OBSERVATION BEDS (NON-DISTINCT	.377068		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (41-0010)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	648836					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2431088					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	283671					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	618105					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	75876					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	194.46					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	39.04					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	5.00					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	61.51					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	44.04					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	61.34					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	52.80					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	52.73				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0010)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.271161				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.302689				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.271161				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	128470				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	420081				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	548551 0	548551			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1146				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.4395				4.01
4.02	SUM OF 4 AND 4.01	0.5541				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.3494				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	1076125				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	4780476				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	4780476				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	363911				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	45655				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	5190042				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	5190042				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	384572				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	11836				20
21	REIMBURSABLE BAD DEBTS	64740				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	45318				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	64740				21.02
22	SUBTOTAL	4838952				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0010)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	4838952					26
27						27
28	4536607					28
28.01						28.01
29	302345					29
30	106302					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0010) 1	HOSPITAL (41-0010) 1.01	HOSPITAL (41-0010) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8482547			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	4585242			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7210165			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	63.59			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	4585242			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0010) 1	HOSPITAL (41-0010) 1.01	HOSPITAL (41-0010) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	970502		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	3614740		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	72221		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	3686961		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3686961		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	118142		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	82699		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	118142		27.02
28 SUBTOTAL	3769660		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	3769660		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3752155		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	17505		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (41-0010)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4536607		3752155	1
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	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		4536607		3752155	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	302345		17505	6.01
	PROVIDER TO .02 PROGRAM				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		4838952		3769660	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	39.04 3.01
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)	5.00 3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	44.04 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	62.11 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	44.04 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	36.95 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	14.22 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	51.17 3.09
3.10	SEE INSTRUCTIONS	36.28 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	10.08 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	9.26 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	6.43 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	8.59 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	8.59 3.16
3.17	SEE INSTRUCTIONS	83090.06 3.17
3.18	SEE INSTRUCTIONS	713744 3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		25.84	3.19
3.20	SEE INSTRUCTIONS		29.31	3.20
3.21	SEE INSTRUCTIONS		27.12	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		27.12	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		83090.06	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		2253402	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		2967146	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		2103	4
5	TOTAL INPATIENT DAYS		63658	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.033036	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 98023	0	98023	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		496	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		63658	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		19853	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST	5362328 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	5362328 16
PART B REASONABLE COST		
17	REASONABLE COST	8482547 17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	8482547 19
20	TOTAL REASONABLE COST	13844875 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.387315 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.612685 22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	117876 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	45655 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	72221 25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
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)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	27658	4
5	TOTAL INPATIENT DAYS	63658	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.434478	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	63658	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	43683867			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE	19171			3
4	ACCOUNTS RECEIVABLE	50748371			4
5	OTHER RECEIVABLES	11103648			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10145000			6
7	INVENTORY	431891			7
8	PREPAID EXPENSES	1783919			8
9	OTHER CURRENT ASSETS	3088093			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	100713960			11
FIXED ASSETS					
12	LAND	3509745			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	186897417			14
14.01	ACCUMULATED DEPRECIATION	-73072021			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	122160248			18
18.01	ACCUMULATED DEPRECIATION	-84767827			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	1266803			20
21	TOTAL FIXED ASSETS	155994365			21
OTHER ASSETS					
22	INVESTMENTS	123711139			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	13905724			25
26	TOTAL OTHER ASSETS	137616863			26
27	TOTAL ASSETS	394325188			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	40758381			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2838795			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	22176737			35
36	TOTAL CURRENT LIABILITIES	65773913			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	55490023			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	101664563			41
42	TOTAL LONG TERM LIABILITIES	157154586			42
43	TOTAL LIABILITIES	222928499			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	171396689			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	171396689			51
52	TOTAL LIABILITIES AND FUND BALANCES	394325188			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	154999869			1
2 NET INCOME (LOSS)	13500677			2
3 TOTAL	168500546			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFER FROM CARE NEW ENGLAND	893892			5
6 UNRESTRICTED GIFTS & BEQUESTS	126519			6
7 CHANGE IN NET UNREALIZED GAINS	10874734			7
8 NET CAPITAL ASSETS RELEASED	17962505			8
9				9
10 TOTAL ADDITIONS	29857650			10
11 SUBTOTAL	198358196			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET CHANGE IN RESTRICTED ASSETS	15582128			13
14 NET PAYMENT ON SWAPS & INCOME	623264			14
15 OTHER NONOPERATING EXPENDITURES	1137039			15
16 PENSION & POST RETIREMENT ADJUSTMNT	9619076			16
17				17
18 TOTAL DEDUCTIONS	26961507			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	171396689			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	102362690		102362690	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	102362690		102362690	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATAL INTENSIVE CARE UNIT	141574380		141574380	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	141574380		141574380	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	243937070		243937070	18
19 ANCILLARY SERVICES	187924063		187924063	19
20 OUTPATIENT SERVICES		225655707	225655707	20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 TOTAL PATIENT REVENUES	431861133	225655707	657516840	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		381359916	26
27 DEPART & OTHR SPEC PURPOS FUND EXCL	21245042		27
28 BAD DEBT EXPENSE	6890996		28
29 INDIRECT EXP CHGD TO SPECIFIC PURP F	5082077		29
30 NET INDEMNITY EXPENSE	3162392		30
31			31
32			32
33 TOTAL ADDITIONS		36380507	33
34 REVENUEOFFSETS & RECONCILING	-11592509		34
35 PHYS SAL & OTH EXP CHGD TO SPF & VS	-1031725		35
36 ASSETS PURCHASED WITH SPF'S	-17962505		36
37			37
38			38
39 TOTAL DEDUCTIONS	-30586739		39
40 TOTAL OPERATING EXPENSES		387153684	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	657516840	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	331551747	2
3	NET PATIENT REVENUES	325965093	3
4	LESS - TOTAL OPERATING EXPENSES	387153684	4
5	NET INCOME FROM SERVICE TO PATIENTS	-61188591	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-80631	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	69311	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	665061	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	34089	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	76	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	PARKING REVENUE	31376	24
24.01	PROFESSIONAL REVENUE	19125219	24.01
24.02	CONTRACT REVENUE	1614969	24.02
24.03	UBI LAB NET REVENUE	17273900	24.03
24.04	OTHER MISCELLANEOUS INCOME	50120	24.04
24.05	ASSETS RELEASED FROM RESTRICTIONS	20990975	24.05
24.06	NET INDEMNITY & OTHER MISC	14914803	24.06
25	TOTAL OTHER INCOME	74689268	25
26	TOTAL	13500677	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	13500677	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (41-0010)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	294218				2
3					3
3.01	8554				3.01
4	174.41				4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	52.73				4.01
4.02	8.91				4.02
4.03	26215				4.03
5	0.1146				5
5.01	0.4395				5.01
5.02	0.5541				5.02
5.03	0.1187				5.03
5.04	34924				5.04
6	363911				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17