FOR MEMORIAL HOSPITAL OF RHODE ISLAND

IN LIEU OF FORM CMS-2552-96(04/2005) PREPARED 4/12/2010 16: 15

FORM APPROVED OMB NO. 0938-0050

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

WORKSHEET S PARTS I & II

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

PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY FROM 10/ 1/2008 I --AUDITED --DESK REVIEW I --INITIAL --REOPENED 41-0001 9/30/2009 TΩ

DATE RECEIVED: INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT

DATE: 4/12/2010 TIME 16: 15

1-MCR CODE 00 - # OF REOPENINGS

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

--FINAL

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: 41-0001 MEMORIAL HOSPITAL OF RHODE ISLAND

THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 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.

> OFFICER OR ADMINISTRATOR OF PROVIDER(S) TI TLE DATE

PART II - SETTLEMENT SUMMARY

		TITLE		TITLE		TI TLE	
		V		XVIII		XIX	
				Α	В		
		1		2	3	4	
1	HOSPI TAL		0	-28, 978	197, 199		0
2	SUBPROVI DER		0	11, 870	-719		0
7	HOSPITAL-BASED HHA		0	0	0		0
100	TOTAL		0	-17, 108	196, 480		0

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

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

MCRI F32 1, 18, 0, 7 ~ 2552-96 20, 0, 118, 11

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

P. O. BOX:

1 STREET: 111 BREWSTER STREET
1. 01 CITY: PAWTUCKET COUNTY: PROVI DENCE STATE: RI ZIP CODE: 02860-

1.01	OTT. TAMPOORET	0771121 1111 2111	0002. 02000 000111. 1	NO VI DEN	IOL			
HOSPI TA	AL AND HOSPITAL-BASED COMPONENT	Γ IDENTIFICATION;		DAT	Ē		MENT SY	
	COMPONENT O	COMPONENT NAME 1	PROVI DER NO. NPI NUMBER 2 2.01	CERTI 3		V X	(VIII 5	XÍX 6
02. 00 03. 00 09. 00	HOSPI TAL ME SUBPROVI DER ME	MEMORIAL HÖSPITAL OF RHODE ISLAND MEMORIAL REHAB UNIT MEMORIAL HOSPITAL - HHA	41-0001 41-T001 41-7025	7/ 1 10/ 1	1/1966 1/1984 0/1968	N N N	P P P	N N N
17	COST REPORTING PERIOD (MM/DD/Y	YYYY) FROM: 10/ 1/2008	T0: 9/30/2009					
18	TYPE OF CONTROL			1 2	2			
TYPE 0	F HOSPITAL/SUBPROVIDER							
19 20	HOSPI TAL SUBPROVI DER			1 5				
21. 01	IN COLUMN 1. IF YOUR HOSPITAL I YOUR BED SIZE IN ACCORDANCE WITCOLUMN 2 "Y" FOR YES OR "N" FOI DOES YOUR FACILITY QUALIFY AND SHARE HOSPITAL ADJUSTMENT IN ACHAS YOUR FACILITY RECEIVED A NI OF THE COST REPORTING PERIOD FIFOR NO. IF YES, ENTER IN COLUMN ENTER IN COLUMN 1 YOUR GEOGRAPHIN COLUMN 3 THE EFFECTIVE DATE 100 OR FEWER BEDS IN ACCORDANCI COLUMN 5 THE PROVIDERS ACTUAL NEW TOWN TOWN THE COST REPORTING FOR STANDARD GEOGRAPHIC CLASSII END OF THE COST REPORTING FOR STANDARD GEOGRAPHIC CLASSIEND OF THE COST REPORTING FOR STANDARD GEOGRAPHIC CLASSIEND OF THE COST REPORTING FOR STANDARD GEOGRAPHIC CLASSIEND OF THE COST REPORTING PERIODES THIS HOSPITAL QUALIFY FOR RURAL HOSPITAL; UNDER THE PROSURA \$5105 OR MIPPA \$147? (SEE	DIS CURRENTLY RECEIVING PAYMENT FOR ACCORDANCE WITH 42 CFR 412.106? NEW GEOGRAPHIC RECLASSICATION STATUTEROM RURAL TO URBAN AND VICE VERSAMING 2 THE EFFECTIVE DATE (MM/DD/YYYY) PHIC LOCATION EITHER (1) URBAN OR (2 CCEIVED EITHER A WAGE OR STANDARD COLUMN 2 "Y" FOR YES AND "N" FOR ME (MM/DD/YYYY) (SEE INSTRUCTIONS) DO CE WITH 42 CFR 412.105? ENTER IN COMMSA OR CBSA. FICATION (NOT WAGE), WHAT IS YOUR NOT PERIOD. ENTER (1) URBAN OR (2) RUFFICATION (NOT WAGE), WHAT IS YOUR OD. ENTER (1) URBAN OR (2) RUFFICATION (NOT WAGE), WHAT IS YOUR RURAL RETHE 3-YEAR TRANSITION OF HOLD HAFSPECTIVE PAYMENT SYSTEM FOR HOSPITALINSTRUC) ENTER "Y" FOR YES, AND "NA SCH WITH 100 OR FEWER BEDS UNDER RUCTIONS)	DCATED IN A RURAL AREA, IS JAL TO 100 BEDS, ENTER IN OR DISPROPORTIONATE JS CHANGE AFTER THE FIRST DAY PROPERTY FOR YES AND "N" Y) (SEE INSTRUCTIONS). 2) RURAL. IF YOU ANSWERED URBA GEOGRAPHICAL RECLASSIFICATION OIF COLUMN 2 IS YES, ENTER DES YOUR FACILITY CONTAIN OLUMN 4 "Y" OR "N". ENTER IN 1 N STATUS AT THE RAL STATUS AT THE RMLESS PAYMENTS FOR SMALL AL OUTPATIENT SERVICES UNDER N" FOR NO.	Y ' AN	N	N	14484	
23 23. 01		FRANSPLANT CENTER? IF YES, ENTER CE ED KIDNEY TRANSPLANT CENTER, ENTER N COL. 3.		N	/ /		/ /	
	COL. 2 AND TERMINATION DATE IN				/ /		/ /	
	COL. 2 AND TERMINATION DATE IN				/ /		/ /	
	COL. 2 AND TERMINATION DATE IN				/ /		/ /	
	AND TERMINATION DATE.	NTS ARE PERFORMED SEE INSTRUCTIONS			/ /		/ /	
23. 06	COL. 2 AND TERMINATION DATE IN			N	/ /		/ /	
23. 07	IF THIS IS A MEDICARE CERTIFIED COL. 2 AND TERMINATION DATE IN	ED ISLET TRANSPLANT CENTER, ENTER 1 N COL. 3.	THE CERTIFICATION DATE IN		/ /		/ /	
24	TERMINATION DATE IN COLUMN 3 (M						/ /	
24. 01 25	IF THIS IS A MEDICARE TRANSPLAN CERTIFICATION DATE OR RECERTIFIE	ANT CENTER: ENTER THE CCN (PROVIDER FICATION DATE (AFTER 12/26/2007) IN R AFFILIATED WITH A TEACHING HOSPIT	N COLUMN 3 (mm/dd/yyyy).	Y			/ /	
	IS THIS TEACHING PROGRAM APPROVIF LINE 25.01 IS YES, WAS MEDIONED FOR THE FIRST MONTH (E-3, PART IV. IF NO, COMPLETE		EACHING PROGRAM STATUS IN YES, COMPLETE WORKSHEET	Y				
25. 03 25. 04	DEFINED IN CMS PUB. 15-I, SECTI	DU ELECT COST REIMBURSEMENT FOR PHY FION 2148? IF YES, COMPLETE WORKS E 70 OF WORKSHEET A? IF YES, COMPL	SHEET D-9.	N N				
25. 05	HAS YOUR FACILITY DIRECT GME F	FTE CAP (COLUMN 1) OR IME FTE CAP (42 CFR 412.105(f)(1)(iv)(B)? ENTER	(COLUMN 2) BEEN REDUCED	Y	N			

CFR 412.113(c).

IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. 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

IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?

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

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

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

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

HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? 35 35 01

35.02 35.03

N

N

N

N

N

IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2

Health Financial Systems	MCRI F32	FOR MEMORIAL	HOSPI TAL	OF RHODE	ISLAND	IN L	LIEU OF	FORM CMS-25	52-9	96 (07/2009) CONTD
				- 1	PROVI DER 1	NO:	I PERI	OD:	- 1	PREPARED 4/12/2010
HOSPITAL & HOSPITAL HEALTH	CARE COMPLEX			I	41-0001		I FROM	I 10/ 1/2008	3 I	WORKSHEET S-2
IDENTIFICATION DATA				- 1			I TO	9/30/2009) [

0

"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

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

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

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

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.

62. 00 62. 01 62. 02 62. 03 62. 04 62. 05 62. 06 62. 07 62. 08 62. 09	0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

Health Financial Systems MCRI F32

IN LIEU OF FORM CMS-2552-96 (04/2005)

NO: | PERIOD: | PREPARED 4/12/2010
| FROM 10/ 1/2008 | WORKSHEET S-3
| TO 9/30/2009 | PART | FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:
CARE I 41-0001 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

	COMPONENT	NO. OF BEDS	BED DAYS AVAI LABLE	CAH N/A	TI TLE V	XVIII	NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1		1 115	2 41, 975	2. 01	3	4 10, 198	4. 01	5 2, 251
2 3 4 5 6 7 8 9	O1 HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	115 17	41, 975 6, 205			6, 772 10, 198 1, 906		2, 792 115 2, 251 345
11 12	NURSERY	132	48, 180			12, 104		46 2, 642
13	RPCH VISITS	18	6, 570			1, 385		266
18 25	HOME HEALTH AGENCY	150	0, 370			1, 303		200
26 26 27 28 28	OBSERVATION BED DAYS O1 OBSERVATION BED DAYS-SUB I AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS	130						56
	COMPONENT		/P DAYS / ERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERV ADMITTED N 6.01		- INTERNS 8 TOTAL 7	& RES. FTES LESS I &R REPL NON-PHYS ANES 8
1				24, 779	2.2.		•	-
2 2 3 4 5 6 7 8	O1 HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT			24, 779 4, 031				
11 12 13	NURSERY TOTAL			1, 009 29, 819			72. 52	
14 18 25	HOME HEALTH AGENCY			3, 386 78, 145			72. 52	
26 26 27 28 28	OBSERVATION BED DAYS O1 OBSERVATION BED DAYS-SUB I AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS	2	54	1, 048	54	994		
	COMPONENT	I & R FTES	FULL TIM EMPLOYEES ON PAYROLL	NONPAI D WORKERS	TI TLE V	DI SCHARGES TI TLE XVI I I	TITLE XIX	TOTAL ALL PATI ENTS
1		9	10	11	12	13 2, 333	14 438	15 6, 214
2 2 3 4 5 6 7 8 9	O1 HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT							
11 12	TOTAL	72. 52	1, 275. 20			2, 333	438	6, 214
13 14 18 25 26 26 27 28 28	SUBPROVIDER HOME HEALTH AGENCY TOTAL OBSERVATION BED DAYS O1 OBSERVATION BED DAYS-SUB I AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS	72. 52	23. 06 72. 25 1, 370. 51			105	20	262

MCRI F32 Health Financial Systems

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

ON I 41-0001 I FROM 10/ 1/2008 I WORKSHEET S-3

I TO 9/30/2009 I PARTS II & III HOSPITAL WAGE INDEX INFORMATION

PART II -	- WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARI ES 2	ADJUSTED SALARI ES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 2	SALARI ES TOTAL SALARY NON-PHYSI CI AN ANESTHETI ST PART A	82, 819, 103		82, 819, 103	2, 850, 669. 76	29. 05	
3 4 4 01	NON-PHYSI CI AN ANESTHETI ST PART B PHYSI CI AN - PART A TEACHI NG PHYSI CI AN SALARI ES	1, 435, 442 1, 851, 207		1, 435, 442 1, 851, 207	14, 671. 57 22, 408. 10	97. 84 82. 61	
5	(SEE INSTRUCTIONS) PHYSICIAN - PART B	6, 425, 541		6, 425, 541	71, 632. 08	89. 70	
	NON-PHYSICIAN - PART B INTERNS & RESIDENTS (APPRVD)	3, 663, 015	-132, 899	3, 530, 116	150, 850. 05	23. 40	
7	CONTRACT SERVICES, I&R HOME OFFICE PERSONNEL	767, 459		767, 459	18, 865. 60	40. 68	
8 8. 01	SNF EXCLUDED AREA SALARIES	7, 974, 599	3, 776, 890	11, 751, 489	314, 559. 47	37. 36	
9 9. 01	OTHER WAGES & RELATED COSTS CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	1, 090, 059		1, 090, 059	23, 732. 15	45. 93	
9. 02	LABORATORY SERVICES UNDER CONTRACT						
9. 03	MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
	CONTRACT LABOR: PHYS PART A TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 12	HOME OFFICE SALARIES & WAGE RELATED COSTS HOME OFFICE: PHYS PART A						
	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 14	WAGE RELATED COSTS WAGE-RELATED COSTS (CORE) WAGE-RELATED COSTS (OTHER)	18, 777, 974		18, 777, 974			CMS 339 CMS 339
15 16	EXCLUDED AREAS NON-PHYS ANESTHETIST PART A	3, 311, 607		3, 311, 607			CMS 339 CMS 339
17 18	NON-PHYS ANESTHETIST PART B PHYSICIAN PART A PART A TEACHING PHYSICIANS	466, 140 601, 154		466, 140 601, 154			CMS 339 CMS 339 CMS 339
19	PHYSICIAN PART B WAGE-RELATD COSTS (RHC/FQHC)	2, 086, 606		2, 086, 606			CMS 339 CMS 339
20	INTERNS & RESIDENTS (APPRVD)	1, 146, 357		1, 146, 357			CMS 339
21 22	OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	400, 465 10, 191, 890	-532, 669	400, 465 9, 659, 221	12, 527. 25 374, 116. 64	31. 97 25. 82	
23 24	MAINTENANCE & REPAIRS OPERATION OF PLANT	903, 358 379, 844		903, 358 379, 844	42, 149. 50 20, 652. 75	21. 43 18. 39	
25 26	LAUNDRY & LINEN SERVICE HOUSEKEEPING	313, 359 1, 809, 970		313, 359 1, 809, 970	20, 271. 75 116, 187. 75	15. 46 15. 58	
27	HOUSEKEEPING UNDER CONTRACT DI ETARY	1, 545, 882	-966, 949	578, 933	37, 958. 01	15. 25	
27. 01 28 29	DI ETARY UNDER CONTRACT CAFETERIA MAINTENANCE OF PERSONNEL	673, 726	966, 949	673, 726 966, 949	15, 628. 40 63, 398. 49	43. 11 15. 25	
30 31	NURSING ADMINISTRATION CENTRAL SERVICE AND SUPPLY	2, 531, 973 415, 436	-936, 820	1, 595, 153 415, 436	38, 774. 35 22, 655. 00	41. 14 18. 34	
32 33	PHARMACY MEDICAL RECORDS & MEDICAL	1, 214, 876 1, 006, 416	113, 400	1, 328, 276 1, 006, 416	38, 583. 50 55, 445. 75	34. 43 18. 15	
34 35	RECORDS LIBRARY SOCIAL SERVICE OTHER GENERAL SERVICE	210, 830 6, 030, 498	-60, 159	210, 830 5, 970, 339	6, 240. 00 110, 444. 60	33. 79 54. 06	
PART III	- HOSPITAL WAGE INDEX SUMMARY						
1 2	NET SALARIES EXCLUDED AREA SALARIES	70, 785, 607 7, 974, 599	132, 899 3, 776, 890	70, 918, 506 11, 751, 489	2, 602, 542. 33 314, 559. 47	27. 25 37. 36	
3 4	SUBTOTAL SALARI ES	62, 811, 008 1, 090, 059	-3, 643, 991	59, 167, 017 1, 090, 059	2, 287, 982. 86 23, 732. 15	25. 86 45. 93	
5 6	SUBTOTAL WAGE-RELATED COSTS TOTAL	19, 244, 114 83, 145, 181	-3, 643, 991	19, 244, 114 79, 501, 190	2, 311, 715. 01	32. 53 34. 39	
7 8 9 10	NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES SUBTOTAL OTHER WAGES &						
11 12	RELATED COSTS SUBTOTAL WAGE-RELATED COSTS TOTAL						

PART II	- WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARI ES 2	ADJUSTED SALARI ES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	27. 628. 523	-1 416 248	26 212 275	975 033 74	26 88	

HOSPI STATI	Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF TAL-BASED HOME HEALTH AGENCY STICAL DATA HEALTH AGENCY STATISTICAL DATA	RHODE I SLAND I PROVI DER N I 41-0001 I HHA NO: I 41-7025 COUNTY:	IO: I PERIOD: I FROM 10/	CMS-2552-96 S-4 (I PREPA 1/2008 I WORKS 30/2009 I	RED 4/12/2010
	HHA 1				
		TI TLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 2	HOME HEALTH AIDE HOURS UNDUPLICATED CENSUS COUNT	0	5, 860 1, 036. 00	0	6, 072 2, 015. 00
		TOTAL 5			
1 2	HOME HEALTH ALDE HOURS UNDUPLICATED CENSUS COUNT	11, 932			
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	40. 00			
		HHA NO. OF	FTE EMPLOYEES (2	080 HRS)	
		STAFF 1	CONTRACT 2	TOTAL 3	
3 4 5 6	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) DIRECTOR(S) AND ASSISTANT DIRECTOR(S) OTHER ADMINISTRATIVE PERSONEL DIRECTING NURSING SERVICE	. 96 4. 95 11. 48 27. 89		. 96 4. 95 11. 48 27. 89	
7 8 9 10	NURSI NG SUPERVI SOR PHYSI CAL THERAPY SERVI CE PHYSI CAL THERAPY SUPERVI SOR OCCUPATI ONAL THERAPY SERVI CE	8. 43 1. 00 2. 02		8. 43 1. 00 2. 02	
11 12 13	OCCUPATIONAL THERAPY SUPERVISOR SPEECH PATHOLOGY SERVICE SPEECH PATHOLOGY SUPERVISOR	1. 01		1. 01	
14 15 16 17 18	MEDICAL SOCIAL SERVICE MEDICAL SOCIAL SERVICE SUPERVISOR HOME HEALTH AIDE HOME HEALTH AIDE SUPERVISOR	14. 47		14. 47	
	HOME HEALTH AGENCY MSA CODES	1	1. 01		
19	HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1		
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		39300		
	CTIVITY DATA - APPLICABLE FOR SERVICES ON R AFTER OCTOBER 1, 2000				
		FULL EPI WI THOUT	SODES WI TH	LUPA	PEP ONLY
		OUTLI ERS 1	OUTLI ERS 2	EPI SODES 3	EPI SODES 4
21 22 23	SKILLED NURSING VISITS SKILLED NURSING VISIT CHARGES PHYSICAL THERAPY VISITS	16, 396 3, 284, 656 4, 944	1, 875 375, 055 70	333 66, 893 31	216 43, 416 34

		WI THOUT	WI TH	LUPA	PEP ONLY
		OUTLI ERS	OUTLI ERS	EPI SODES	EPI SODES
		1	2	3	4
21	SKILLED NURSING VISITS	16, 396	1, 875	333	216
22	SKILLED NURSING VISIT CHARGES	3, 284, 656	375, 055	66, 893	43, 416
23	PHYSI CAL THERAPY VI SI TS	4, 944	70	31	34
24	PHYSI CAL THERAPY VI SIT CHARGES	990, 154	14, 020	6, 231	6, 834
25	OCCUPATIONAL THERAPY VISITS	892	10	9	11
26	OCCUPATIONAL THERAPY VISIT CHARGES	178, 582	1, 960	1, 809	2, 211
27	SPEECH PATHOLOGY VISITS	315	1	4	13
28	SPEECH PATHOLOGY VISIT CHARGES	63, 145	191	804	2, 613
29	MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31	HOME HEALTH AIDE VISITS	5, 123	1, 027	9	66
32	HOME HEALTH AIDE VISIT CHARGES	364, 306	73, 005	643	4, 712
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	27, 670	2, 983	386	340
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	4, 880, 843	464, 231	76, 380	59, 786
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	27, 670	0	386	205
37	TOTAL NUMBER OF OUTLIER EPISODES	0	2, 983	0	135
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	144, 393	35, 519	4, 514	919

Health Financial Systems MCRIF32 HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

NO: | PERIOD: | PREPARED 4/12/2010
| I FROM 10/ 1/2008 | WORKSHEET S-4
| TO 9/30/2009 |

PROVI DENCE

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

		SCIC WITHIN	SCIC ONLY	TOTAL
		A PEP	EPI SODES	(COLS. 1-6)
		5	6	/
21	SKILLED NURSING VISITS	0	0	18, 820
22	SKILLED NURSING VISIT CHARGES	0	0	3, 770, 020
23	PHYSI CAL THERAPY VI SI TS	0	0	5, 079
24	PHYSICAL THERAPY VISIT CHARGES	0	0	1, 017, 239
25	OCCUPATIONAL THERAPY VISITS	0	0	922
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	184, 562
27	SPEECH PATHOLOGY VISITS	0	0	333
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	66, 753
29	MEDICAL SOCIAL SERVICE VISITS	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31	HOME HEALTH AIDE VISITS	0	0	6, 225
32	HOME HEALTH AIDE VISIT CHARGES	0	0	442, 666
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	31, 379
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	5, 481, 240
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	Ō	0	28, 261
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	3, 118
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	185, 345

41-0001

I PERIOD: I FROM 10/ 1/2008 9/30/2009 I TO

I PREPARED 4/12/2010 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION DO YOU HAVE A WRITTEN CHARITY CARE POLICY? ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER 2 LINES 2.01 THRU 2.04 IS IT AT THE TIME OF ADMISSION?
IS IT AT THE TIME OF FIRST BILLING? 2 01 2.02 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? 2.04 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? 4 ARE CHARLITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? ARE CHARLTY DETERMINATIONS BASED UPON INCOME DATA ONLY? 5 ARE CHARLTY DETERMINATIONS BASED UPON NET WORTH (ASSETS) 6 DATA? ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET 7 WORTH DATA? 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT 8.01 SERVI CES? 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE 9.01 ELI GI BI LI TY? IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? 9.02 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON 9 03 CHARITY DETERMINATION? IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE 9.04 DISTINCTION IMPORTANT? IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, 10 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF? IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL 11.01 POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% 11.02 OF THE FEDERAL POVERTY LEVEL? 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF 11.04 THE FEDERAL POVERTY LEVEL? ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME 12 PATIENTS ON A GRADUAL SCALE? IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH 13 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02
DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT 14 14.01 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE? 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE 15 TO CHARITY PATIENTS? 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARLTY CARE? UNCOMPENSATED CARE REVENUES REVENUE FROM UNCOMPENSATED CARE 17 17.01 GROSS MEDICALD REVENUES REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 18 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) RESTRICTED GRANTS 20 NON-RESTRICTED GRANTS 21 TOTAL GROSS UNCOMPENSATED CARE REVENUES 22

. 397572

TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) TOTAL SCHIP CHARGES FROM YOUR RECORDS

TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL

COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)

UNCOMPENSATED CARE COST

INDIGENT CARE PROGRAMS

23

24

25

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
NO: I PERIOD: I PREPARED 4/12/2010
I FROM 10/ 1/2008 I WORKSHEET S-10 Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND EU OF FUND -I PERIOD: I FROM 10/ 1/2008 I TO 9/30/2009 PROVIDER NO: 41-0001 HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

27 28

TOTAL SCHIP COST, (LINE 24 * LINE 26)
TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29) 29 30

IN LIEU OF FORM CMS-2552-96(9/1996)
I PERIOD: I PREPARED 4/12/2010
I FROM 10/ 1/2008 I WORKSHEET A
I TO 9/30/2009 I FOR MEMORIAL HOSPITAL OF RHODE ISLAND
I PROVIDER NO:
I 41-0001 MCRI F32 Health Financial Systems

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTE	R	SALARI ES 1	2	TOTAL	RECLASS- IFICATIONS 4	RECLASSI FI ED TRI AL BALANCE 5
1 0100 2 0200 3 0300	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT	'	2	3	4	5
3. 01 0301 3. 02 0302 3. 03 0303 3. 04 0304 3. 05 0305	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MACCOLL NEW CAP REL COSTS-MODD NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-OPD NEW CAP REL COSTS-ABC NEW CAP REL COSTS-ABC NEW CAP REL COSTS-ABULATORY NEW CAP REL COSTS-ANGULATORY NEW CAP REL COSTS-NOTRE DAME NEW CAP REL COSTS-PIMARY CARE NEW CAP REL COSTS-PIMARY CARE NEW CAP REL COSTS-PIMARY CARE NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS COMMUNICATIONS INFORMATION SERVICES PURCHASING RECEIVING AND STORES ADMITTING BUSINESS OFFICE OTHER ADMINISTRATION MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY		65, 415 87, 804 259, 212 529, 175	65, 415 87, 804 259, 212 529, 175	5, 702 107, 969 73, 734 83, 291	71, 117 195, 773 332, 946 612, 466
3. 06 0306 3. 07 0307 3. 08 0308 3. 09 0309 3. 10 0310	NEW CAP REL COSTS-OPD NEW CAP REL COSTS-GARAGE NEW CAP REL COSTS-ABC NEW CAP REL COSTS-AMBULATORY NEW CAP REI COSTS-SAYI ES		508 25, 242 63, 467 439, 339	508 25, 242 63, 467 439, 339	2, 540 1, 958 22, 063 4, 070 355, 631	2, 540 2, 466 47, 305 67, 537 794, 970
3. 11 0311 3. 12 0312 3. 13 0313 3. 14 0314	NEW CAP REL COSTS-NOTRE DAME NEW CAP REL COSTS-PRIMARY CARE NEW CAP REL 555 PROSPECT ST. NEW CAP REL COSTS - PLAINVILLE		43, 488 222, 182 36, 948 58, 594	43, 488 222, 182 36, 948 58, 594	4,070 355,631 6,306 9,772 1,469	49, 794 231, 954 38, 417 58, 594
4 0400 5 0500 6. 01 0610 6. 02 0620 6. 03 0630	NEW CAP REL COSIS-MVBLE EQUIP EMPLOYEE BENEFITS COMMUNICATIONS INFORMATION SERVICES PURCHASING RECEIVING AND STORES	400, 465 278, 263 1, 893, 101 439, 521	2, 325, 399 200, 563 311, 626 1, 313, 792 560, 934	589, 889 3, 206, 893 1, 000, 455	20, 441, 744	2, 520, 472 29, 042, 972 589, 889 3, 206, 893 1, 000, 455
6. 04 0640 6. 05 0650 6. 06 0660 6. 07 0661 7 0700	ADMITTING BUSINESS OFFICE OTHER ADMINISTRATIVE AND GENERAL GRANTS ADMINISTRATION MAINTENANCE & REPAIRS	330, 030 2, 197, 395 4, 632, 464 421, 116	29, 552 194, 491 37, 332, 980 70, 865 364, 452	2, 391, 886	-461, 155	359, 582 1, 930, 731 16, 062, 940 433, 499 1, 267, 810
8 0800 9 0900 10 1000 11 1100	OPERATION OF PLANT LAUNDRY & LI NEN SERVI CE HOUSEKEEPI NG DI ETARY	379, 844 313, 359 1, 809, 970 1, 545, 882	3, 485, 724 157, 108 358, 343 1, 987, 972	3, 865, 568 470, 467 2, 168, 313 3, 533, 854	-25, 902, 504 -58, 482 -1, 469 13, 689 -2, 210, 425	3, 864, 099 484, 156 2, 168, 313 1, 323, 429
12 1200 13 1300 14 1400 15 1500 16 1600	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE DEPARTMENT OF MEDICINE DEPARTMENT OF CARDIOLOGY DEPARTMENT OF SURGERY DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS	2, 531, 973 415, 436 1, 214, 876	78, 992 232, 484 6, 747, 076	2, 610, 965 647, 920 7, 961, 952	2, 210, 425 -936, 820 -31, 838 -6, 448, 666	2, 210, 425 1, 674, 145 616, 082 1, 513, 286
17 1700 18 1800 19 1950 19. 01 1951 19. 02 1952	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE DEPARTMENT OF MEDICINE DEPARTMENT OF CARDIOLOGY DEPARTMENT OF SURGERY	1, 006, 416 210, 830 949, 243 1, 133, 144 572, 538	142, 830 262 202, 683 459, 079 194, 118	1, 149, 246 211, 092 1, 151, 926 1, 592, 223 766, 656	-6, 448, 666 -88, 247 -303, 390	1, 149, 246 211, 092 1, 063, 679 1, 288, 833 766, 656
21 2100 22 2200	DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD		1, 064, 994 1, 200, 190	4, 440, 567 4, 863, 205	-151, 034 -451, 578 1, 224, 914	4, 289, 533 4, 411, 627
23 2300 24 2400 24. 01 2410 25 2500	PARAMED ED PRGM-(SPECIFY) PSYCHOLOGY INTERNS PARAMEDICAL		47, 453 1, 352, 249	·	410, 076	1, 640, 654 410, 076 10, 938, 296
26 2600 27 2700 28 2800	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	4, 211, 740 1, 174, 223	486, 282 94, 301	1, 268, 524	-1, 131, 935 364, 749	3, 566, 087 1, 633, 273
33 3300	NURSERY ANCILLARY SRVC COST CNTRS	110, 130	5, 617	1, 200, 324 115, 747 9, 125, 934	-116, 476	-729 4, 889, 013
37 3700 37. 01 3330 39 3900	OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROOM	3, 710, 147 419, 528	5, 415, 787 193, 062	612, 590	-4, 236, 921 -53, 930	558, 660
40. 01 3630 41 4100 42. 01 3230 42. 02 3430 43 4300	ULTRASOUND RADI OLOGY-DI AGNOSTI C CT SCAN MAGNETI C RESONANCE I MAGI NG (MRI) RADI OI SOTOPE	547, 705 294, 885	59, 368 1, 010, 777 335, 323 210, 001 96, 054	392, 877 2, 981, 570 883, 028 504, 886 248, 339	-13, 812 -92, 352 -14, 903 1, 031 225, 982	379, 065 2, 889, 218 868, 125 505, 917 474, 321
44 4400 47 4700 49 4900 50 5000 51 5100	LABORA LORY BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	6, 659, 739 427, 452 2, 151, 306 1, 135, 447 883, 781	3, 033, 616 1, 127, 746 268, 916 474, 186 68, 534	9, 693, 355 1, 555, 198 2, 420, 222 1, 609, 633 952, 315	-1, 303, 709 -144, 033 -273, 338 -77, 892 -97, 452	8, 389, 646 1, 411, 165 2, 146, 884 1, 687, 525 854, 863
52 5200 53 5300 54 5400 55 5500 56 5600	RADI OI SOTOPE LABORATORY BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS DRUGS CHARGED TO PATI ENTS CARDI AC CATHERI ZATI ON LABORATORY	740, 851 82, 763	58, 080 143, 781 704, 104	798, 931 143, 781 786, 867	-36, 720 9, 471 -387, 237 6, 392, 184 6, 823, 693	762, 211 153, 252 399, 630 6, 392, 184 6, 823, 693
59. 01 3120 59. 02 3950 59. 03 3951	CARDIAC CATHERIZATION LABORATORY MEDICAL REHAB NOTRE DAME OCCUPATIONAL MEDICINE	254, 250 715, 000	1, 824, 056 66, 319	2, 078, 306 781, 319	-1, 774, 513 -781, 319	303, 793
59. 04 3952	INPATIENT RENAL DIALYSIS	410.004	10, 200	420, 222	255, 236	255, 236
60 6000 60. 01 6001 60. 02 6002 60. 03 6003	CLINIC NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC PEDIATRIC CLINIC	419, 934 777, 394 922, 560 1, 012, 856	19, 288 82, 289 107, 238 208, 868	439, 222 859, 683 1, 029, 798 1, 221, 724	2, 074 -10, 285 62, 456 -427, 800	441, 296 849, 398 1, 092, 254 793, 924

Health Financial Systems	MCRI F32	FOR MEMORIAL	HOSPI TAL	0F	RHODE I SLAND		IN LIEU OF FOR	M CM	IS-2552-96(9/1996)
				- 1	PROVI DER NO:	- 1	PERI OD:	- 1	PREPARED 4/12/2010
RECLASSIFICATION AND A	DJUSTMENT OF			- 1	41-0001	-1	FROM 10/ 1/2008	- 1	WORKSHEET A
TRIAL BALANCE OF	EXPENSES			- 1		- [TO 9/30/2009	- 1	

	COST CENTE		SALARI ES	OTHER	TOTAL 3	RECLASS- I FI CATI ONS 4	RECLASSI FI ED TRI AL BALANCE 5
		OUTPAT SERVICE COST CNTRS	•	-	G	•	G
60.05	6005	BARRINGTON URGENT CARE	37, 464	12, 820	50, 284	-148	50, 136
61	6100	EMERGENCY	5, 275, 587	1, 454, 759	6, 730, 346	-538, 149	6, 192, 197
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		, ,	.,,		
63	4950	O/P CHEMO & IV PROCEDURES	302, 332	60, 159	362, 491	112, 301	474, 792
		OTHER REIMBURS COST CNTRS				,	
71	7100	HOME HEALTH AGENCY	4, 628, 114	515, 928	5, 144, 042	131, 921	5, 275, 963
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		1, 241, 887	1, 241, 887	-1, 241, 887	
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	80, 646, 841	81, 626, 731	162, 273, 572	-2, 815, 831	159, 457, 741
		NONREI MBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH	1, 553, 652	1, 405, 829	2, 959, 481	-553, 025	2, 406, 456
		UNFUNDED RESEARCH				173, 664	173, 664
98	9800	PHYSICIANS' PRIVATE OFFICES	528, 861	282, 136	810, 997	2, 524, 166	3, 335, 163
99	9900	NONPALD WORKERS					
		FUND RAISING				41, 241	41, 241
99. 02		BANK					
99. 03		VACANT SPACE	00 740		00.740		22 742
99. 04		BILLING OFFICE	89, 749		89, 749		89, 749
99. 05		O/P MEALS				/00 705	100 705
99. 06		BROWN MEDICAL STUDENTS				629, 785	629, 785
99. 07	9907	NONREI MBURSABLE SERVI CES	02 010 102	00 014 (0/	1// 100 700	0	1// 122 700
101		TOTAL	82, 819, 103	83, 314, 696	166, 133, 799	-0-	166, 133, 799

Health Financial Systems MCRIF32

FOR MEMORIAL HOSPITAL OF RHODE ISLAND | I N LIEU OF FORM CMS-2552-96(9/1996) | PROVIDER NO: | PREPIOD: | PREPARED 4/12/2010 | 41-0001 | FROM 10/ 1/2008 | WORKSHEET A | TO 9/30/2009 | FROM 10/ 1/2008 | TO 9/30/2009 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTE	COST CENTER DESCRIPTION	ADJUSTMENTS	FOR ALLOC
2 0200	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT	6	7
3. 02 0302	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MACCOLL NEW CAP REL COSTS-RICHARDSON		71, 117 195, 773
3. 05 0305 3. 06 0306	NEW CAP REL COSTS-WOOD NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-OPD		332, 946 612, 466 2, 540
3. 08 0308 3. 09 0309	NEW CAP REL COSTS-GARAGE NEW CAP REL COSTS-ABC NEW CAP REL COSTS-AMBULATORY		2, 466 47, 305 67, 537
2 11 0211	NEW CAP REL COSTS-SAYLES NEW CAP REL COSTS-NOTRE DAME NEW CAP REL COSTS-PRIMARY CARE		794, 970 49, 794 231, 954
3. 14 0314 4 0400	NEW CAP REL 555 PROSPECT ST. NEW CAP REL COSTS - PLAINVILLE NEW CAP REL COSTS-MVBLE EQUIP	104 010	38, 417 58, 594 2, 520, 472
6. 01 0610 6. 02 0620 6. 03 0630	NEW CAP REL COSTS-PRIMARY CARE NEW CAP REL 555 PROSPECT ST. NEW CAP REL COSTS - PLAINVILLE NEW CAP REL COSTS - PLAINVILLE NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS COMMUNICATIONS INFORMATION SERVICES PURCHASING RECEIVING AND STORES ADMITTING BUSINESS OFFICE OTHER ADMINISTRATIVE AND GENERAL GRANTS ADMINISTRATION	-194, 819 -25, 469	28, 848, 153 564, 420 3, 206, 893 1, 000, 455
6. 04 0640 6. 05 0650 6. 06 0660	ADMITTING BUSINESS OFFICE OTHER ADMINISTRATIVE AND GENERAL GRANTS ADMINISTRATION MAINTENANCE & DEPAIRS	-433. 809	359, 582 1, 930, 731 15, 629, 131
6. 07 0661 7 0700 8 0800	GRANTS ADMINISTRATION MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING	-64, 405 -183, 957	369, 094 1, 267, 810 3, 680, 142
11 1100	DI FTARY	-2, 259 -965, 585	483, 924 2, 168, 313
12 1200 13 1300 14 1400	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION		
15 1500 16 1600 17 1700	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	-46, 542 -8, 942	616, 082 1, 466, 744 1, 140, 304
18 1800 19 1950 19 01 1951	SOCI AL SERVICE DEPARTMENT OF MEDICINE DEPARTMENT OF CARDIOLOGY DEPARTMENT OF SURGERY DEPARTMENT OF FAMILY CARE	-326, 197 -490, 730	211, 092 737, 482
20 2000	NUNPHISICIAN ANESTHETISIS	-641, 948 -1, 488, 164	124, 708 2, 801, 369
21 2100 22 2200 23 2300 24 2400 24. 01 2410	NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PROM COSTS APPRVD PARAMED ED PROM-(SPECIFY) PSYCHOLOGY INTERNS PARAMEDICAL	-81, 535	4, 411, 627 1, 559, 119 410, 076
26 2600	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT	-331, 942	10, 938, 296 3, 234, 145
28 2800 29 2900 31 3100	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER	-192, 482	1, 440, 791
33 330037 3700	NURSERY ANCILLARY SRVC COST CNTRS OPERATING ROOM		-729 4, 889, 013
	ENDOSCOPY DELIVERY ROOM & LABOR ROOM ULTRASOUND		558, 660 379, 065
41 4100 42. 01 3230	RADI OLOGY-DI AGNOSTI C	-450 -600	2, 888, 768 868, 125 505, 317
43 4300 44 4400 47 4700	RADI OI SOTOPE LABORATORY BLOOD STORING, PROCESSING & TRANS.	-664, 929	474, 321 7, 724, 717 1, 411, 165
49 4900 50 5000	RESPIRATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	-105, 763	2, 041, 121 1, 687, 525 854, 863
52 5200 53 5300 54 5400 55 5500 56 5600 59.01 3120	SPEECH PATHOLOGY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS CARDI AC CATHERI ZATI ON LABORATORY	-130, 763 -47, 981	762, 211 22, 489 351, 649 6, 392, 184 6, 823, 693 303, 793
59. 02 3950 59. 03 3951	MEDICAL REHAB NOTRE DAME OCCUPATIONAL MEDICINE INPATIENT RENAL DIALYSIS		255, 236
60. 01 6001	OUTPAT SERVICE COST CNTRS CLINIC NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC	-3, 760 -401, 212	437, 536 448, 186 1, 092, 254
60. 03 6003	PEDIATRIC CLINIC	-704, 202	89, 722

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES I 41-0001 I TO 9/30/2009 I WORKSHEET A

COST CENTE		ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OUTPAT SERVICE COST CNTRS	_	•
60.05 6005	BARRINGTON URGENT CARE	-24, 051	26, 085
61 6100	EMERGENCY	-2, 455, 970	3, 736, 227
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	O/P CHEMO & IV PROCEDURES		474, 792
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		5, 275, 963
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS	10 010 (00	-0-
95	SUBTOTALS NONREI MBURS COST CENTERS	-10, 018, 698	149, 439, 043
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		2, 406, 456
97. 01 9701	UNFUNDED RESEARCH		173, 664
98 9800	PHYSICIANS' PRIVATE OFFICES		3, 335, 163
99 9900	NONPALD WORKERS		0,000,100
99. 01 9901	FUND RAISING		41, 241
99. 02 9902	BANK		, =
99. 03 9903	VACANT SPACE		
99. 04 9904	BILLING OFFICE		89, 749
99. 05 9905	O/P MEALS		
99.06 9906	BROWN MEDICAL STUDENTS		629, 785
99. 07 9907	NONREI MBURSABLE SERVI CES		
101	TOTAL	-10, 018, 698	156, 115, 101

COST CENTERS USED IN COST REPORT

LINE N	O. COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
1 2 3 3. 01		0100 0200 0300 0301	NEW CAP REL COSTS-BLDG & FLXT
3. 02 3. 03	NEW CAP REL COSTS-MACCOLL NEW CAP REL COSTS-RICHARDSON	0302 0303	NEW CAP REL COSTS-BLDG & FLXT NEW CAP REL COSTS-BLDG & FLXT
3. 04	NEW CAP REL COSTS-WOOD	0304	NEW CAP REL COSTS-BLDG & FIXT
3. 05 3. 06	NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-OPD	0305 0306	NEW CAP REL COSTS-BLDG & FLXT
3. 07	NEW CAP REL COSTS-GARAGE	0307	NEW CAP REL COSTS-BLDG & FIXT
3. 08 3. 09	NEW CAP REL COSTS-ABC NEW CAP REL COSTS-AMBULATORY	0308 0309	NEW CAP REL COSTS-BLDG & FLXT NEW CAP REL COSTS-BLDG & FLXT
3. 10	NEW CAP REL COSTS-SAYLES	0310	NEW CAP REL COSTS-BLDG & FLXT
3. 11 3. 12	NEW CAP REL COSTS-NOTRE DAME NEW CAP REL COSTS-PRIMARY CARE	0311	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT
3. 13 3. 14	NEW CAP REL 555 PROSPECT ST.	0313	NEW CAP REL COSTS BLDG & FLXT
3. 14 4	NEW CAP REL COSTS - PLAINVILLE NEW CAP REL COSTS-MVBLE EQUIP	0400	NEW CAP REL CUSTS-BLDG & FIXT
5 6. 01	EMPLOYEE BENEFITS	0500 0610	NONDATIENT TELEPHONES
6. 02	INFORMATION SERVICES	0620	DATA PROCESSING
6. 03 6. 04	PURCHASING RECEIVING AND STORES	0630 0640	PURCHASING, RECEIVING AND STORES
6. 05	BUSI NESS OFFI CE	0650	CASHI ERI NG/ACCOUNTS RECEI VABLE
6. 06 6. 07	OTHER ADMINISTRATIVE AND GENERAL GRANTS ADMINISTRATION	0660 0661	OTHER ADMINISTRATIVE AND GENERAL OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	OTHER ADMINISTRATIVE AND GENERALE
8 9	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	0800 0900	
10	HOUSEKEEPI NG	1000	
11 12	CAFETERI A	1200	
13 14	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	1300 1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16 17	MEDICAL RECORDS & LIRRARY	1600 1700	
18	SOCI AL SERVI CE	1800	
19 19. 01	DEPARTMENT OF MEDICINE DEPARTMENT OF CARDIOLOGY	1950 1951	OTHER GENERAL SERVICE COST CENTERS OTHER GENERAL SERVICE COST CENTERS
19. 02	DEPARTMENT OF SURGERY	1952	OTHER GENERAL SERVICE COST CENTERS
19. 03 20	DEPARIMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS	1953 2000	OTHER GENERAL SERVICE COST CENTERS
21	NURSING SCHOOL	2100	
22 23	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24 24. 01	SOCI AL SERVICE DEPARTMENT OF MEDICINE DEPARTMENT OF CARDIOLOGY DEPARTMENT OF FAMILY CARE NONPHYSICI AN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY) PSYCHOLOGY INTERNS PARAMEDICAL INPAT ROUTINE SRVC C	2400	DADAMED ED DDCM
	PSYCHOLOGY INTERNS PARAMEDICAL INPAT ROUTINE SRVC C ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER NURSERY ANCILLARY SRVC COST OPERATING POOM	2410	FARAWLD LD FROW
25 26	ADULTS & PEDIATRICS	2500 2600	
27	CORONARY CARE UNIT	2700	
28 29	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	2800 2900	
31	SUBPROVI DER	3100	
33	ANCI LLARY SRVC COST	3300	
37 37. 01	OPERATING ROOM ENDOSCOPY	3700 3330	ENDOSCOPY
39	DELIVERY ROOM & LABOR ROOM	3900	
40. 01 41	ULTRASOUND RADI OLOGY-DI AGNOSTI C	3630 4100	ULTRA SOUND
42.01	CT SCAN	3230	CAT SCAN
42. 02 43	MAGNETIC RESONANCE IMAGING(MRI) RADIOISOTOPE	3430 4300	MAGNETIC RESONANCE IMAGING (MRI)
44	LABORATORY	4400	
47 49	BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY	4700 4900	
50 51	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	5000 5100	
52	SPEECH PATHOLOGY	5200	
53 54	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	5300 5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56 59. 01	DRUGS CHARGED TO PATIENTS CARDIAC CATHERIZATION LABORATORY	5600 3120	CARDI AC CATHETERI ZATI ON LABORATORY
59. 02	MEDICAL REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
59. 03 59. 04	NOTRE DAME OCCUPATIONAL MEDICINE INPATIENT RENAL DIALYSIS	3951 3952	OTHER ANCILLARY SERVICE COST CENTERS OTHER ANCILLARY SERVICE COST CENTERS
60	OUTPAT SERVI CE COST CLI NI C	6000	
60 60. 01	NOTRE DAME AMBULATORY CLINIC	6001	CLINIC
60. 02 60. 03		6002 6003	CLINIC CLINIC
60. 05		6005	CLINIC

Health Financial Systems	MCRI F32	FOR MEMORIAL HOSPITAL	OF RHODE ISLAND	IN LIEU OF FORM CMS-2552-96(7/2009)	
			I PROVIDER NO:	I PERIOD: I PREPARED 4/12/201	10
COST CENTERS USED	IN COST REPORT		I 41-0001	I FROM 10/ 1/2008 I NOT A CMS WORKSHEET	Τ
			I	I TO 9/30/2009 I	

LINE NO.	COST CENTER DESCRIPTION DUTPAT SERVICE COST	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	O/P CHEMO & IV PROCEDURES	4950	OTHER OUTPATIENT SERVICE COST CENTER
C	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FLXT
	IONREI MBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97. 01	UNFUNDED RESEARCH	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPALD WORKERS	9900	
99. 01	FUND RAISING	9901	NONPALD WORKERS
99. 02	BANK	9902	NONPALD WORKERS
99. 03	VACANT SPACE	9903	NONPALD WORKERS
99. 04	BILLING OFFICE	9904	NONPALD WORKERS
99. 05	O/P MEALS	9905	NONPALD WORKERS
99. 06	BROWN MEDICAL STUDENTS	9906	NONPALD WORKERS
99. 07	NONREI MBURSABLE SERVI CES	9907	NONPALD WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FLXT

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND | IN LIEU OF FORM CMS-2552-96 (09/1996) | PROVIDER NO: | PERIOD: | PREPARED 4/12/2010 | 410001 | FROM 10/ 1/2008 | WORKSHEET A-6 | TO 9/30/2009 |

			I NCREA	CE		
	EVELANATION OF DECLASSIFICATION	CODE		LI NE NO	SALARY	OTHER
	EXPLANATION OF RECLASSIFICATION		COST CENTER 2	3	SALARY 4	5 5
2 3 4 5 7		А	MEDICAL SUPPLIES CHARGED TO PATIENTS BARRINGTON URGENT CARE	55 60. 05		6, 316, 129 417
10 11 12 13 14 15 16 17 18 19 20 21						
23 24 25 26 27 28 29	B CAPITAL RELATED INTEREST ! 5		NEW CAP REL COSTS-WOOD NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-ABC NEW CAP REL COSTS-AMBULATORY NEW CAP REL COSTS-SAYLES NEW CAP REL COSTS-MVBLE EQUIP OTHER ADMINISTRATIVE AND GENERAL	3. 03 3. 04 3. 05 3. 08 3. 09 3. 10 4 6. 06		101, 689 51, 061 56, 824 10, 040 950 336, 590 180, 810 503, 923
31 32 33 34 35	: }	С	NEW CAP REL COSTS-RICHARDSON NEW CAP REL COSTS-WOOD	3. 02 3. 03 3. 04 3. 05 3. 06		5, 702 6, 280 22, 673 26, 467 2, 540
1 2 3 4 5 6 7		С	NEW CAP REL COSTS-GARAGE NEW CAP REL COSTS-ABC NEW CAP REL COSTS-AMBULATORY NEW CAP REL COSTS-SAYLES NEW CAP REL COSTS-NOTRE DAME NEW CAP REL COSTS-PRIMARY CARE NEW CAP REL 555 PROSPECT ST. NEW CAP REL COSTS-MVBLE EQUIP DRUGS CHARGED TO PATIENTS CLINIC	3. 07 3. 08 3. 09 3. 10 3. 11 3. 12 3. 13		1, 958 12, 023 3, 120 19, 041 6, 306 9, 772 1, 469 14, 263
	DRUGS CHARGED TO PATIENTS 2 3 4 5 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	D	DRUGS CHARGED TO PATIENTS CLINIC BARRINGTON URGENT CARE	56 60 60. 05		6, 823, 693 101 211
27 28 29	<u>)</u> }	E F G H I	FUND RAISING CAFETERIA RADIOISOTOPE PARAMED ED PRGM-(SPECIFY) UNFUNDED RESEARCH	99. 01 12 43 24 97. 01	41, 241 966, 949 284, 268 402, 939 145, 669	1, 243, 476 7, 137

Health Financial Systems MCRIF32 FOR RECLASSIFICATIONS

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU | PROVIDER NO: | PERIC | 410001 | FROM

			I NCREA	SF		
	EXPLANATION OF RECLASSIFICATION	CODE		LI NE NO 3	SALARY 4	OTHER 5
	MD'S UNFUNDED RESEARCH	1				
;	6 7 8 9	J	I &R SERVI CES-OTHER PRGM COSTS APPRVD	23	1, 413, 009	
1: 1:	2 3 4 MD'S PRIVATE OFFICE 5 6 7 8	K	PHYSICIANS' PRIVATE OFFICES	98	2, 092, 774	362, 112
20 21 21 21 21 20 21 21 21 21 21 21 21 21 21 21 21 21 21	MD'S SECRETARIES 4 5 6 7 7	L	PHYSICIANS' PRIVATE OFFICES I&R SERVICES-OTHER PRGM COSTS APPRVD BROWN MEDICAL STUDENTS UNFUNDED RESEARCH	98 23 99. 06 97. 01	180, 614 82, 374 9, 656 27, 995	
	2 3 MALPRACTICE INSURANCE 4 LIASON RN'S/REC THER SUB I		EMPLOYEE BENEFITS SUBPROVI DER	5 31	117, 111	610, 992
	7		OTHER ADMINISTRATIVE AND GENERAL DEPARTMENT OF FAMILY CARE I&R SERVICES-OTHER PRGM COSTS APPRVD MEDICAL SUPPLIES CHARGED TO PATIENTS	6. 06 19. 03 23 55	56, 138 7, 143 69, 618	76, 055
1: 1: 1: 1: 1: 1: 1: 1: 2: 2: 2: 2: 2: 2:	O OP CENTRAL REGISTRATION COST O OP CENTRAL REGISTRATION COST FRINGE BENEFIT RECLASS FRIN		OPERATING ROOM ULTRASOUND RADI OLOGY-DI AGNOSTI C CT SCAN RADI OI SOTOPE LABORATORY RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY CLI NI C NOTRE DAME AMBULATORY CLI NI C NOTRE DAME AMBULATORY CLI NI C FAMI LY CARE CLI NI C EMPLOYEE BENEFI TS INPATI ENT RENAL DI ALYSI S DEPARTMENT OF FAMI LY CARE EMPLOYEE BENEFI TS PHYSI CAL THERAPY	37 40. 01 41 42. 01 43 44 49 50 53 54 60. 01 60. 01 60. 02 5 59. 04 19. 03 5	18, 078 7, 644 38, 907 8, 321 5, 276 208, 588 12, 569 26, 409 8, 996 319 12, 669 13, 117 28, 877 47, 720 339, 060	1, 003 422 1, 998 487 309 11, 310 724 1, 450 477 19 741 535 2, 792 25, 675, 242 255, 236 1, 605, 023

FOR MEMORIAL HOSPITAL OF RHODE ISLAND | PROVIDER NO: | 410001

			I NCREA	SF		
	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LI NE NO	SALARY	
		1	2	3	4	5
1 2 3 4 5		U				
6 7 8 9	ELIMINATION OF MED REHAB COSTS GRANTS ACCOUNTANT	V	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY GRANTS ADMI NI STRATI ON	50 51 52 6. 07	92, 917 72, 322 60, 626 53, 476	36, 819 5, 322 4, 510
11 12 13	TEACHING PSYCHOLOGIST	X Y Z	I&R SERVICES-OTHER PRGM COSTS APPRVD SUBPROVI DER SUBPROVI DER CT SCAN		92, 767 225, 676 160, 224	2, 456
15 16 17			ULTRASOUND MAGNETIC RESONANCE IMAGING(MRI) RADIOISOTOPE	40. 01 42. 02 43		1, 093 1, 404 691
19	ADVERTI SI NG COST LI NEN COST NURSE TRAI NI NG	AB AC AD	OTHER ADMINISTRATIVE AND GENERAL LAUNDRY & LINEN SERVICE PHARMACY ADULTS & PEDIATRICS	6. 06 9 16 25	113, 400 370, 773	48, 531 13, 689
22 23 24 25			LAUNDRY & LINEN SERVICE PHARMACY ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER OPERATING ROOM ENDOSCOPY EMERGENCY	26 31 37 37. 01 61	16, 532 3, 611 25, 918 2, 425 55, 582	
	GRANT FRINGES		EMPLOYEE BENEFITS	5	55, 562	599, 218
28 29 30 31 32 33 34 35	NURSE FLOATS	AF	ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER OPERATING ROOM ENDOSCOPY RADIOLOGY-DIAGNOSTIC LABORATORY	25 26 31 37 37. 01 41 44	190, 394 63, 058 9, 098 21, 438 2, 091 244 1, 778	
1 2 3 4 5 6		AF	CARDI AC CATHERI ZATI ON LABORATORY CLI NI C NOTRE DAME AMBULATORY CLI NI C FAMI LY CARE CLI NI C BARRI NGTON URGENT CARE EMERGENCY	59. 01 60 60. 01 60. 02 60. 05 61	941 8, 854 4, 044 12, 793 6, 065 24, 679	
7 8 9 10	MD'S BROWN STUDENTS PEDI FELLOW RECLASS TO MED ED OT, SP HOME CARE		O/P CHEMO & IV PROCEDURES BROWN MEDICAL STUDENTS I &R SERVI CES-SALARY & FRINGES APPRVD HOME HEALTH AGENCY	63 99. 06	3, 102 258, 129 210, 793	43, 321
	BROWN CHAIR		BROWN MEDICAL STUDENTS	99. 06	F 740	362, 000
14	BARRINGTON RADIOLOGY TECHS BLOOD TRANSFUSIONS OP CHEMO TOTAL RECLASSIFICATIONS		RADIOLOGY-DIAGNOSTIC O/P CHEMO & IV PROCEDURES	41 63	5, 710 8, 843, 508	133, 286 45, 625, 371

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

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND | IN LIEU OF FORM CMS-2552-96 (09/1996) | PROVIDER NO: | PERIOD: | PREPARED 4/12/2010 | 410001 | FROM 10/ 1/2008 | WORKSHEET A-6 | TO 9/30/2009 |

			DECR	EASE			
	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LI NE NO 7	SALARY 8	OTHER 9	A-7 REF 10
22 33 42 55 66 77 88 99 10 11 11 12 11 12 11 11 11 11 11 11 11 11			CENTRAL SERVICES & SUPPLY PHARMACY ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER OPERATING ROOM ENDOSCOPY ULTRASOUND RADIOLOGY-DIAGNOSTIC CT SCAN RADIOISOTOPE BLOOD STORING, PROCESSING & TRANS. PHYSICAL THERAPY SPEECH PATHOLOGY CARDIAC CATHERIZATION LABORATORY CLINIC NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC EMERGENCY O/P CHEMO & IV PROCEDURES HOME HEALTH AGENCY INTEREST EXPENSE	15 16 25 26 31 37 37. 01 40. 01 41 42. 01 43 47 50 51 52 59. 01 60 60. 01 60. 02 61 63 71 88		4, 059 3, 367 111, 299 69, 559 40, 602 3, 847, 029 50, 901 22, 971 132, 416 25, 806 64, 562 10, 747 5, 894 3, 198 30, 508 1, 774, 238 1, 7	11
24 25 26 27 28 29 30	BUILDING AND AUTO INSURANCE		OTHER ADMINISTRATIVE AND GENERAL OPERATION OF PLANT	6. 06 8		130, 145 1, 469	11 11 11 11 11 11 11 11 12 12 12 12
2 2 5		С					12 12 12 12 12 12 12
100 111 122 133 144 155 166 177 188 199 200 221 222 242 242 256 267 267 267 267 267 267 267 267 267 26	DRUGS CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS FUND RAISING CAFETERIA NUCLEAR CARDIOLOGY PERSONNEL PARAMEDICAL ED ANESTHESIA MD'S UNFUNDED RESEARCH	E F G	CENTRAL SERVICES & SUPPLY PHARMACY DEPARTMENT OF CARDIOLOGY ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER OPERATING ROOM ENDOSCOPY RADIOLOGY-DIAGNOSTIC CT SCAN MAGNETIC RESONANCE IMAGING (MRI) ELECTROCARDIOLOGY CARDIAC CATHERIZATION LABORATORY NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC EMERGENCY O/P CHEMO & IV PROCEDURES OTHER ADMINISTRATIVE AND GENERAL DIETARY DEPARTMENT OF CARDIOLOGY OPERATING ROOM GRANTS ADMINISTRATION I&R SERVICES-OTHER PRGM COSTS APPRV INTENSIVE CARE UNIT LABORATORY RESPIRATORY THERAPY NOTRE DAME AMBULATORY CLINIC	15 16 19. 01 25 26 31 37 37. 01 41 42. 01 42. 02 53 59. 01 60. 01 60. 02 61 63 6. 06 11 19. 01 37 6. 07 D 23 26 44 49 60. 01	41, 241 966, 949 284, 268 402, 939 46, 429 4, 275 282 54, 049 28, 503 32	16 6, 558, 699 1, 433 82, 697 39, 753 1, 729 40, 660 7, 545 1, 151 361 373 2 1, 216 743 252 63, 338 24, 037 1, 243, 476 7, 137	12

 Health Financial Systems
 MCRIF32
 FOR MEMORIAL HOSPITAL OF RHODE ISLAND
 IN LIEU OF FORM CMS-2552-96 (09/1996)

 RECLASSIFICATIONS
 | PROVIDER NO: | PRIOD: | PREPARED 4/12/2010

 | 410001
 | FROM 10/ 1/2008 | WORKSHEET A-6

 | TO 9/30/2009 | CONTD

			DECREA	SF			
	EXPLANATION OF RECLASSIFICATION	CODE (1)		LI NE NO 7	SALARY 8	OTHER 9	A-7 REF 10
	1 MD'S UNFUNDED RESEARCH		BARRI NGTON URGENT CARE	60. 05	7		
	5 6 7	J	EMERGENCY GRANTS ADMINISTRATION I&R SERVICES-OTHER PRGM COSTS APPRVD ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER LABORATORY RESPIRATORY THERAPY CLIMIC	61 6. 07 23 25 26 31 44	12, 092 36, 287 145, 596 584, 280 103, 654 61, 677 306, 483		
15	O I 2 3 4 MD'S PRIVATE OFFICE 5	K	NOTRE DAME AMBULATORY CLINIC BARRINGTON URGENT CARE EMERGENCY ADULTS & PEDIATRICS INTENSIVE CARE UNIT	60. 01 60. 05 61 25 26	79, 368 19, 220 49, 911 1, 104 25, 429 80, 317 852, 362		
	7 3 9 0 1 1 2 MD'S SECRETARIES	L	SUBPROVI DER NURSERY LABORATORY RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROENCEPHALOGRAPHY GRANTS ADMI NI STRATI ON	31 33 44 49 50 54 6. 07	46, 963 111, 808 833, 718 93, 756 73, 850 27, 360	362, 112	
20 25 26 26 27 28 29 30 31			GRANTS ADMINISTRATION DEPARTMENT OF MEDICINE I&R SERVICES-OTHER PRGM COSTS APPRVD INTENSIVE CARE UNIT LABORATORY RESPIRATORY THERAPY ELECTROENCEPHALOGRAPHY MEDICAL REHAB NOTRE DAME AMBULATORY CLINIC PEDIATRIC CLINIC	19 23 26 44 49 54 59. 02 60. 01 60. 03 61	29, 327 22, 972 33, 102 103, 221 12, 927 22, 637 18, 577 4, 201 17, 307 9, 008		
3; 3; 3;	MALPRACTICE INSURANCE 4 LIASON RN'S/REC THER SUB I 5	M N	OTHER ADMINISTRATIVE AND GENERAL MEDICAL REHAB OCCUPATIONAL THERAPY	6. 06 59. 02 51	84, 658 32, 453	610, 992	
2	2	0	I&R SERVICES-SALARY & FRINGES APPRVD	22	132, 899		
	6 7 3 3		CENTRAL SERVICES & SUPPLY OPERATING ROOM RESPIRATORY THERAPY CLINIC BARRINGTON URGENT CARE EMERGENCY	15 37 49 60 60. 05		14, 074 5, 593 55, 457 895 20 16	
10 11 12 13 14 15 16 17 18 19 20 21 22 22	O OP CENTRAL REGISTRATION COST 1 2 3 4 5 6 7 7 8 9 1 1 1 2 2	Q	BUSINESS OFFICE	6. 05	437, 490	23, 665	
24 25 26	4 FRINGE BENEFIT RECLASS 5 IP RENAL DIALYSIS 5 PEDI MD'S TO FAMILY CARE 7 DEFERRED FRINGES 3 9 0 1 1 2 3 4	R S T U	OTHER ADMINISTRATIVE AND GENERAL ADULTS & PEDIATRICS PEDIATRIC CLINIC GRANTS ADMINISTRATION DEPARTMENT OF MEDICINE DEPARTMENT OF CARDIOLOGY DEPARTMENT OF FAMILY CARE I&R SERVICES-OTHER PRGM COSTS APPRVD ADULTS & PEDIATRICS INTENSIVE CARE UNIT NURSERY LABORATORY	6. 06 25 60. 03 6. 07 19 19. 01 19. 03 23 25 26 33 44	339, 060	25, 675, 242 255, 236 1, 882 58, 920 17, 689 358, 277 1, 882 170, 258 112, 813 4, 668 227, 914	

RECLASSIFICATIONS

FOR MEMORIAL HOSPITAL OF RHODE ISLAND
| PROVIDER NO:
| 410001

-----DECREASE ------CODE LINE A-7 EXPLANATION OF RECLASSIFICATION (1) COST CENTER NO **SALARY** REF 6 8 10 1 DEFERRED FRINGES RESPIRATORY THERAPY 49 U 16, 620 ELECTROENCEPHALOGRAPHY 54 2, 826 2 3 4 MEDICAL REHAB 59 02 19, 668 PEDIATRIC CLINIC 60.03 28, 112 5 **EMERGENCY** 472, 201 111, 334 61 PHYSICIANS' PRIVATE OFFICES 98 6 7 ELIMINATION OF MED REHAB COSTS MEDICAL REHAB 59.02 225, 865 46, 651 10 GRANTS ACCOUNTANT OTHER ADMINISTRATIVE AND GENERAL 6.06 53, 476 DEPARTMENT OF FAMILY CARE MEDICAL REHAB 11 TEACHING PSYCHOLOGIST 19.03 92, 767 12 RECLASS MD FROM MED REHAB TO SUB I Υ 59.02 225, 676 13 REHAB PHD'S 14 RADIATION SAFETY SERVICES MEDICAL REHAB 59.02 160, 224 RADI OLOGY-DI AGNOSTI C 41 ΔΔ 5, 644 15 16 17 18 ADVERTISING COST AB EMPLOYEE BENEFITS 5 48, 531 19 LINEN COST AC CENTRAL SERVICES & SUPPLY 15 13, 689 NURSE TRAINING NURSING ADMINISTRATION 588, 241 20 AD 14 21 22 23 24 25 26 DEPARTMENT OF FAMILY CARE 27 GRANT FRINGES ΑE 19.03 46, 193 RESEARCH 97 28 553, 025 NURSING ADMINISTRATION 29 NURSE FLOATS AF 14 348, 579 30 31 32 33 34 35 NURSE FLOATS AF 3 4 5 6 8 MD'S BROWN STUDENTS AG I&R SERVICES-OTHER PRGM COSTS APPRVD 258, 129 9 PEDI FELLOW RECLASS TO MED ED PEDIATRIC CLINIC 60.03 43, 321 10 OT, SP HOME CARE ΑI OCCUPATIONAL THERAPY 51 139, 445 SPEECH PATHOLOGY 52 71, 348 I&R SERVICES-SALARY & FRINGES APPRVD 12 BROWN CHAIR 22 362,000 BARRINGTON URGENT CARE
BLOOD STORING, PROCESSING & TRANS. 13 BARRINGTON RADIOLOGY TECHS 14 BLOOD TRANSFUSIONS OP CHEMO 60.05 ΑL 5, 710 AM 47 133, 286 TOTAL RECLASSIFICATIONS 8, 843, 508 45, 625, 371

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

MCRIF32 Health Financial Systems

| IN LIEU OF FORM CMS-2552-96 (09/1996) | PERIOD: | PREPARED 4/12/2010 | FROM 10/ 1/2008 | WORKSHEET A-6 | TO 9/30/2009 | NOT A CMS WORKSHEET FOR MEMORIAL HOSPITAL OF RHODE ISLAND | PROVIDER NO: | 410001 RECLASSI FI CATI ONS

RECLASS CODE:	Α				
EXPLANATION:	MEDI CAL	SUPPLI ES	CHARGED	T0	PATI ENTS

EXPLAINA	INODEAC	TO PATTEN	13	DECREAC	F	
LI NE 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 20. 00 21. 00 22. 00 TOTAL F	COST CENTER MEDICAL SUPPLIES CHARGED TO PA BARRINGTON URGENT CARE	E LINE 55 60. 05	AMOUNT 6, 316, 129 417 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COST CENTER CENTRAL SERVICES & SUPPLY PHARMACY ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER OPERATING ROOM ENDOSCOPY ULTRASOUND RADIOLOGY-DIAGNOSTIC CT SCAN RADIOL SOTOPE BLOOD STORING, PROCESSING & TR PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY CARDIAC CATHERIZATION LABORATO CLINIC NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC EMERGENCY O/P CHEMO & IV PROCEDURES HOME HEALTH AGENCY	LINE 15 16 25 26 31 37 37, 01 40, 01 41 42, 01 43 47 50 51 52 59, 01 60, 01 60, 02 61 63 71	AMOUNT 4, 059 3, 367 111, 299 69, 559 40, 602 3, 847, 029 50, 901 22, 971 132, 416 25, 806 64, 562 10, 747 5, 894 3, 198 30, 508 1, 774, 238 176 3, 369 577 36, 326 50 78, 872 6, 316, 546
DECLACE	CODE: D					
LI NE 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 TOTAL F	COST CENTER NEW CAP REL COSTS-RICHARDSON NEW CAP REL COSTS-WOOD NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-AMBULATORY NEW CAP REL COSTS-AMBULATORY NEW CAP REL COSTS-SAYLES NEW CAP REL COSTS-MVBLE EQUIP OTHER ADMINISTRATIVE AND GENER ECLASSIFICATIONS FOR CODE B	E LI NE 3. 03 3. 04 3. 05 3. 08 3. 09 3. 10 4 6. 06	AMOUNT 101, 689 51, 061 56, 824 10, 040 950 336, 590 180, 810 503, 923 1, 241, 887	COST CENTER INTEREST EXPENSE	E LI NE 88	AMOUNT 1, 241, 887 0 0 0 0 0 0 0 1, 241, 887
RECLASS	CODE: C					
11. 00 12. 00 13. 00	COST CENTER NEW CAP REL COSTS-MACCOLL NEW CAP REL COSTS-I CHARDSON NEW CAP REL COSTS-WOOD NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-HODGSON NEW CAP REL COSTS-GARAGE NEW CAP REL COSTS-ABC NEW CAP REL COSTS-ABC NEW CAP REL COSTS-AMBULATORY NEW CAP REL COSTS-SAYLES NEW CAP REL COSTS-NOTRE DAME NEW CAP REL COSTS-PRI MARY CARE NEW CAP REL COSTS-PRI MARY CARE NEW CAP REL COSTS-WBLE EQUIP VECLASSIFICATIONS FOR CODE C	E LI NE 3. 02 3. 03 3. 04 3. 05 3. 06 3. 07 3. 08 3. 09 3. 10 3. 11 3. 12 3. 13 4	AMOUNT 5, 702 6, 280 22, 673 26, 467 2, 540 1, 958 12, 023 3, 120 19, 041 6, 306 9, 772 1, 469 14, 263 131, 614	COST CENTER OTHER ADMINISTRATIVE AND GENER OPERATION OF PLANT	E LI NE 6. 06 8	AMOUNT 130, 145 1, 469 0 0 0 0 0 0 0 0 0 0 0 0
	CODE: D TION: DRUGS CHARGED TO PATIENT:	S				
LI NE 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00	COST CENTER DRUGS CHARGED TO PATIENTS CLINIC BARRINGTON URGENT CARE	E LI NE 56 60 60. 05	AMOUNT 6, 823, 693 101 211 0 0	COST CENTER CENTRAL SERVICES & SUPPLY PHARMACY DEPARTMENT OF CARDIOLOGY ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER	E LI NE 15 16 19. 01 25 26 31	AMOUNT 16 6, 558, 699 1, 433 82, 697 39, 753 1, 729

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EXPLANATION : DRUGS CHARGED TO PATIENTS		DEODEAG	г	
LINE COST CENTER LINE 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 TOTAL RECLASSIFICATIONS FOR CODE D	AMOUNT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COST CENTER OPERATING ROOM ENDOSCOPY RADI OLOGY-DI AGNOSTI C CT SCAN MAGNETIC RESONANCE I MAGING (MRI ELECTROCARDI OLOGY CARDI AC CATHERI ZATI ON LABORATO NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC EMERGENCY O/P CHEMO & IV PROCEDURES	37 37. 01 41 42. 01 42. 02	40, 660 7, 545 1, 151 361 373
RECLASS CODE: E EXPLANATION : FUND RAISING				
LINE COST CENTER LINE 1. 00 FUND RAISING 99. 01 TOTAL RECLASSIFICATIONS FOR CODE E RECLASS CODE: F	AMOUNT 41, 241 41, 241	COST CENTER OTHER ADMINISTRATIVE AND GENER	E LI NE 6. 06	AMOUNT 41, 241 41, 241
EXPLANATION : CAFETERIA				
LINE COST CENTER LINE 1.00 CAFETERIA 12 TOTAL RECLASSIFICATIONS FOR CODE F	AMOUNT 2, 210, 425 2, 210, 425	COST CENTER DI ETARY	E LI NE 11	AMOUNT 2, 210, 425 2, 210, 425
RECLASS CODE: G EXPLANATION: NUCLEAR CARDIOLOGY PERSONNEL				
INCREASE	 AMOUNT	DECREAS	E	AMOUNT
LI NE COST CENTER LI NE 1. 00 RADI OI SOTOPE 43 TOTAL RECLASSI FI CATI ONS FOR CODE G	284, 268 284, 268	DEPARTMENT OF CARDIOLOGY	19. 01	284, 268 284, 268
RECLASS CODE: H EXPLANATION: PARAMEDICAL ED ANESTHESIA				
I NCREASE				
LINE COST CENTER		DECREAS	E	
1. 00 PARAMED ED PRGM-(SPECIFY) 24 TOTAL RECLASSIFICATIONS FOR CODE H	AMOUNT 410, 076 410, 076	COST CENTER OPERATING ROOM	E LI NE 37	AMOUNT 410, 076 410, 076
1.00 PARAMED ED PRGM-(SPECIFY) 24 TOTAL RECLASSIFICATIONS FOR CODE H RECLASS CODE: I EXPLANATION: MD'S UNFUNDED RESEARCH	AMOUNT 410, 076 410, 076	DECREAS COST CENTER OPERATING ROOM	E LI NE 37	AMOUNT 410, 076 410, 076
RECLASS CODE: I	 AMOUNT	COST CENTER OPERATING ROOM	E LI NE 6. 07 23 26 44 49	
RECLASS CODE: I EXPLANATION: MD'S UNFUNDED RESEARCH	AMOUNT 145, 669 0 0 0 0	COST CENTER GRANTS ADMINISTRATION I&R SERVICES-OTHER PRGM COSTS INTENSIVE CARE UNIT LABORATORY RESPIRATORY THERAPY NOTRE DAME AMBULATORY CLINIC BARRINGTON URGENT CARE	E	AMOUNT 46, 429 4, 275 282 54, 049 28, 503 32 7 12, 092
RECLASS CODE: I EXPLANATION: MD'S UNFUNDED RESEARCH	AMOUNT 145, 669 0 0 0 0 0 0 0 0 145, 669	COST CENTER GRANTS ADMINISTRATION I&R SERVICES-OTHER PRGM COSTS INTENSIVE CARE UNIT LABORATORY RESPIRATORY THERAPY NOTRE DAME AMBULATORY CLINIC BARRINGTON URGENT CARE	E	AMOUNT 46, 429 4, 275 282 54, 049 28, 503 32 7 12, 092 145, 669

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RECLASS CODE: J EXPLANATION: MD'S TEACHING				
	AMOUNT 0 0 0 0 0 0 0 0 0 0 0 1, 413, 009	COST CENTER ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER LABORATORY RESPIRATORY THERAPY CLINIC NOTRE DAME AMBULATORY CLINIC BARRINGTON URGENT CARE EMERGENCY	SE	AMOUNT 584, 280 103, 654 61, 677 306, 483 79, 368 19, 220 49, 911 1, 104 25, 429 1, 413, 009
RECLASS CODE: K EXPLANATION: MD'S PRIVATE OFFICE				
LINE COST CENTER LINE 1. 00 PHYSICIANS' PRIVATE OFFICES 98 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 TOTAL RECLASSIFICATIONS FOR CODE K	AMOUNT 2, 454, 886 0 0 0 0 0	COST CENTER ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER NURSERY LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROENCEPHALOGRAPHY	SE	AMOUNT 80, 317 852, 362 46, 963 111, 808 833, 718 93, 756 73, 850 362, 112 2, 454, 886
RECLASS CODE: L EXPLANATION: MD'S SECRETARIES				
EXPLANATION: MD'S SECRETARIES	AMOUNT 180, 614 82, 374 9, 656 27, 995 0 0 0 0 0	COST CENTER GRANTS ADMINISTRATION DEPARTMENT OF MEDICINE I&R SERVICES-OTHER PRGM COSTS INTENSIVE CARE UNIT LABORATORY RESPIRATORY THERAPY ELECTROENCEPHALOGRAPHY MEDICAL REHAB NOTRE DAME AMBULATORY CLINIC PEDIATRIC CLINIC EMERGENCY	SE	AMOUNT 27, 360 29, 327 22, 972 33, 102 103, 221 12, 927 22, 637 18, 577 4, 201 17, 307 9, 008 300, 639
RECLASS CODE: M EXPLANATION : MALPRACTICE INSURANCE				
LINE COST CENTER LINE 1.00 EMPLOYEE BENEFITS 5 TOTAL RECLASSIFICATIONS FOR CODE M	AMOUNT 610, 992 610, 992	COST CENTER OTHER ADMINISTRATIVE AND GENER	SE LI NE 6. 06	AMOUNT 610, 992 610, 992
RECLASS CODE: N EXPLANATION: LIASON RN'S/REC THER SUB I		050051		
LINE COST CENTER LINE 1. 00 SUBPROVIDER 31 2. 00 TOTAL RECLASSIFICATIONS FOR CODE N RECLASS CODE: 0 EXPLANATION: SECRETARIES CHARGED TO MED ED	AMOUNT 117, 111 0 117, 111	COST CENTER MEDI CAL REHAB OCCUPATI ONAL THERAPY	SE LI NE 59. 02 51	AMOUNT 84, 658 32, 453 117, 111
I NCREASE		DECREA:		
LINE COST CENTER LINE 1.00 OTHER ADMINISTRATIVE AND GENER 6.06 2.00 DEPARTMENT OF FAMILY CARE 19.03	AMOUNT 56, 138 7, 143	COST CENTER I&R SERVICES-SALARY & FRINGES	LI NE 22	AMOUNT 132, 899 0

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RECLASS CODE: 0 EXPLANATION: SECRETARIES CHARGED TO ME	ED ED		
LINE COST CENTER 3.00 I&R SERVICES-OTHER PRGM COSTS TOTAL RECLASSIFICATIONS FOR CODE 0	LI NE AMC 23 69, 132,	UNT COST CENTER 618 899	- DECREASE
RECLASS CODE: P	-c		
LINE COST CENTER 1.00 MEDICAL SUPPLIES CHARGED TO PA 2.00 3.00 4.00 5.00 6.00 TOTAL RECLASSIFICATIONS FOR CODE P	E	UNT COST CENTER 055 CENTRAL SERVICES & SUP 0 OPERATING ROOM 0 RESPIRATORY THERAPY 0 CLINIC 0 BARRINGTON URGENT CARE 0 EMERGENCY	- DECREASE
RECLASS CODE: Q EXPLANATION: OP CENTRAL REGISTRATION C	COST		
EXPLANATION: OP CENTRAL REGISTRATION OF CENTRAL REGIST	LINE AMC 37 19, 40.01 8, 41 40, 42.01 8, 43 5, 44 219, 49 13, 50 27, 53 9, 54 60 13, 60.01 30, 60.02 50, 461,	UNT COST CENTER 081 BUSI NESS OFFI CE 066 905 808 585 898 293 859 473 338 410 715 212 512	- DECREASE
RECLASS CODE: R EXPLANATION: FRINGE BENEFIT RECLASS			
LINE COST CENTER 1.00 EMPLOYEE BENEFITS TOTAL RECLASSIFICATIONS FOR CODE R	ELINE AMC 5 25,675, 25,675,	UNT COST CENTER 242 OTHER ADMINISTRATIVE A 242	- DECREASE LI NE AMOUNT ND GENER 6.06 25,675,242 25,675,242
RECLASS CODE: S EXPLANATION: IP RENAL DIALYSIS			
LINE COST CENTER 1. OO INPATIENT RENAL DIALYSIS TOTAL RECLASSIFICATIONS FOR CODE S	LI NE AMC 59. 04 255, 255,	UNT COST CENTER 236 ADULTS & PEDIATRICS	- DECREASE
RECLASS CODE: T EXPLANATION: PEDI MD'S TO FAMILY CARE			
LINE COST CENTER 1.00 DEPARTMENT OF FAMILY CARE TOTAL RECLASSIFICATIONS FOR CODE T	LINE AMO 19.03 339, 339,	UNT COST CENTER 060 PEDIATRIC CLINIC	- DECREASE
RECLASS CODE: U EXPLANATION: DEFERRED FRINGES			
LINE COST CENTER 1.00 EMPLOYEE BENEFITS	E LINE AMC 5 1,605,	UNT COST CENTER	- DECREASE LI NE AMOUNT 6. 07 1, 882

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RECLASS CODE: U EXPLANATION: DEFERRED FRINGES					
LINE COST CENTER 2.00 PHYSICAL THERAPY 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 TOTAL RECLASSIFICATIONS FOR CODE U		AMOUNT 41 0 0 0 0 0 0 0 0 0 0 0 0 0 1, 605, 064	COST CENTER DEPARTMENT OF MEDICINE DEPARTMENT OF CARDIOLOGY DEPARTMENT OF FAMILY CARE I&R SERVICES-OTHER PRGM COSTS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NURSERY LABORATORY RESPIRATORY THERAPY ELECTROENCEPHALOGRAPHY MEDICAL REHAB PEDIATRIC CLINIC EMERGENCY PHYSICIANS' PRIVATE OFFICES	EE	AMOUNT 58, 920 17, 689 358, 277 1, 882 170, 258 112, 813 4, 668 227, 914 16, 620 2, 826 19, 668 28, 112 472, 201 111, 334 1, 605, 064
RECLASS CODE: V EXPLANATION: ELIMINATION OF MED REHAL					
LI NE COST CENTER 1.00 PHYSI CAL THERAPY 2.00 OCCUPATI ONAL THERAPY 3.00 SPEECH PATHOLOGY TOTAL RECLASSI FI CATI ONS FOR CODE V	SE LI NE 50 51 52	AMOUNT 129, 736 77, 644 65, 136 272, 516	DECREAS COST CENTER MEDI CAL REHAB	SE LI NE 59. 02	AMOUNT 272, 516 0 0 272, 516
RECLASS CODE: W EXPLANATION: GRANTS ACCOUNTANT	_			_	
LINE COST CENTER 1.00 GRANTS ADMINISTRATION TOTAL RECLASSIFICATIONS FOR CODE W	SE LI NE 6. 07	AMOUNT 53, 476 53, 476	COST CENTER OTHER ADMINISTRATIVE AND GENER	EE LI NE 6. 06	AMOUNT 53, 476 53, 476
RECLASS CODE: X EXPLANATION: TEACHING PSYCHOLOGIST					
LINE COST CENTER 1.00 I&R SERVICES-OTHER PRGM COSTS TOTAL RECLASSIFICATIONS FOR CODE X	SE LI NE 23	AMOUNT 92, 767 92, 767	COST CENTER DEPARTMENT OF FAMILY CARE	SE LI NE 19. 03	AMOUNT 92, 767 92, 767
RECLASS CODE: Y EXPLANATION: RECLASS MD FROM MED REHA					
LINE COST CENTER	SE		DECREAS COST CENTER MEDICAL REHAB	SE	
TOTAL RECLASSIFICATIONS FOR CODE Y	31	225, 676 225, 676	MEDI CAL REHAB	59. 02	225, 676 225, 676
RECLASS CODE: Z EXPLANATION: REHAB PHD'S	`F		DECDEAG	`_	
LINE COST CENTER 1.00 SUBPROVIDER TOTAL RECLASSIFICATIONS FOR CODE Z	LI NE 31	AMOUNT 160, 224 160, 224	COST CENTER MEDI CAL REHAB	LI NE 59. 02	AMOUNT 160, 224 160, 224
RECLASS CODE: AA EXPLANATION: RADIATION SAFETY SERVICE	ES				
LINE COST CENTER 1.00 CT SCAN 2.00 ULTRASOUND 3.00 MAGNETIC RESONANCE IMAGING (MRI 4.00 RADIOI SOTOPE TOTAL RECLASSIFICATIONS FOR CODE AA	SE LI NE 42. 01 40. 01 42. 02 43	AMOUNT 2, 456 1, 093 1, 404 691 5, 644	DECREAS COST CENTER RADI OLOGY-DI AGNOSTI C	SE LI NE 41	AMOUNT 5, 644 0 0 0 0 5, 644

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 FOR MEMORIAL HOSPITAL OF RHODE ISLAND
 IN LIEU OF FORM CMS-2552-96 (09/1996)

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RECLASS CODE: AB EXPLANATION: ADVERTISING COST					
LINE COST CENTER 1.00 OTHER ADMINISTRATIVE AND GENER TOTAL RECLASSIFICATIONS FOR CODE AB	SE LI NE 6. 06	AMOUNT 48, 531 48, 531	COST CENTER EMPLOYEE BENEFITS	ECREASE LI NE 5	AMOUNT 48, 531 48, 531
RECLASS CODE: AC EXPLANATION: LINEN COST					
LINE COST CENTER 1.00 LAUNDRY & LINEN SERVICE TOTAL RECLASSIFICATIONS FOR CODE AC	SE LI NE 9	AMOUNT 13, 689 13, 689	COST CENTER CENTRAL SERVICES & SUPPLY	ECREASE LI NE 15	AMOUNT 13, 689 13, 689
RECLASS CODE: AD EXPLANATION: NURSE TRAINING					
LINE COST CENTER 1.00 PHARMACY 2.00 ADULTS & PEDIATRICS 3.00 INTENSIVE CARE UNIT 4.00 SUBPROVIDER 5.00 OPERATING ROOM 6.00 ENDOSCOPY 7.00 EMERGENCY TOTAL RECLASSIFICATIONS FOR CODE AD	SE LI NE 16 25 26 31 37 37. 01	AMOUNT 113, 400 370, 773 16, 532 3, 611 25, 918 2, 425 55, 582 588, 241	COST CENTER NURSING ADMINISTRATION	ECREASE LI NE 14	AMOUNT 588, 241 0 0 0 0 0 0 0 0 588, 241
RECLASS CODE: AE EXPLANATION: GRANT FRINGES					
LINE COST CENTER 1.00 EMPLOYEE BENEFITS 2.00 TOTAL RECLASSIFICATIONS FOR CODE AE	SE LI NE 5	AMOUNT 599, 218 0 599, 218	COST CENTER DEPARTMENT OF FAMILY CARE RESEARCH	ECREASE LI NE 19. 03 97	AMOUNT 46, 193 553, 025 599, 218
RECLASS CODE: AF EXPLANATION: NURSE FLOATS					
EXPLANATION: NURSE FLOATS LINE COST CENTER 1.00 ADULTS & PEDIATRICS 2.00 INTENSIVE CARE UNIT 3.00 SUBPROVIDER 4.00 OPERATING ROOM 5.00 ENDOSCOPY 6.00 RADIOLOGY-DIAGNOSTIC 7.00 LABORATORY 8.00 CARDIAC CATHERIZATION LABORATO 9.00 CLINIC 10.00 NOTRE DAME AMBULATORY CLINIC 11.00 FAMILY CARE CLINIC 12.00 BARRINGTON URGENT CARE 13.00 EMERGENCY 14.00 O/P CHEMO & IV PROCEDURES TOTAL RECLASSIFICATIONS FOR CODE AF	SE	AMOUNT 190, 394 63, 058 9, 098 21, 438 2, 091 244 1, 778 941 8, 854 4, 044 12, 793 6, 065 24, 679 3, 102 348, 579	COST CENTER NURSING ADMINISTRATION	ECREASE LI NE 14	AMOUNT 348, 579 0 0 0 0 0 0 0 0 0 0 0 0 0
RECLASS CODE: AG EXPLANATION: MD'S BROWN STUDENTS					
LINE COST CENTER 1.00 BROWN MEDICAL STUDENTS TOTAL RECLASSIFICATIONS FOR CODE AG	SE LI NE 99. 06	AMOUNT 258, 129 258, 129	COST CENTER I&R SERVICES-OTHER PRGM C	LINE	AMOUNT 258, 129 258, 129
RECLASS CODE: AH EXPLANATION: PEDI FELLOW RECLASS TO N					
LINE COST CENTER 1.00 I&R SERVICES-SALARY & FRINGES TOTAL RECLASSIFICATIONS FOR CODE AH	SE LI NE 22	AMOUNT 43, 321 43, 321	COST CENTER PEDIATRIC CLINIC	ECREASE LI NE 60. 03	AMOUNT 43, 321 43, 321

Health Financial Systems RECLASSIFICATIONS

FOR MEMORIAL HOSPITAL OF RHODE ISLAND

ODE ISLAND IN LIEU OF FORM CMS-2552-96 (09/1996)
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RE	-C	LA	SS	CODE:	ΑI

EXPLANATION : OT SP HOME CARE

MCRI F32

EXPLANATION: UI, SP HOME CARE					
I NCRE/	\SF		DFC	RFASE	
LINE COST CENTER 1.00 HOME HEALTH AGENCY 2.00 TOTAL RECLASSIFICATIONS FOR CODE AI	LI NE 71	AMOUNT 210, 793 0 210, 793	COST CENTER OCCUPATIONAL THERAPY SPEECH PATHOLOGY	LI NE 51 52	AMOUNT 139, 445 71, 348 210, 793
RECLASS CODE: AJ EXPLANATION: BROWN CHAIR					2.0,770
LINE COST CENTER 1. 00 BROWN MEDICAL STUDENTS TOTAL RECLASSIFICATIONS FOR CODE AJ RECLASS CODE: AL	LI NE 99. 06	AMOUNT 362, 000 362, 000	COST CENTER I &R SERVICES-SALARY & FRING	LI NE ES 22	AMOUNT 362, 000 362, 000
EXPLANATION : BARRINGTON RADIOLOGY TE			DEO	DE 4 CE	
LINE COST CENTER 1.00 RADIOLOGY-DIAGNOSTIC TOTAL RECLASSIFICATIONS FOR CODE AL	LI NE 41	AMOUNT 5, 710 5, 710	COST CENTER BARRINGTON URGENT CARE	LI NE 60. 05	AMOUNT 5, 710 5, 710
RECLASS CODE: AM EXPLANATION: BLOOD TRANSFUSIONS OP (
LINE COST CENTER	ASE		DEC	REASE	AMOUNT
1.00 O/P CHEMO & IV PROCEDURES TOTAL RECLASSIFICATIONS FOR CODE AM	63	133, 286 133, 286	BLOOD STORING, PROCESSING &	TR 47	133, 286 133, 286

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND
ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010
ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 41-0001 I FROM 10/ 1/2008 I WORKSHEET A-7
COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I TO 9/30/2009 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION			ACQUISITIONS		DESPOSALS		FULLY
		BEGI NNI NG				AND	ENDI NG	DEPRECI ATED
		BALANCES	PURCHASES	DONATI ON	TOTAL	RETI REMENTS	BALANCE	ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRI PTI ON			ACQUI SI TI ONS		DI SPOSALS		FULLY
		BEGI NNI NG				AND	ENDI NG	DEPRECI ATED
		BALANCES	PURCHASES	DONATI ON	TOTAL	RETI REMENTS	BALANCE	ASSETS
		1	2	3	4	5	6	7
1	LAND	1, 822, 002					1, 822, 002	
2	LAND IMPROVEMENTS	1, 539, 572					1, 539, 572	
3	BUILDINGS & FIXTURE	47, 050, 504	111, 854		111, 854		47, 162, 358	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	18, 874, 297	482, 817		482, 817	4, 750, 860	14, 606, 254	
6	MOVABLE EQUIPMENT	46, 854, 917	883, 780		883, 780	6, 562, 907	41, 175, 790	
7	SUBTOTAL	116, 141, 292	1, 478, 451		1, 478, 451	11, 313, 767	106, 305, 976	
8	RECONCILING ITEMS							
9	TOTAL	116, 141, 292	1, 478, 451		1, 478, 451	11, 313, 767	106, 305, 976	

PART III - RECONCILIATION OF DESCRIPTION		COMPUTATI ON			ALL	OCATION OF OTH		
	GROSS ASSETS	CAPITLIZED (LEASES	FOR RATIO	RATI 0	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
* OLD CAP REL COSTS-BL 2 OLD CAP REL COSTS-BL 3 O1 NEW CAP REL COSTS-BL 3 O1 NEW CAP REL COSTS-BL 3 O2 NEW CAP REL COSTS-BA 3 O3 NEW CAP REL COSTS-MA 3 O3 NEW CAP REL COSTS-MA 3 O4 NEW CAP REL COSTS-MA 3 O5 NEW CAP REL COSTS-HO 3 O6 NEW CAP REL COSTS-OP 3 O7 NEW CAP REL COSTS-OP 3 O7 NEW CAP REL COSTS-AB 3 O9 NEW CAP REL COSTS-AB 3 O9 NEW CAP REL COSTS-AB 3 10 NEW CAP REL COSTS-AB 3 11 NEW CAP REL COSTS-NO 3 12 NEW CAP REL COSTS-NO 3 12 NEW CAP REL COSTS-NO 3 14 NEW CAP REL COSTS-NO 3 14 NEW CAP REL COSTS-POS 3 14 NEW CAP REL COSTS-POS 3 14 NEW CAP REL COSTS-POS 4 NEW CAP REL COSTS-NO 5 TOTAL	1	2	3	1. 000000	5	6	7	8
DESCRI PTI ON			SLIMMARY OF O	_D AND NEW CAP	ΙΤΔΙ			
DESCRIPTION	DEPRECI ATI ON	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)	
* OLD CAP REL COSTS-BL 2 OLD CAP REL COSTS-BL 3 O1 NEW CAP REL COSTS-BL 3 O1 NEW CAP REL COSTS-BL 3 O2 NEW CAP REL COSTS-BA 3 O3 NEW CAP REL COSTS-MA 3 O3 NEW CAP REL COSTS-MA 3 O5 NEW CAP REL COSTS-HO 3 O6 NEW CAP REL COSTS-OP 3 O7 NEW CAP REL COSTS-OP 3 O7 NEW CAP REL COSTS-AB 3 O8 NEW CAP REL COSTS-AB 3 O9 NEW CAP REL COSTS-AB 3 10 NEW CAP REL COSTS-AB 3 11 NEW CAP REL COSTS-NO 3 12 NEW CAP REL COSTS-NO 3 12 NEW CAP REL COSTS-PR 3 13 NEW CAP REL COSTS-PR 3 13 NEW CAP REL COSTS-PR 3 14 NEW CAP REL COSTS-PR 4 NEW CAP REL COSTS-MV 5 TOTAL	9 65, 415 87, 804 259, 212 529, 175 508 25, 242 63, 467 439, 339 43, 488 222, 182 36, 948 58, 594 2, 325, 399 4, 156, 773	10	101, 689 51, 061 56, 824 10, 040 950 336, 590	5, 702 6, 280 22, 673 26, 467 2, 540 1, 958 12, 023 3, 120 19, 041 6, 306 9, 772 1, 469 14, 263 131, 614	13	14	71, 117 195, 773 332, 946 612, 466 2, 540 2, 466 47, 305 67, 537 794, 970 49, 794 231, 954 38, 417 58, 594 2, 520, 472 5, 026, 351	
PART IV - RECONCILIATION OF A DESCRIPTION	AMOUNTS FROM WO	RKSHEET A, (S 1 THRU 4 LD AND NEW CAP	I TAL	OTHER CARLTAI		
* 1 OLD CAP REL COSTS-BL 2 OLD CAP REL COSTS-MV 3 NEW CAP REL COSTS-BL	DEPRECIATION 9	LEASE 10	I NTEREST 11	I NSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15	
3 01 NEW CAP REL COSTS-BL 3 02 NEW CAP REL COSTS-MA 3 03 NEW CAP REL COSTS-RI 3 04 NEW CAP REL COSTS-W0 3 05 NEW CAP REL COSTS-H0 3 06 NEW CAP REL COSTS-OP	65, 415 87, 804 259, 212 529, 175						65, 415 87, 804 259, 212 529, 175	
3 07 NEW CAP REL COSTS-GA 3 08 NEW CAP REL COSTS-AB 3 09 NEW CAP REL COSTS-AM 3 10 NEW CAP REL COSTS-AM 3 11 NEW CAP REL COSTS-NO 3 12 NEW CAP REL COSTS-PR 3 13 NEW CAP REL 555 PROS 3 14 NEW CAP REL COSTS - 4 NEW CAP REL COSTS-MV 5 TOTAL	508 25, 242 63, 467 439, 339 43, 488 222, 182 36, 948 58, 594 2, 325, 399 4, 156, 773						508 25, 242 63, 467 439, 339 43, 488 222, 182 36, 948 58, 594 2, 325, 399 4, 156, 773	

All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.

The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.

Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions). (1)

IN LIEU OF FORM CMS-2552-96(05/1999)
PERIOD: I PREPARED 4/12/2010
FROM 10/ 1/2008 I WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

I TO 9/30/2009 I

	DESCRIPTION (1)	(2) BASI S/CODE 1	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH T AMOUNT IS TO BE ADJUSTED COST CENTER 3	ΓΗΕ LI NE NO 4	WKST. A-7 REF.
1 2 3 4 5	INVST INCOME-OLD BLDGS AND FIXTURES INVESTMENT INCOME-OLD MOVABLE EQUIP INVST INCOME-NEW BLDGS AND FIXTURES INVESTMENT INCOME-NEW MOVABLE EQUIP INVESTMENT INCOME-OTHER TRADE, QUANTITY AND TIME DISCOUNTS	В	-7, 422	OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E OTHER ADMINISTRATIVE AND	1	J
7 8 9 10 11	RENTAL OF PRVIDER SPACE BY SUPPLIERS TELEPHONE SERVICES TELEVISION AND RADIO SERVICE	В	-25, 469	COMMUNI CATI ONS	6. 01	
12 13	SALE OF SCRAP. WASTE. ETC.		-7, 229, 471			
14 15						
16 17 18	CAFETERIAEMPLOYEES AND GUESTS RENTAL OF OTRS TO EMPLYEE AND OTHRS SALE OF MED AND SURG SUPPLIES	В	-953, 885	CAFETERI A	12	
19	SALE OF DRUGS TO OTHER THAN PATIENTS	В	-46, 542	PHARMACY	16 17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	D .	-0, 742	WIEDI CAE RECORDS & EI BRAKT	17	
22 23	VENDING MACHINES INCOME FROM IMPOSITION OF INTEREST	В	-11, 700	CAFETERI A	12	
24 25 26 27	INJUSTMENT FOR MEDICARE OVERPAYMENTS ADJUSTMENT FOR RESPIRATORY THERAPY ADJUSTMENT FOR PHYSICAL THERAPY ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3/A-8-4 A-8-3/A-8-4 A-8-3		RESPIRATORY THERAPY PHYSICAL THERAPY	49 50	
28 29 30 31 32 33	DEPRECIATION - NEW BLDGS AND FIXTURES DEPRECIATION-OLD BLDGS AND FIXTURES DEPRECIATION-OLD MOVABLE EQUIP DEPRECIATION-NEW BLDGS AND FIXTURES DEPRECIATION-NEW SECRETARY	A-0-3		**COST CENTER DELETED** OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E NONPHYSICIAN ANESTHETISTS	89 1 2 3 4 20	
34 36 37 38 39 40 41 42 43 44 45 46 47 48 49 49. 01 49. 02 49. 03 49. 04 49. 05 49. 07 49. 08 50	RELATED ORGANIZATION TRANSACTIONS LAUNDRY AND LINEN SERVICE CAFETERIA EMPLOYEES AND GUESTS RENTAL OF OTRS TO EMPLYEE AND OTHRS SALE OF MED AND SURG SUPPLIES SALE OF MED AND SURG SUPPLIES SALE OF MEDICAL RECORDS & ABSTRACTS NURSG SCHOOL (TUI TN, FEES, BOOKS, ETC.) VENDING MACHINES INCOME FROM IMPOSITION OF INTEREST INTRST EXP ON MEDICARE OVERPAYMENTS ADJUSTMENT FOR RESPIRATORY THERAPY ADJUSTMENT FOR PHYSICAL THERAPY ADJUSTMENT FOR PHYSICAL THERAPY UTILIZATION REVIEW-PHYSIAN COMP DEPRECIATION-OLD BLOGS AND FIXTURES DEPRECIATION-OLD MOVABLE EQUIP NON-PHYSICIAN ANESTHETIST PHYSICIANS' ASSISTANT ADJUSTMENT FOR OCCUPATIONAL THERAPY ADJUSTMENT FOR OCCUPATIONAL THERAPY ADJUSTMENT FOR SPEECH PATHOLOGY MISC. INCOME RADIOLOGY MISC. INCOME RADIOLOGY MISC. INCOME RADIOLOGY MISC. INCOME RADIOLOGY MISC. INCOME MRI MISC. INCOME INHALATION THERAPY MISC. INCOME INHALATION THERAPY MISC. INCOME LAB LOBBYING ACTIVITIES PHD #1 PHD #2 PHD #1 PHD #2 PHD #3 PHD #4 PHD #5 PHD #6 ICU PHYSICIAN ASSISTANTS ER PHYSICIAN ASSISTANTS ER PHYSICIAN ASSISTANTS FRINGES TOTAL (SUM OF LINES 1 THRU 49)	A-8-4 A-8-4 B B B B B B B B A A A A A A A A A	-450 -409, 772 -2, 259 -232 -183, 957 -456 -1, 705 -600 -675 -3, 452 -320 -11, 458 -119, 072 -32, 844 -8, 308 -83, 024 -82, 085 -9, 205 -331, 942 -259, 088 -194, 363 -10, 018, 698	OCCUPATIONAL THERAPY SPEECH PATHOLOGY RADIOLOGY-DIAGNOSTIC OTHER ADMINISTRATIVE AND DIETARY LAUNDRY & LINEN SERVICE OPERATION OF PLANT EMPLOYEE BENEFITS OTHER ADMINISTRATIVE AND MAGNETIC RESONANCE IMAGIN RESPIRATORY THERAPY OTHER ADMINISTRATIVE AND LABORATORY OTHER ADMINISTRATIVE AND SUBPROVIDER SUBPROVIDER SUBPROVIDER PEDIATRIC CLINIC PEDIATRIC CLINIC PEDIATRIC CLINIC INTENSIVE CARE UNIT EMERGENCY EMPLOYEE BENEFITS	51 52 41 6. 06 11 9 8 5 6. 06 42. 02 49 6. 06 44 6. 06 31 31 31 60. 03 60. 03 60. 03 60. 03 61 5	

Description - all chapter references in this columnpertain to CMS Pub. 15-I.

 ⁽²⁾ Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN I DENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVI DER COMPONENT 5	RCE AMOUNT 6	PHYSI CI AN/ PROVI DER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1 6 7 A	2	80, 080	61, 593	18, 487	138, 700	234	15, 604	780
2 19 B 3 19 C 4 19 D		50, 000 180, 418 96, 319	50, 000 96, 319	180, 418	165, 600 280, 850 165, 600	1, 833	247, 499	12, 375
5 19 E 6 19 F		120, 778 30, 744	86, 266 26, 589	34, 512 4, 155	165, 600 165, 600	592 98	47, 132 7, 802	2, 357 390
7 19 G		45, 289	41, 641	3, 648	165, 600	46	3, 662	183
8 19 H 9 19 1 I		39, 469 224, 470	25, 371 224, 470	14, 098	165, 600 165, 600	173	13, 773	689
10 19 1 J 11 19 1 K		152, 818 150, 841	152, 818 113, 442	37, 399	165, 600	511	40, 683	2, 034
12 19 2 L 13 19 2 M		535, 000 106, 948	535, 000 106, 948		208, 000 208, 000			
14 19 3 0 15 19 3 P		58, 739 271, 159	30, 589 18, 626	28, 150 252, 533	138, 700 138, 700	377 1, 762	25, 139 117, 495	1, 257 5, 875
16 19 3 Q 17 19 3 R		45, 606 24, 766	43, 953 24, 766	1, 653	138, 700 138, 700	25	1, 667	83
18 19 3 S 19 19 3 T		5, 305 86, 191	5, 305 86, 191		138, 700 138, 700			
20 19 3 U 21 19 3 V		195, 097 201, 503	195, 097 201, 503		138, 700 138, 700			
22 19 3 W 23 19 3 X		64, 970 17, 714	64, 970 17, 714		138, 700 138, 700			
24 19 3 Y 25 19 3 Z		122, 230 29, 246	108, 915 29, 246	13, 315	138, 700 138, 700 138, 700	247	16, 471	824
26 19 3 AA		88, 060	24, 350	63, 710	138, 700	800	53, 346	2, 667 390
27 19 3 AB 28 19 3 AC		48, 708 787	40, 193 765	8, 515 22	138, 700 138, 700	117 1	7, 802 67	3
29 19 3 AD 30 19 3 AE		55, 461 176, 592	55, 461 154, 214	22, 378	138, 700 196, 400	234	22, 095	1, 105
31 19 3 AF 32 19 3 AG		174, 290 182, 004	139, 423 86, 038	34, 867 95, 966	196, 400 196, 400	364 754	34, 370 71, 195	1, 719 3, 560
33 23 AH 34 23 AI		39, 469 77, 909	25, 371 56, 153	14, 098 21, 756	165, 600 165, 600	173 280	13, 773 22, 292	689 1, 115
35 25 AJ 36 25 AK		35, 526 23, 600		35, 526 23, 600	165, 600 165, 600	891 494	70, 937 39, 330	3, 547 1, 967
37 25 AL 38 25 AO		15, 730 42, 595		15, 730 42, 595	165, 600 165, 600	387 910	30, 811 72, 450	1, 541 3, 623
39 26 AS 40 26 AU		735 378		735 378	177, 200 177, 200	11 9	937 767	47 38
41 31 BF 42 44 BL		125, 737 191, 346	152, 832	125, 737 38, 514	177, 200 215, 700	1, 085 520	92, 434 53, 925	4, 622 2, 696
43 44 BM 44 44 BN		275, 674 193, 202	275, 674 101, 578	91, 624	215, 700 215, 700	997	103, 391	5, 170
45 44 BO 46 44 BP		151, 341 58, 653	134, 525	16, 816 58, 653	215, 700 165, 600	208 1, 001	21, 570 79, 695	1, 079 3, 985
47 44 BQ 48 44 BR		28, 323 22, 048		28, 323 22, 048	165, 600 165, 600	572 266	45, 540 21, 178	2, 277 1, 059
49 44 BS		18, 442		18, 442	165, 600	406	32, 324	1, 616
50 44 BU 51 44 BV		47, 577 70, 448		47, 577 70, 448	165, 600 165, 600	657 897	52, 307 71, 415	2, 615 3, 571
52 44 BW 53 49 BX		2, 943 69, 941	40, 661	2, 943 29, 280	165, 600 177, 200	52 444	4, 140 37, 825	207 1, 891
54 49 BY 55 49 BZ		12, 389 115, 291	12, 389 49, 353	65, 938	177, 200 177, 200	734	62, 531	3, 127
56 53 CB 57 54 CC		130, 763 26, 856	130, 763 26, 856		177, 200			
58 54 CD 59 60 CE		21, 125 5, 848	21, 125 3, 760	2, 088	177, 200 165, 600	65	5, 175	259
60 60 1 CF 61 60 1 CG		4, 777 12, 439	4, 604 12, 439	173	165, 600 165, 600	3	239	12
62 60 1 CH 63 60 1 CI		58, 924 147, 750	58, 924 144, 049	3, 701	165, 600 165, 600	52	4, 140	207
64 60 1 CJ 65 60 1 CK		45, 440 139, 692	44, 536 135, 714	904 3, 978	165, 600 165, 600	11 52	876 4, 140	44 207
66 60 1 CL 67 60 3 CM		946 54, 200	946 54, 200		165, 600 140, 600			
68 60 3 CN 69 60 3 CO		197, 153 136, 170	197, 153 136, 170		140, 600 140, 600			
70 60 3 CP 71 60 5 CQ		142, 365 339	142, 365 339		140, 600 165, 600			
72 60 5 CR 73 60 5 CS		1, 071 2, 884	1, 032 2, 884	39	165, 600 165, 600	1	80	4
74 60 5 CT		17, 049	17, 049		165, 600			

FOR MEMORIAL HOSPITAL OF RHODE ISLAND

I PROVIDER NO: | I PERIOD: | I PREPARED 4/12/2010

ADJUSTMENTS | I 41-0001 | I FROM 10/ 1/2008 | I WORKSHEET A-8-2

I 1 0 9/30/2009 | GROUP 1 MCRIF32 Health Financial Systems

PROVIDER BASED PHYSICIAN ADJUSTMENTS

		SHT A E NO. 1	COST CENTER/ PHYSI CI AN I DENTI FI ER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVI DER COMPONENT 5	RCE AMOUNT 6	PHYSI CI AN/ PROVI DER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
75	60	5 CU		2, 803	2, 747	56	165, 600	1	80	4
76	61	CV		30, 047	30, 047		177, 200			
77	61	CW		52, 578	52, 578		177, 200			
78	61	CX		7, 147	6, 888	259	177, 200	4	341	17
79	61	CY		4, 229	4, 229		177, 200			
80	61	CZ		4, 840	4, 840		177, 200			
81	61	DA		52, 334	52, 334		177, 200			
82	61	DB		232, 048	232, 048		177, 200			
83	61	DC		97, 700	97, 700		177, 200			
84	61	DD		203, 497	203, 497		177, 200			
85	61	DE		207, 322	91, 784	115, 538	177, 200	1, 070	91, 156	4, 558
86	61	DF		3, 894	3, 894		177, 200			
87	61	DG		192, 858	192, 858		177, 200			
88	61	DH		49, 310	49, 310		177, 200			
89	61	DI		8, 538	8, 538		177, 200			
90	61	DJ		282, 783	282, 783		177, 200			
91	61	DK		106, 241	106, 241		177, 200			
92	61	DL		264, 195	264, 195		177, 200			
93	61	DM		9, 210	9, 210		177, 200			
94	61	DN		140, 062	140, 062		177, 200			
95	61	DO		50, 004	49, 009	995	177, 200	12	1, 022	51
96	61	DP		292, 749	292, 749		177, 200			
101		7	OTAL	8, 721, 079	7, 008, 761	1, 712, 318		20, 433	1, 762, 623	88, 136

FOR MEMORIAL HOSPITAL OF RHODE ISLAND

I PROVIDER NO: | I PERIOD: | I PREPARED 4/12/2010

DJUSTMENTS | I 41-0001 | I FROM 10/ 1/2008 | WORKSHEET A-8-2

I TO 9/30/2009 | GROUP 1 PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO. 10 1 6 7 A 2 19 B	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF PROVI DER MEMBERSHI PS COMPONENT & CONTINUI NG SHARE OF EDUCATI ON COL 12 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14 307	PROVI DER COMPONENT SHARE OF COL 14 15 71	ADJUSTED RCE LIMIT 16 15, 675	RCE DI S- ALLOWANCE 17 2, 812	ADJUSTMENT 18 64, 405 50, 000
3 19 C 4 19 D 5 19 E 6 19 F 7 19 G 8 19 H 9 19 1 I 10 19 1 J			782 2, 882 3, 086 169 331 878 4, 316	782 882 23 27 314	248, 281 48, 014 7, 825 3, 689 14, 087	11	96, 319 86, 266 26, 589 41, 641 25, 382 224, 470 152, 818
11 19 1 K 12 19 2 L 13 19 2 M			3, 402	843	41, 526		113, 442 535, 000 106, 948
14 19 3 0 15 19 3 P 16 19 3 Q 17 19 3 R 18 19 3 S			1, 642 1, 613 1, 929 385	787 1, 502 70	25, 926 118, 997 1, 737	2, 224 133, 536	32, 813 152, 162 43, 953 24, 766 5, 305
19 19 3 T 20 19 3 U 21 19 3 V 22 19 3 W 23 19 3 X			2, 573 2, 565 17, 986 609 352	201	1/ 770		86, 191 195, 097 201, 503 64, 970 17, 714
24 19 3 Y 25 19 3 Z 26 19 3 AA			2, 766 221 2, 265	301 1, 639	16, 772 54, 985	8, 725	108, 915 29, 246 33, 075
27 19 3 AB 28 19 3 AC 29 19 3 AD			843 55 9, 277	147 2	7, 949 69	566	40, 759 765 55, 461
30 19 3 AE 31 19 3 AF 32 19 3 AG 33 23 AH 34 23 AI 35 25 AJ 36 25 AK 37 25 AL 38 25 AO			34, 802 42, 614 17, 025 878 334 2, 093 1, 432 968 2, 671	4, 410 8, 525 8, 977 314 93 2, 093 1, 432 968 2, 671	26, 505 42, 895 80, 172 14, 087 22, 385 73, 030 40, 762 31, 779 75, 121	15, 794 11	154, 214 139, 423 101, 832 25, 382 56, 153
39 26 AS 40 26 AU 41 31 BF 42 44 BL 43 44 BM			30 23 1, 045 7, 686 4, 206	30 23 1, 045 1, 547	967 790 93, 479 55, 472	32, 258	32, 258 152, 832 275, 674
44 44 BN 45 44 BO 46 44 BP 47 44 BQ 48 44 BR 49 44 BS 50 44 BU 51 44 BV 52 44 BW			4, 927 8, 547 2, 540 1, 019 989 727 913 610 69	2, 337 950 2, 540 1, 019 989 727 913 610 69	105, 728 22, 520 82, 235 46, 559 22, 167 33, 051 53, 220 72, 025 4, 209		101, 578 134, 525
54 49 BY 55 49 BZ 56 53 CB 57 54 CC			2, 842 365 1, 262	1, 190 722	39, 015 63, 253	2, 685	40, 661 12, 389 52, 038 130, 763 26, 856
58 54 CD 59 60 CE 60 60 1 CF 61 60 1 CG 62 60 1 CH			202 164 4, 277	7	5, 175 246		21, 125 3, 760 4, 604 12, 439 58, 924
63 60 1 CI 64 60 1 CJ 65 60 1 CK 66 60 1 CL 67 60 3 CM 68 60 3 CN 69 60 3 CO 70 60 3 CP			10, 030 5, 119 9, 741 159 1, 035 2, 435 6, 088 4, 262	251 102 277	4, 391 978 4, 417		144, 049 44, 536 135, 714 946 54, 200 197, 153 136, 170 142, 365
71 60 5 CQ 72 60 5 CR 73 60 5 CS 74 60 5 CT			45 38 11, 898	2	82		339 1, 032 2, 884 17, 049

FOR MEMORIAL HOSPITAL OF RHODE ISLAND

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

ADJUSTMENTS

I 41-0001

I FROM 10/ 1/2008

I WORKSHEET A-8-2

I TO 9/30/2009

I GROUP 1 Health Financial Systems MCRIF32

PROVIDER BASED PHYSICIAN ADJUSTMENTS

		SHT A E NO. O	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVI DER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DI S- ALLOWANCE 17	ADJUSTMENT 18
75	60	5 CU				315	6	86		2,747
76	61	CV				23, 797				30, 047
77	61	CW								52, 578
78	61	CX				302	11	352		6, 888
79	61	CY								4, 229
80	61	CZ								4, 840
81	61	DA				22 707				52, 334
82 83	61 61	DB DC				23, 797				232, 048
84	61	DD				8, 596 14, 833				97, 700 203, 497
85	61	DE				4, 116	2, 294	93, 450	22, 088	113, 872
86	61	DF				3, 094	2,274	73, 430	22,000	3, 894
87	61	DG				18, 509				192, 858
88	61	DH				4, 760				49, 310
89	61	DI				.,				8, 538
90	61	DJ				23, 797				282, 783
91	61	DK				17, 848				106, 241
92	61	DL				23, 797				264, 195
93	61	DM								9, 210
94	61	DN				17, 848				140, 062
95	61	DO				5, 634	112	1, 134		49, 009
96	61	DP				23, 521				292, 749
101			TOTAL			471, 908	54, 646	1, 817, 269	220, 710	7, 229, 471

COST ALLOCATION STATISTICS

LINE NO.		STATISTICS CODE	STATISTICS DESCRIPTION SQUARE FEE T ACQUISITIO N COST OLD SQUARE FEE T SQUARE FEE T SQ FT MACC OLL NEW SQ FT MOOD NEW SQ FT WOOD NEW SQ FT OPD NEW SQ FT OPD NEW SQ FT ABC NEW SQ FT PAIL LATORY NEW SQ FT PRIM CARE NEW TOTAL SQUA RE FEET SQ FT PRIM CARE NEW TOTAL SQUA RE FEET SQ FT PLAI NVILLE ACQUISITIO N COST NEW GROSS SALA RIES NUMBER OF EXTENSIONS PROCESSING TIME COSTED REQ UISITIONS PROCESSING COSTED REQ COSTED REQ UISITIONS REVENUE IN PATIENT REVENUE TO TAL ACCUM. COST GRANT EXPE TOTAL SQ F T MAINT SUPPLY EXP FTE'S NUMBER HOU SED DIRECT NUR SING HOURS SUPPLY EXP PHARMACY C OSTED REGS TIME SPENT SOCIAL SER VICE TIME CARDIOLOGY M. D. TIME CARDIOLOGY M. D. TIME ASSIGNED T IME ASSIGNED T IME I & R ASSI GNED TIME I & R ASSI GNED TIME I & R ASSI GNED TIME ANES. ASSI GNED TIME ASSIGNED TIME I & R ASSI GNED TIME ASSIGNED TIME	
1	GENERAL SERVICE COST OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEE T	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	ACQUISITIO N COST OLD	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEE T	NOT ENTERED
3. 01	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FEE T	NOT ENTERED
3. 02	NEW CAP REL COSTS-MACCOLL	5	SQ FT MACC OLL NEW	ENTERED
3. 03	NEW CAP REL COSTS-RICHARDSON	6	SQ FT RICH ARDSON NEW	ENTERED
3. 04	NEW CAP REL COSTS-WOOD	7	SQ FT WOOD NEW	ENTERED
3. 05	NEW CAP REL COSTS-HODGSON	8	SQ FT HODG SON NEW	ENTERED
3. 06	NEW CAP REL COSTS-OPD	9	SQ FT OPD NEW	ENTERED
3. 07	NEW CAP REL COSTS-GARAGE	10	SQ FT GARA GE NEW	ENTERED
3. 08	NEW CAP REL COSTS-ABC	11	SQ FT ABC NEW	ENTERED
3. 09	NEW CAP REL COSTS-AMBULATORY	12	SQ FT AMBU LATORY NEW	ENTERED
3. 10	NEW CAP REL COSTS-SAYLES	13	SQ FT SAYL ES NEW	ENTERED
3. 11	NEW CAP REL COSTS-NOTRE DAME	14	SQ FT NOTR E DAME NEW	ENTERED
3. 12	NEW CAP REL COSTS-PRIMARY CARE	15	SQ FI PRIM CARE NEW	ENTERED
3. 13	NEW CAP REL 555 PROSPECT ST.	16	TOTAL SQUA RE FEET	ENTERED
3. 14	NEW CAP REL COSTS - PLAINVILLE	1/	SQ FI PLAI NVILLE	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	18	ACQUISTITO N COST NEW	ENTERED
5	EMPLOYEE BENEFITS	19	GROSS SALA RIES	ENTERED
6. 01	COMMUNICATIONS	21	NUMBER OF EXTENSIONS	ENTERED
6. 02	INFURMATION SERVICES	22	PROCESSING TIME	ENTERED
6. 03	PURCHASING RECEIVING AND STURES	23	COSTED REQ DISTITUTES	ENTERED
6. 04 6. 05	ADMITTING DUCINESS OFFICE	24 25	REVENUE IN PATTENT	ENTERED ENTERED
6. 05	OTHER ADMINISTRATIVE AND CENERAL	25	ACCUM COST	NOT ENTERED
6. 07	CDANTS ADMINISTRATIVE AND GENERAL	-20 27	CDANT EVDE NICES	ENTERED
7	MAINTENANCE & DEDAIDS	27	TOTAL SO E T MALNT	ENTERED
8	OPERATION OF PLANT	28	TOTAL SO F T MAINT	ENTERED
9	LAUNDRY & LINEN SERVICE	29	IRS OF LAIL NORY	ENTERED
1Ó	HOUSEKEEPI NG	30	HOURS OF S FRVICE	ENTERED
11	DIFTARY	31	MEALS SERV ED	ENTERED
12	CAFFTERIA	32	FTF' S	ENTERED
13	MAINTENANCE OF PERSONNEL	33	NUMBER HOU SED	NOT ENTERED
14	NURSING ADMINISTRATION	34	DIRECT NUR SING HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	35	SUPPLY EXP ENSES	ENTERED
16	PHARMACY	36	PHARMACY C OSTED REGS	ENTERED
17	MEDICAL RECORDS & LIBRARY	37	TIME SPENT	ENTERED
18	SOCI AL SERVI CE	38	SOCIAL SER VICE TIME	ENTERED
19	DEPARTMENT OF MEDICINE	39	MEDICINE M .D. TIME	ENTERED
19. 01	DEPARTMENT OF CARDIOLOGY	40	CARDI OLOGY M. D. TI ME	ENTERED
19. 02	DEPARTMENT OF SURGERY	41	SURGERY M. D. TIME	ENTERED
19. 03	DEPARTMENT OF FAMILY CARE	42	FAMILY MED M.D. TIME	ENTERED
20	NONPHYSI CI AN ANESTHETI STS	43	ASSIGNED T IME	NOT ENTERED
21	NURSI NG SCHOOL	44	ASSIGNED T IME	NOT ENTERED
22	I &R SERVICES-SALARY & FRINGES APPRVD	45	I & R ASSI GNED IIME	ENTERED
23	I &K SEKVICES-UTHER PROM CUSTS APPRVD	45	I & K ASSI GNED TIME	ENTERED
24	PAKAMED EU PKGM-(SPECIFY)	46	ANES. ASSI GNED IIME	ENTERED NOT ENTERED
24. 01	PSYCHOLOGY INTERNS PARAMEDICAL	4 /	PSYCHULUGY ASSIGN IM	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL OSTS-BLDG &		C NEW CAP REL C OSTS-BLDG &	NEW CAP REL (OSTS-BLDG &	C NEW CAP REL C NE OSTS-MACCOLL OS	
001 002	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E	0	1	2	3	3. 01	3. 02	3.03
003 003 003 003 003 003 003 003 003	NEW CAP REL COSTS-BLDG & 01 NEW CAP REL COSTS-BLDG & 02 NEW CAP REL COSTS-MACCOLL 03 NEW CAP REL COSTS-RI CHARD 04 NEW CAP REL COSTS-WOOD 05 NEW CAP REL COSTS-HODGSON 06 NEW CAP REL COSTS-OPD 07 NEW CAP REL COSTS-ABC 09 NEW CAP REL COSTS-ABC	71, 117 195, 773 332, 946 612, 466 2, 540 2, 466 47, 305 67, 537					71, 117	195, 773
003 003 003 003 003 004 005 006	10 NEW CAP REL COSTS-SAYLES 11 NEW CAP REL COSTS-NOTRE D 12 NEW CAP REL COSTS-PRIMARY 13 NEW CAP REL 555 PROSPECT 14 NEW CAP REL COSTS - PLAIN NEW CAP REL COSTS - PLAIN NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS 01 COMMUNICATIONS 02 INFORMATION SERVICES	794, 970 49, 794 231, 954 38, 417 58, 594 2, 520, 472 28, 848, 153 564, 420 3, 206, 893						
006 006 006 006 006	03 PURCHASING RECEIVING AND 04 ADMITTING 05 BUSINESS OFFICE 06 OTHER ADMINISTRATIVE AND 07 GRANTS ADMINISTRATION	1, 000, 455 359, 582 1, 930, 731 15, 629, 131 369, 094						
007 008 009 010 011 012	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA	1, 267, 810 3, 680, 142 483, 924 2, 168, 313 1, 321, 170 1, 244, 840					32, 793	36, 408
013 014 015 016 017 018	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	1, 674, 145 616, 082 1, 466, 744 1, 140, 304 211, 092						
019 019 019 019 020 021	DEPARTMENT OF MEDICINE 01 DEPARTMENT OF CARDIOLOGY 02 DEPARTMENT OF SURGERY 03 DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL	737, 482 798, 103 124, 708 2, 801, 369						
022 023 024 024	I &R SERVI CES-SALARY & FRI I &R SERVI CES-OTHER PRGM C PARAMED ED PRGM-(SPECI FY) 01 PSYCHOLOGY INTERNS PARAME I NPAT ROUTI NE SRVC CNTRS	4, 411, 627 1, 559, 119 410, 076						
025 026 027 028 029	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE U	10, 938, 296 3, 234, 145						48, 854
031 033 037	SUBPROVIDER NURSERY ANCILLARY SRVC COST CNTRS OPERATING ROOM	1, 440, 791 -729 4, 889, 013					38, 324	
037 039 040 041 042	01 ENDOSCOPY DELIVERY ROOM & LABOR ROO 01 ULTRASOUND RADI OLOGY-DI AGNOSTI C 01 CT SCAN	558, 660 379, 065 2, 888, 768 868, 125						50, 539
042 043 044 047 049 050 051	02 MAGNETIC RESONANCE IMAGIN RADI OI SOTOPE LABORATORY BLOOD STORI NG, PROCESSI NG RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	505, 317 474, 321 7, 724, 717 1, 411, 165 2, 041, 121 1, 687, 525						
052 053 054 055 056 059	SPEECH PATHOLOGY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED DRUGS CHARGED TO PATI ENTS O1 CARDI AC CATHERI ZATI ON LAB	854, 863 762, 211 22, 489 351, 649 6, 392, 184 6, 823, 693 303, 793						
059 059 059 060	02 MEDICAL REHAB 03 NOTRE DAME OCCUPATIONAL M 04 INPATIENT RENAL DIALYSIS 0UTPAT SERVICE COST CNTRS CLINIC	255, 236 437, 536						
060 060	O1 NOTRE DAME AMBULATORY CLI O2 FAMILY CARE CLINIC	437, 536 448, 186 1, 092, 254						

MCRIF32 Health Financial Systems

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| SERVICE COSTS | | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| | WORKSHEET B COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER	NET EXPENSES FOR COST	OLD CAP REL OSTS-BLDG &			C NEW CAP REL (OSTS-BLDG &	C NEW CAP REL C NOSTS-MACCOLL (NEW CAP REL C DSTS-RICHARD
	DESCRI PTI ON	ALLOCATI ON O	1	2	3	3. 01	3. 02	3. 03
	OUTPAT SERVICE COST		'	2	3	3.01	3. 02	3.03
060	03 PEDIATRIC CLINIC	89, 722)					
060	O5 BARRINGTON URGENT CA	ARE 26, 085	·)					
061	EMERGENCY	3, 736, 227	1					
062	OBSERVATION BEDS (NO							
063	O/P CHEMO & IV PROCE OTHER REIMBURS COST		2					
071	HOME HEALTH AGENCY	5, 275, 963	3					59, 972
	SPEC PURPOSE COST CE							,
095	SUBTOTALS	149, 439, 043	3				71, 117	195, 773
	NONREIMBURS COST CEN							
096	GIFT, FLOWER, COFFE							
097	RESEARCH	2, 406, 456						
097	01 UNFUNDED RESEARCH	173, 664						
098	PHYSI CI ANS' PRI VATE	OFFIC 3, 335, 163	3					
099	NONPALD WORKERS	44.046						
099 099	01 FUND RAISING	41, 241						
099	O2 BANK O3 VACANT SPACE							
099	04 BILLING OFFICE	89, 749	1					
099	05 O/P MEALS	07, 74	•					
099	06 BROWN MEDICAL STUDEN	NTS 629, 785						
099	07 NONREI MBURSABLE SERV							
101	CROSS FOOT ADJUSTMEN							
102	NEGATIVE COST CENTER	R						
103	TOTAL	156, 115, 101					71, 117	195, 773

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FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| SERVICE COSTS | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| FROM 10/ 1/2008 | PART | PART | COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NEW CAP REL C NE' OSTS-WOOD OS	N CAP REL C NEV TS-HODGSON OST				EW CAP REL C NEV STS-AMBULAT OST	
		3. 04	3. 05	3.06	3. 07	3. 08	3. 09	3. 10
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVI CE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & O1 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-BLDG & O3 NEW CAP REL COSTS-RI CHARD O4 NEW CAP REL COSTS-WOOD O5 NEW CAP REL COSTS-HODGSON O6 NEW CAP REL COSTS-OPD O7 NEW CAP REL COSTS-GARAGE O8 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABULAT 10 NEW CAP REL COSTS-ANULAT 11 NEW CAP REL COSTS-NOTRE D 12 NEW CAP REL COSTS-PRI MARY	332, 946	612, 466	2, 540	2, 466	47, 305	67, 537	794, 970
003 003 004 005 006 006 006	13 NEW CAP REL 555 PROSPECT 14 NEW CAP REL COSTS - PLAIN NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS 01 COMMUNICATIONS 02 INFORMATION SERVICES 03 PURCHASING RECEIVING AND 04 ADMITTING	84						
006 006	O5 BUSINESS OFFICE O6 OTHER ADMINISTRATIVE AND		6, 779				18, 156	
006 007	07 GRANTS ADMINISTRATION MAINTENANCE & REPAIRS	5, 643	42, 249					69, 145
008 009	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	74, 225	177, 287 54, 205	312	2, 423			
010 011	HOUSEKEEPI NG DI ETARY	37, 926	0.1, 200	71	43			
012	CAFETERI A	37, 920						
013 014	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION							
015 016	CENTRAL SERVICES & SUPPLY PHARMACY		73, 963 22, 437					
017 018	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE		,					
019	DEPARTMENT OF MEDICINE	37, 494				4, 819		
019 019	O1 DEPARTMENT OF CARDIOLOGY O2 DEPARTMENT OF SURGERY							228, 206
019 020	O3 DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS					9, 894		
021 022	NURSING SCHOOL I&R SERVICES-SALARY & FRI							
023 024 024 025 026	I &R SERVICES-OTHER PRGM C PARAMED ED PRGM-(SPECIFY) O1 PSYCHOLOGY INTERNS PARAME INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT	119, 608						
027	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE U							
029	SUBPROVI DER	0.000						
033	NURSERY ANCILLARY SRVC COST CNTRS	9, 308						
037 037	OPERATING ROOM O1 ENDOSCOPY	13, 685 2, 925	131, 037					
039 040	DELIVERY ROOM & LABOR ROO O1 ULTRASOUND							
041 042	RADI OLOGY-DI AGNOSTI C	24, 165 4, 874						
042	O2 MAGNETIC RESONANCE IMAGIN	3, 009						
043 044	RADI OI SOTOPE LABORATORY		104, 509			19, 291		
047 049	BLOOD STORING, PROCESSING RESPIRATORY THERAPY							319, 228
050 051	PHYSI CAL THERAPY OCCUPATIONAL THERAPY							54, 479 56, 595
052 053 054	SPEECH PATHOLOGY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY							,
055	MEDICAL SUPPLIES CHARGED							
056 059								67, 317
059 059								
059	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS							
060 060	CLINIC O1 NOTRE DAME AMBULATORY CLI					6, 652	49, 381	
060	02 FAMILY CARE CLINIC					6, 649		

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

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| SERVICE COSTS | | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| | WORKSHEET B MCRIF32 Health Financial Systems

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION			NEW CAP REL C NEV OSTS-OPD OS				CAP REL C S-SAYLES
	DESCRITTION	3. 04	3. 05	3. 06	3. 07	3. 08	3. 09	3. 10
060 060 061 062 063	OUTPAT SERVICE COST CNTRS 03 PEDIATRIC CLINIC 05 BARRINGTON URGENT CARE EMERGENCY OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CENTERS SUBTOTALS	332, 946	612, 466	383	2, 466	47, 305	67, 537	794, 970
007	NONREIMBURS COST CENTERS	•	,		,	,	,	
096 097	GIFT, FLOWER, COFFEE SHOP RESEARCH			2, 157				
097 098 099 099	01 UNFUNDED RESEARCH PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS 01 FUND RAISING 02 BANK							
099 099	O3 VACANT SPACE O4 BILLING OFFICE							
099	05 O/P MEALS							
099 099 101 102	06 BROWN MEDICAL STUDENTS 07 NONREIMBURSABLE SERVICES CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER							
103	TOTAL	332, 946	612, 466	2, 540	2, 466	47, 305	67, 537	794, 970

	COST CENTER	NEW CAP REL C NOSTS-NOTRE D C		NEW CAP REL 5 55 PROSPECT		NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE C	
	DESCRI PTI ON	3. 11	3. 12	3. 13	3.14	4	5	6. 01
001 002 003 003 003 003 003 003 003 003	GENERAL SERVI CE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & OLD NEW CAP REL COSTS-MACCOLL OLD NEW CAP REL COSTS-MACCOLL OLD NEW CAP REL COSTS-WOOD OLD NEW CAP REL COSTS-HODGSON OLD NEW CAP REL COSTS-OPD OLD NEW CAP REL COSTS-GARAGE OLD NEW CAP REL COSTS-AMBULAT							
003 003 003	10 NEW CAP REL COSTS-SAYLES 11 NEW CAP REL COSTS-NOTRE D 12 NEW CAP REL COSTS-PRIMARY	49, 794	231, 954					
003	13 NEW CAP REL 555 PROSPECT 14 NEW CAP REL COSTS - PLAIN			38, 417	58, 594	2 520 472		
004 005 006	NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS O1 COMMUNICATIONS			35, 245		2, 520, 472 28, 373 2, 856	28, 876, 526 97, 491	700, 096
006 006 006	O2 INFORMATION SERVICES O3 PURCHASING RECEIVING AND O4 ADMITTING			33, 243		123, 297 2, 116 3, 818	663, 261 153, 989 115, 628	23, 643 10, 508 9, 195
006	05 BUSINESS OFFICE 06 OTHER ADMINISTRATIVE AND			3, 172		87, 841 56, 737	616, 595 1, 609, 500	22, 330 73, 545
006 007 008	O7 GRANTS ADMINISTRATION MAINTENANCE & REPAIRS OPERATION OF PLANT	5, 521 31, 094				972 64, 620 29, 602	127, 711 316, 498 133, 081	6, 568 13, 135
009 010	LAUNDRY & LINEN SERVICE HOUSEKEEPING	31, 371				17, 917 8, 278	109, 788 634, 136	2, 627 5, 254
011 012	DI ETARY CAFETERI A					16, 593 27, 715	202, 833 338, 777	6, 568 10, 508
013 014	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION					64, 668	558, 873	34, 151
015 016	CENTRAL SERVICES & SUPPLY PHARMACY				070	24, 753 14, 561	145, 551 465, 371	3, 941 9, 195
017 018 019	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE DEPARTMENT OF MEDICINE				978	7, 835 105 14, 548	352, 605 73, 866 322, 299	18, 389 3, 941 22, 330
019 019	O1 DEPARTMENT OF CARDIOLOGY O2 DEPARTMENT OF SURGERY					49, 479 8, 578	297, 410 200, 593	19, 703 13, 135
019 020	O3 DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS					15, 719	1, 271, 449	48, 600
021 022	NURSING SCHOOL I&R SERVICES-SALARY & FRI						1, 236, 801	
023	I &R SERVI CES-OTHER PRGM C PARAMED ED PRGM-(SPECIFY)					1, 245	558, 849 141, 172	14, 449
024	O1 PSYCHOLOGY INTERNS PARAME INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					122, 040	3. 575. 570	44, 659
026 027	INTENSIVE CARE UNIT CORONARY CARE UNIT					69, 651	1, 156, 854	14, 449
028 029	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE U							
031 033	SUBPROVI DER NURSERY					11, 913 25, 705	554, 021	9, 195 11, 822
037 037	ANCILLARY SRVC COST CNTRS OPERATING ROOM O1 ENDOSCOPY	13, 179				349, 038 67, 628	1, 181, 629 147, 717	30, 211 6, 568
039 040	DELIVERY ROOM & LABOR ROO O1 ULTRASOUND					4, 501 14, 211	850 119, 525	2, 627
041 042	RADI OLOGY-DI AGNOSTI C O1 CT SCAN				4, 608	374, 537 151, 169	706, 198 194, 808	23, 643 3, 941
042 043	O2 MAGNETIC RESONANCE IMAGIN RADIOISOTOPE					85, 422 2, 262	103, 315 154, 798	2, 627
044 047	LABORATORY BLOOD STORING, PROCESSING				1, 063	196, 215 510	1, 952, 411 149, 761	23, 643 2, 627
049 050	RESPI RATORY THERAPY PHYSI CAL THERAPY				7, 007	103, 340 26, 346	682, 959 413, 745	24, 957 28, 897
051 052 053	OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY					4, 642 6, 521 6, 931	274, 752 255, 806 3, 152	2, 627 1, 314
053 054 055	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED					4, 394	21, 177	23, 643
056 059	DRUGS CHARGED TO PATIENTS O1 CARDIAC CATHERIZATION LAB					87, 215	89, 408	3, 941
059 059 059	O2 MEDICAL REHAB O3 NOTRE DAME OCCUPATIONAL M O4 INPATIENT RENAL DIALYSIS							
060 060	OUTPAT SERVICE COST CNTRS CLINIC O1 NOTRE DAME AMBULATORY CLI		45, 486			2, 457 3, 662	147, 934 269, 525	
060	02 FAMILY CARE CLINIC		136, 459			3, 002	344, 427	17, 076

MCRIF32 Health Financial Systems

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

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| SERVICE COSTS | | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| | WORKSHEET B COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NOTRE D	NEW CAP REL COSTS-PRIMARY	NEW CAP REL 55 PROSPECT	5 NEW CAP REL C OSTS - PLAIN		EMPLOYEE BENE FITS	COMMUNI CATI ON S
	DESCRIPTION	3. 11	3. 12	3. 13	3.14	4	5	6. 01
	OUTPAT SERVICE COST CNTRS							
060	O3 PEDIATRIC CLINIC					23, 335	230, 006	
060	05 BARRINGTON URGENT CARE						12, 861	
061	EMERGENCY					65, 224	1, 860, 157	9, 195
062	OBSERVATION BEDS (NON-DIS		50, 009			10.0/7	107 011	
063	OTHER RELIMBURS COST CHTRS		50, 009			12, 967	107, 011	
071	HOME HEALTH AGENCY					22, 799	1, 695, 345	
071	SPEC PURPOSE COST CENTERS					22, 177	1, 0,0,010	
095	SUBTOTALS	49, 794	231, 954	38, 41	17 13, 656	2, 516, 861	27, 149, 849	659, 377
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH						544, 333	27, 584
097	01 UNFUNDED RESEARCH						60, 844	40 500
098	PHYSICIANS' PRIVATE OFFIC				44, 938	3, 611	981, 787	10, 508
099 099	NONPALD WORKERS O1 FUND RAISING						14 440	
099	02 BANK						14, 449	
099	03 VACANT SPACE							
099	04 BILLING OFFICE						31, 444	2, 627
099	05 O/P MEALS							, -
099	O6 BROWN MEDICAL STUDENTS						93, 820	
099	07 NONREI MBURSABLE SERVI CES							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER	40 70 1	004 05 4	00.11		0 500 170	00 07/ 50/	700 667
103	TOTAL	49, 794	231, 954	38, 41	17 58, 594	2, 520, 472	28, 876, 526	700, 096

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| SERVICE COSTS | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| FROM 10/ 1/2008 | PART | PART | COST ALLOCATION - GENERAL SERVICE COSTS

DESCRIPTION GENERAL SERVICE COST CNTR OO1 OLD CAP REL COSTS-BLDG & OO2 OLD CAP REL COSTS-WBLE E OO3 NEW CAP REL COSTS-BLDG & OO3 O1 NEW CAP REL COSTS-BLDG & OO3 O2 NEW CAP REL COSTS-BLDG & OO3 O4 NEW CAP REL COSTS-HODGSON OO3 O5 NEW CAP REL COSTS-HODGSON OO3 O6 NEW CAP REL COSTS-HODGSON OO3 O6 NEW CAP REL COSTS-GARAGE OO3 O7 NEW CAP REL COSTS-BCDD OO3 O7 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-AMBULAT OO3 10 NEW CAP REL COSTS-SAYLES OO3 11 NEW CAP REL COSTS-NOTRE D OO3 12 NEW CAP REL COSTS-PRIMARY OO3 13 NEW CAP REL COSTS-PRIMARY	6. 07 579, 357
001 OLD CAP REL COSTS-BLDG & 002 OLD CAP REL COSTS-MVBLE E 003 NEW CAP REL COSTS-BLDG & 003 01 NEW CAP REL COSTS-BLDG & 003 02 NEW CAP REL COSTS-MACCOLL 003 03 NEW CAP REL COSTS-RI CHARD 003 04 NEW CAP REL COSTS-WOOD 003 05 NEW CAP REL COSTS-HODGSON 003 06 NEW CAP REL COSTS-OPD 003 07 NEW CAP REL COSTS-GARAGE 003 08 NEW CAP REL COSTS-AMBULAT 003 10 NEW CAP REL COSTS-SAYLES 003 11 NEW CAP REL COSTS-NOTRE D 003 12 NEW CAP REL COSTS-PRI MARY	579, 357
003 14 NEW CAP REL COSTS - PLAIN 004 NEW CAP REL COSTS-MVBLE E 005 EMPLOYEE BENEFITS 006 01 COMMUNICATIONS	579, 357
006 02 I NFORMATI ON SERVI CES 4, 017, 094 006 03 PURCHASI NG RECEI VI NG AND 1, 167, 068	579, 357
006	579, 357
006 06 OTHER ADMINISTRATIVE AND 06 OT GRANTS ADMINISTRATION 2, 363, 324 55, 463 19, 815, 807 19, 815, 807 006 07 GRANTS ADMINISTRATION 1, 474 505, 819 73, 538 007 MAINTENANCE & REPAIRS 853 16, 482 1, 801, 956 261, 977 008 OPERATION OF PLANT 29, 296 4, 226, 663 614, 493 009 LAUNDRY & LINEN SERVICE 7, 728 676, 189 98, 308 010 HOUSEKEEPING 16, 215 2, 832, 310 411, 775 011 DI ETARY 20, 689 1, 605, 779 233, 456 012 CAFETERIA 34, 555 1, 656, 395 240, 815	
013 MAI NTENANCE OF PERSONNEL 014 NURSI NG ADMI NI STRATI ON 1, 831 2, 333, 668 339, 280 015 CENTRAL SERVI CES & SUPPLY 8, 442 872, 732 126, 882	
016 PHARMACY 106 5, 682 1, 984, 096 288, 458 017 MEDI CAL RECORDS & LI BRARY 96, 995 3, 037 1, 620, 143 235, 544 018 SOCI AL SERVI CE 12 289, 016 42, 019 019 DEPARTMENT OF MEDI CI NE 1, 717 1, 140, 689 165, 839	
019 01 DEPARTMENT OF CARDI OLOGY 12, 973 1, 405, 874 204, 393 019 02 DEPARTMENT OF SURGERY 967 347, 981 50, 591 019 03 DEPARTMENT OF FAMILY CARE 5, 689 4, 152, 720 603, 743 020 NONPHYSI CI AN ANESTHETI STS	64, 952
021 NURSI NG SCHOOL 022 I &R SERVI CES-SALARY & FRI 2, 241 5, 650, 669 821, 523 023 I &R SERVI CES-OTHER PRGM C 1, 940 2, 135, 602 310, 484 024 PARAMED ED PRGM-(SPECI FY) 323 551, 571 80, 190 024 01 PSYCHOLOGY INTERNS PARAME	
INPAT ROUTINE SRVC CNTRS 28,423 105,134 460,176 15,442,760 2,245,083 26 INTENSIVE CARE UNIT 11,840 37,531 164,274 4,688,744 681,673 681,67	
029 SURGI CAL INTENSI VE CARE U 031 SUBPROVI DER 2, 764 12, 458 54, 531 2, 123, 997 308, 797 033 NURSERY 40 2, 939 12, 865 61, 950 9, 007 ANCI LLARY SRVC COST CNTRS	
037 OPERATI NG ROOM 60, 635 29, 405 366, 806 7, 064, 638 1, 027, 092 037 01 ENDOSCOPY 6, 091 4, 406 58, 823 903, 357 131, 335	
039 DELIVERY ROOM & LABOR ROO 2, 974 19, 197 27, 522 4, 001 040 01 ULTRASOUND 1, 666 6, 849 109, 682 633, 625 92, 120	
041 RADI OLOGY-DI AGNOSTI C 20, 505 10, 214 144, 898 4, 197, 536 610, 259 042 01 CT SCAN 13, 937 18, 251 239, 433 1, 494, 538 217, 283 042 02 MAGNETI C RESONANCE I MAGI N 9, 485 9, 038 123, 703 841, 916 122, 402	
043 RADI 0I SOTOPE 257 1, 434 3, 363 37, 703 674, 138 98, 010 044 LABORATORY 88, 703 108, 399 898, 741 11, 117, 692 1, 616, 346	
047 BLOOD STORING, PROCESSING 7, 833 4, 193 27, 585 1, 603, 674 233, 150 049 RESPIRATORY THERAPY 8, 934 20, 832 105, 342 3, 306, 713 480, 746	
050 PHYSI CAL THERAPY 14, 015 10, 293 142, 200 2, 384, 507 346, 672 051 OCCUPATI ONAL THERAPY 3, 331 7, 040 69, 635 1, 273, 485 185, 146 052 SPEECH PATHOLOGY 1, 518 2, 738 35, 021 1, 065, 129 154, 854	
053 ELECTROCARDI OLOGY 45 8,895 75,969 117,481 17,080 054 ELECTROENCEPHALOGRAPHY 4,749 409 20,228 426,249 61,970	
055 MEDI CAL SUPPLI ES CHARGED 289, 259 35, 918 265, 272 6, 982, 633 1, 015, 170 056 DRUGS CHARGED TO PATI ENTS 308, 753 43, 269 399, 987 7, 575, 702 1, 101, 393 059 01 CARDI AC CATHERI ZATI ON LAB 2, 252 1, 297 10, 956 566, 179 82, 314 059 02 MEDI CAL REHAB	
059 03 NOTRE DAME OCCUPATIONAL M 059 04 INPATIENT RENAL DIALYSIS 1,704 7,459 264,399 38,440	
OUTPAT SERVICE COST CNTRS 862 13,872 704,180 102,377 060 01 NOTRE DAME AMBULATORY CLI 3,625 17,647 742,645 107,969 060 02 FAMILY CARE CLINIC 4,940 46,222 1,648,027 239,598	

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| FROM 10/ 1/2008 | WORKSHEET B

	COST CENTER DESCRIPTION	INFORMATION S ERVICES	PURCHASING RE CEIVING AND	ADMI TTI NG	BUSINESS OFFI CE	SUBTOTAL	OTHER ADMINIS TRATIVE AND	GRANTS ADMINI STRATION
		6. 02	6. 03	6. 04	6. 05	6a. 05	6. 06	6. 07
0/0	OUTPAT SERVICE COST CNTRS		4 000		04.004	074 700	E4 044	
060 060	03 PEDIATRIC CLINIC 05 BARRINGTON URGENT CARE		4, 283 420		24, 384 127	371, 730 39, 493		
061	EMERGENCY EMERGENCY		18, 244	2, 782		5, 912, 697		
062	OBSERVATION BEDS (NON-DIS		.0,2	2,702	220,000	0, , , 2, 0, ,	007/017	
063	O/P CHEMO & IV PROCEDURES		1, 475	9	20, 999	667, 262	97, 010	
	OTHER REIMBURS COST CNTRS		4. 00.			7 070 0/0	4 007 005	
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		16, 284			7, 070, 363	1, 027, 925	
095	SUBTOTALS	3, 997, 214	1, 166, 647	490, 340	4, 194, 605	147, 600, 640	18, 577, 933	64, 952
0,0	NONREIMBURS COST CENTERS	0, ,,,,2	.,,	1707010	1, 1, 1, 000	, , , , , , , , , , , , , , , , ,	.0,0,,,,00	01,702
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH					2, 980, 530		514, 405
097	01 UNFUNDED RESEARCH		421			234, 508	34, 094	
098 099	PHYSICIANS' PRIVATE OFFIC		421			4, 376, 428	636, 267	
099	01 FUND RAISING					55, 690	8. 096	
099	O2 BANK					00,070	0,070	
099	03 VACANT SPACE							
099	04 BILLING OFFICE	19, 880	1			143, 700	20, 892	
099	05 O/P MEALS					722 (05	10E 201	
099 099	06 BROWN MEDICAL STUDENTS 07 NONREIMBURSABLE SERVICES					723, 605	105, 201	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	4, 017, 094	1, 167, 068	490, 340	4, 194, 605	156, 115, 101	19, 815, 807	579, 357

MCRIF32 Health Financial Systems

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| SERVICE COSTS | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| FROM 10/ 1/2008 | PART | PART | COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	MAINTENANCE & OF REPAIRS PL	PERATION OF LANT	LAUNDRY & LIN I EN SERVICE	HOUSEKEEPI NG [DI ETARY	CAFETERI A	MAINTENANCE O F PERSONNEL
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & O1 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-MACCOLL O3 NEW CAP REL COSTS-WOOD O5 NEW CAP REL COSTS-HODGSON O6 NEW CAP REL COSTS-OPD O7 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABULAT ONEW CAP REL COSTS-AMBULAT ONEW CAP REL COSTS-NOTRE D O1 NEW CAP REL COSTS-PRIMARY ONEW CAP REL COSTS-PRIMARY	7	8	9	10	11	12	13
006 006 006 006 006 007 008 009 010 011	02 INFORMATION SERVICES 03 PURCHASING RECEIVING AND 04 ADMITTING 05 BUSINESS OFFICE 06 OTHER ADMINISTRATIVE AND 07 GRANTS ADMINISTRATION MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA	2, 063, 933 353, 602 33, 899 50, 514 47, 399 26, 505	5, 194, 758 102, 960 153, 424 143, 963 80, 504	911, 356 15, 835 8, 144 13, 603	3, 463, 858 59, 636	2, 038, 741	2, 077, 458	
013 014 015 016 017 018 019 019 019	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE DEPARTMENT OF MEDICINE 01 DEPARTMENT OF CARDIOLOGY 02 DEPARTMENT OF SURGERY 03 DEPARTMENT OF FAMILY CARE	34, 017 42, 075 13, 412 23, 406 5, 437 52, 429 24, 436 10, 297 20, 579	103, 320 127, 793 40, 737 71, 090 16, 514 159, 241 74, 218 31, 276 62, 505	17, 592 440 11, 237 6, 615	8, 945 39, 758 19, 879 13, 915 4, 970 11, 430 19, 879 15, 903 69, 576		37, 337 21, 813 37, 157 53, 402 60 15, 203 18, 929 3, 245 68, 986	
020 021 022 023 024 024	NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM C PARAMED ED PRGM-(SPECIFY) 01 PSYCHOLOGY INTERNS PARAME INPAT ROUTINE SRVC CNTRS	23, 998 1, 776	72, 889 5, 395	2, 692	41, 745 2, 246		145, 262 29, 866 5, 368	
025 026 027 028 029	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE U	304, 220 46, 343	923, 998 140, 757	416, 632 67, 279	1, 204, 656 208, 727	1, 294, 237 210, 544	373, 090 93, 163	
031 033	SUBPROVIDER NURSERY ANCILLARY SRVC COST CNTRS	25, 043 10, 225	76, 063 31, 057	36, 672 2, 851	171, 792 13, 915	533, 960	46, 191 20	
037 037 039 040 041 042 042 043 044 047	OPERATI NG ROOM O1 ENDOSCOPY DELIVERY ROOM & LABOR ROO O1 ULTRASOUND RADIOLOGY-DIAGNOSTIC O1 CT SCAN O2 MAGNETIC RESONANCE IMAGIN RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSING RESPIRATORY THERAPY	159, 635 41, 828 26, 531 3, 378 52, 923 5, 355 3, 305 9, 299 100, 301 9, 875 27, 046	484, 855 127, 043 80, 582 10, 259 160, 743 16, 263 10, 040 28, 242 304, 643 29, 994 82, 146	107, 200 19, 377 18, 973 22, 212 9, 810 2, 231 614 4, 198	216, 420 29, 818 73, 551 3, 976 45, 721 1, 988 119, 273 3, 976 35, 782		112, 272 11, 437 8, 994 70, 868 16, 085 10, 696 12, 279 199, 966 12, 459 65, 189	
050 051 052 053 054 055 056 059	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS O1 CARDIAC CATHERIZATION LAB O2 MEDICAL REHAB	43, 743 5, 833 6, 060 1, 498 13, 855	132, 860 17, 718 18, 406 4, 551 42, 082 21, 893	26, 479 1, 099 2, 033 10, 276	60, 928 5, 427 6, 361 5, 964 1, 988		41, 243 24, 137 22, 274 501 2, 644	
059 059 060 060 060	03 NOTRE DAME OCCUPATIONAL M 04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC 01 NOTRE DAME AMBULATORY CLI 02 FAMILY CARE CLINIC	37, 235 9, 777 76, 360	113, 094 29, 696 231, 927	527 1, 470	39, 519 166, 982 70, 828		23, 696 20, 111 44, 448	

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| SERVICE COSTS | | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| | WORKSHEET B MCRIF32 Health Financial Systems

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE O F PERSONNEL
	DESCRIPTION	7	8	9	10	11	12	13
	OUTPAT SERVICE COST CNTRS							
060	O3 PEDIATRIC CLINIC	5, 993	18, 203	326			24, 578	
060	O5 BARRINGTON URGENT CARE			95			1, 362	
061	EMERGENCY	36, 581	111, 108	75, 107	290, 230		135, 788	
062	OBSERVATION BEDS (NON-DIS							
063	O/P CHEMO & IV PROCEDURES		31, 229	5, 079	114, 303		9, 234	
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	45, 823	139, 178		39, 758		144, 721	
005	SPEC PURPOSE COST CENTERS		4 //4 450	00/ 000	2 2/0 502	2 020 741	1 070 015	
095	SUBTOTALS NONREIMBURS COST CENTERS	1, 889, 336	4, 664, 459	906, 823	3, 269, 583	2, 038, 741	1, 970, 815	
096	GIFT, FLOWER, COFFEE SHOP	8, 078	24, 536		11, 927		2, 424	
090	RESEARCH	113, 178	343, 754	2, 023	128, 218		2, 424 41, 684	
097	01 UNFUNDED RESEARCH	113, 170	343, 734	2,023	120, 210		3, 285	
098	PHYSICIANS' PRIVATE OFFIC	669	2, 033	2, 510	49, 697		48, 554	
099	NONPALD WORKERS	237	719	2,010	17,077		10, 00 1	
099	01 FUND RAISING	4, 330	13, 152				1, 502	
099	O2 BANK	47, 116	143, 103		3, 976		1,002	
099	03 VACANT SPACE	989	3, 002		-,			
099	O4 BILLING OFFICE				457		5, 689	
099	05 O/P MEALS							
099	O6 BROWN MEDICAL STUDENTS						3, 505	
099	07 NONREIMBURSABLE SERVICES							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2, 063, 933	5, 194, 758	911, 356	3, 463, 858	2, 038, 741	2, 077, 458	

MCRIF32 Health Financial Systems

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| SERVICE COSTS | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| FROM 10/ 1/2008 | PART | PART | COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY		DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & OLD CAP REL COSTS-MACCOLL OLD NEW CAP REL COSTS-WOOD OLD NEW CAP REL COSTS-WOOD OLD NEW CAP REL COSTS-OPD OLD CAP REL COSTS-ABC OLD NEW CAP REL COSTS-ABC OLD NEW CAP REL COSTS-ABC OLD NEW CAP REL COSTS-AMBULAT OLD NEW CAP REL COSTS-SAYLES OLD NEW CAP REL COSTS-SAYLES OLD CAP REL COSTS-NOTRE D OLD CAP REL COSTS-PRIMARY NEW CAP REL COSTS-PRIMARY OLD CAP REL COSTS-PLAIN NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS OLD COMMUNICATIONS OLD INFORMATION SERVICES OLD TORMATION SERVICE OLD TORMATION SERVICES	14	15	16	17	18	19	19. 01
012 013 014 015 016 017 018 019 019	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE DEPARTMENT OF MEDICINE 01 DEPARTMENT OF CARDIOLOGY 02 DEPARTMENT OF SURGERY	2, 856, 567 70, 297	1, 248, 645 1, 272 5 2, 031 125	2, 385, 011 3 54, 353 5	2, 017, 503	358, 016	1, 545, 276	1, 885, 647
019 020 021 022 023 024 024	03 DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I &R SERVICES-SALARY & FRI I &R SERVICES-OTHER PRGM C PARAMED ED PRGM-(SPECIFY) 01 PSYCHOLOGY INTERNS PARAME		.20	1, 276			489, 543	
025 026 027 028	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	1, 068, 060 262, 398	41, 639 16, 459	14, 374 7, 014	1, 315, 009 76, 665	303, 670 47, 938	328, 526 46, 204	
029 031 033	SURGICAL INTENSIVE CARE U SUBPROVIDER NURSERY	114, 141 27, 059	3, 067	511	17, 552 36, 719			
037 037 039	ANCILLARY SRVC COST CNTRS OPERATING ROOM 01 ENDOSCOPY DELIVERY ROOM & LABOR ROO	331, 382 34, 497 25, 973	101, 584 9, 135	48, 253 176	321, 186			
040 041	01 ULTRASOUND RADI OLOGY-DI AGNOSTI C 01 CT SCAN 02 MAGNETI C RESONANCE I MAGI N RADI OI SOTOPE	61 302	719 3, 605 18, 530 8, 194 350	73 449 199 80 47	20, 982			
044 047 049	LABORATORY BLOOD STORING, PROCESSING RESPIRATORY THERAPY		191, 385 19, 162 12, 642	4, 882 1, 396	111, 971 11, 903			
050 051 052	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY		1, 728 1, 330 400	309 70 4	6, 860			
053 054 055	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED		4 762, 415	29, 503	25, 421 1, 009			1, 885, 647
056 059 059	DRUGS CHARGED TO PATIENTS O1 CARDIAC CATHERIZATION LAB O2 MEDICAL REHAB O3 NOTRE DAME OCCUPATIONAL M O4 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	20, 370	5, 906	2, 175, 107 68				
060 060 060	CLINIC O1 NOTRE DAME AMBULATORY CLI O2 FAMILY CARE CLINIC	69, 045 39, 853 126, 301	1, 194 1, 837 2, 640	1, 339 17, 338 16, 762	16, 745		374, 729	

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

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| TO 9/30/2009 | PART |

19. 01
1, 885, 647
1, 885, 647

MCRI F32 Health Financial Systems

	COST CENTER	DEPARTMENT OF SURGERY		NONPHYSI CI AN ANESTHETI STS	NURSI NG SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	
		19. 02	19. 03	20	21	22	23	24
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVI CE COST CNTR OLD CAP REL COSTS-BLDG & OLD NEW CAP REL COSTS-BLDG & OLD NEW CAP REL COSTS-MACCOLL OLD NEW CAP REL COSTS-MACCOLL OLD NEW CAP REL COSTS-MOOD OLD NEW CAP REL COSTS-HODGSON OLD NEW CAP REL COSTS-OPD OLD NEW CAP REL COSTS-AMBULAT OLD NEW CAP REL COSTS-NOTRE D OLD NEW CAP REL COSTS-PRIMARY OLD NEW CAP REL COSTS-MYBLE E EMPLOYEE BENEFITS OLD COMMUNICATIONS OLD INFORMATION SERVICES OLD PURCHASING RECEIVING AND OLD ADMINISTRATION MAINTENANCE SERVICES OLD SERVICE OLD SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES DEPARTMENT OF CARDIOLOGY ONE DEPARTMENT OF CARDIOLOGY ONE DEPARTMENT OF CARDIOLOGY		19. 03	20	21	22	23	24
019 019 020 021 022 023	O2 DEPARTMENT OF SURGERY O3 DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM C	459, 423 105, 027	5, 049, 676 2, 161, 218			6, 618, 730	5, 373, 064	
024 024	PARAMED ED PRGM-(SPECIFY) O1 PSYCHOLOGY INTERNS PARAME INPAT ROUTINE SRVC CNTRS	105, 027	2, 101, 210				3, 373, 004	646, 546
025 026 027 028 029	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE U		230, 845 32, 602			2, 220, 356 690, 427	1, 802, 477 560, 487	
031 033	SUBPROVI DER NURSERY		15, 249					
037	ANCILLARY SRVC COST CNTRS OPERATING ROOM	148, 216				102, 648	83, 330	646, 546
037 039	O1 ENDOSCOPY DELIVERY ROOM & LABOR ROO					83, 311		
040 041	01 ULTRASOUND RADI OLOGY-DI AGNOSTI C					9, 285		
042	01 CT SCAN					7, 203	7, 530	
042 043	O2 MAGNETIC RESONANCE IMAGIN RADIOISOTOPE							
044 047	LABORATORY BLOOD STORING, PROCESSING					264, 075	214, 375	
049 050 051	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY Special pathology					55, 370	44, 950	
052 053 054 055 056 059 059 059	SPEECH PATHOLOGY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS 01 CARDI AC CATHERI ZATI ON LAB 02 MEDI CAL REHAB 03 NOTRE DAME OCCUPATI ONAL M 04 INPATIENT RENAL DI ALYSIS					25, 556 80, 926		
060	OUTPAT SERVICE COST CNTRS CLINIC O1 NOTPE DAME AMBILIATORY CLI					793, 246 8 510		
060	O1 NOTRE DAME AMBULATORY CLI O2 FAMILY CARE CLINIC		2, 057, 100			8, 519 1, 914, 370		

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| SERVICE COSTS | | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| | WORKSHEET B MCRIF32 Health Financial Systems

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSICI AN ANESTHETI STS	NURSI NG SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	DESCRIPTION	19. 02	19. 03	20	21	22	23	24
060 060	OUTPAT SERVICE COST CNTRS 03 PEDIATRIC CLINIC 05 BARRINGTON URGENT CARE		177, 209					
061 062 063	EMERGENCY OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS					349, 345	283, 597	
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
095 096	SUBTOTALS NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	253, 243	4, 674, 223			6, 597, 434	5, 355, 776	646, 546
097	RESEARCH					21, 296	17, 288	
097 098 099 099 099 099 099 099 101 102	01 UNFUNDED RESEARCH PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS 01 FUND RAISING 02 BANK 03 VACANT SPACE 04 BILLING OFFICE 05 O/P MEALS 06 BROWN MEDICAL STUDENTS 07 NONREIMBURSABLE SERVICES CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER	2, 376 203, 804	14, 724 360, 729					
103	TOTAL	459, 423	5, 049, 676			6, 618, 730	5, 373, 064	646, 546

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

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| FROM 10/ 1/2008 | PART | PART | Health Financial Systems MCRIF32

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	PSYCHOLOGY IN TERNS PARAME	SUBTOTAL	I&R COST POST STEP-	TOTAL
DESCRI PTI ON	24. 01	25	DOWN ADJ 26	27
GENERAL SERVICE COST CNTR OO1 OLD CAP REL COSTS-BLDG & OO2 OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & OO3 O1 NEW CAP REL COSTS-BLDG & OO3 O2 NEW CAP REL COSTS-BLDG & OO3 O2 NEW CAP REL COSTS-BLDG & OO3 O3 NEW CAP REL COSTS-BLDG & OO3 O4 NEW CAP REL COSTS-MACCOLL OO3 O5 NEW CAP REL COSTS-WOOD OO3 O5 NEW CAP REL COSTS-HODGSON OO3 O6 NEW CAP REL COSTS-OPD OO3 O7 NEW CAP REL COSTS-OPD OO3 O7 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-ABC OO3 11 NEW CAP REL COSTS-AMPULAT OO3 12 NEW CAP REL COSTS-PRIMARY OO3 13 NEW CAP REL COSTS-PRIMARY OO3 14 NEW CAP REL COSTS-PRIMARY OO4 NEW CAP REL COSTS-PRIMARY OO5 DEW CAP REL COSTS-PRIMARY OO6 O1 COMMUNICATIONS OO6 O2 INFORMATION SERVICES OO6 O3 PURCHASING RECEIVING AND OO6 O4 ADMITTING OO6 O5 BUSINESS OFFICE OO6 O6 OTHER ADMINISTRATIVE AND OO6 O7 GRANTS ADMINISTRATION OO7 MAINTENANCE & REPAIRS OPERATION OF PLANT OO9 LAUNDRY & LINEN SERVICE OO1 DIETARY OO1 CAFETERIA OO1 DIETARY OO1 CAFTERIA OO1 MAINTENANCE OF PERSONNEL ONDRY & LINEN SERVICE OO1 DIETARY OO1 CAFETERIA OO3 DEPARTMENT OF CARDIOLOGY OO7 MEDICAL RECORDS & LIBRARY OO6 SUSTANDANCE OF PERSONNEL OO7 MEDICAL RECORDS & LIBRARY OO8 OPERATION OF PLANT OO8 OPERATION OF PLANT OO9 LAUNDRY & LINEN SERVICE OO1 DEPARTMENT OF CARDIOLOGY OO1 DEPARTMENT OF CARDIOLOGY OO2 DEPARTMENT OF CARDIOLOGY OO3 DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS OU24 NEW CAP REL COSTS-SALARY & FRI OOS ONE CAPTERIA OO3 DEPARTMENT OF SURGERY OO1 DEPARTMENT OF PROMILY CARE ONONPHYSICIAN ANESTHETISTS OU24 NEW CAP REL COSTS-MURE DEPARTMENT OF SURGERY OO1 DEPARTMENT OF CARDIOLOGY OO2 DEPARTMENT OF CARDIOLOGY OO3 DEPARTMENT OF FAMILY CARE ONONPHYSICIAN ANESTHETISTS OU3 REW CAP REL COSTS-SALARY & FRI OU4 PARAMED ED PRGM-(SPECIFY) OO4 DEPARTMENT OF SURGERY OO1 DEPARTMENT OF SURGERY OO1 DEPARTMENT OF SURGERY OO1 DEPARTMENT OF SURGERY OO1 DEPARTMENT OF SURGERY OO2 DEPARTMENT OF SURGERY OO3 DEPARTMENT OF SURGERY OO3 DEPARTMENT OF SURGERY OO4 PARAMED ED PRGM-(SPEC		25	26	27
025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT 027 CORONARY CARE UNIT 028 BURN INTENSIVE CARE UNIT 029 SURGICAL INTENSIVE CARE U 031 SUBPROVIDER		29, 529, 632 7, 877, 424 3, 457, 786	-4, 022, 833 -1, 250, 914	25, 506, 799 6, 626, 510 3, 457, 786
O33 NURSERY ANCILLARY SRVC COST CNTRS O37 OPERATING ROOM		208, 052 10, 955, 257	-185, 978	208, 052 10, 769, 279
037 01 ENDOSCOPY 039 DELIVERY ROOM & LABOR ROO		1, 308, 003 408, 076	-150, 943	1, 308, 003 257, 133
040 01 ULTRASOUND 041 RADI OLOGY-DI AGNOSTI C		753, 144 5, 202, 182	-16, 823	753, 144 5, 185, 359
042 01 CT SCAN 042 02 MAGNETIC RESONANCE IMAGIN		1, 778, 365 998, 864		1, 778, 365 998, 864
043 RADI OI SOTOPE 044 LABORATORY		824, 967 14, 249, 107	-478, 450	824, 967 13, 770, 657
047 BLOOD STORING, PROCESSING 049 RESPIRATORY THERAPY		1, 912, 290 4, 123, 999	-100, 320	1, 912, 290 4, 023, 679
050 PHYSI CAL THERAPY 051 OCCUPATI ONAL THERAPY		3, 045, 329 1, 513, 146		3, 045, 329 1, 513, 146
052 SPEECH PATHOLOGY 053 ELECTROCARDI OLOGY		1, 274, 587 2, 104, 445	-46, 302	1, 274, 587 2, 058, 143
054 ELECTROENCEPHALOGRAPHY 055 MEDICAL SUPPLIES CHARGED		727, 959 8, 760, 218	-146, 622	581, 337 8, 760, 218
O56 DRUGS CHARGED TO PATIENTS O59 O1 CARDIAC CATHERIZATION LAB		10, 852, 202 750, 782		10, 852, 202 750, 782
059 O2 MEDICAL REHAB 059 O3 NOTRE DAME OCCUPATIONAL M				
059 04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS		302, 839		302, 839
060 CLINIC 060 01 NOTRE DAME AMBULATORY CLI		2, 920, 880 1, 153, 112	-1, 437, 200 -15, 434	1, 483, 680 1, 137, 678

7, 982, 440

-3, 468, 449

4, 513, 991

060 02 FAMILY CARE CLINIC

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| SERVICE COSTS | 41-0001 | FROM 10/ 1/2008 | WORKSHEET B
| FROM 10/ 1/2008 | PART | PART | Health Financial Systems MCRIF32

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	PSYCHOLOGY IN TERNS PARAME	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	DESCRITTION	24. 01	25	26	27
060 060 061 062	OUTPAT SERVICE COST CNTRS 03 PEDIATRIC CLINIC 05 BARRINGTON URGENT CARE EMERGENCY OBSERVATION BEDS (NON-DIS		652, 359 51, 078 8, 427, 529		652, 359 51, 078 7, 794, 587
063	O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS		966, 307		966, 307
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		8, 839, 163		8, 839, 163
095	SUBTOTALS NONREIMBURS COST CENTERS		143, 911, 523	-11, 953, 210	131, 958, 313
096	GIFT, FLOWER, COFFEE SHOP		46, 965		46, 965
097	RESEARCH		4, 595, 700	-38, 584	
097 098	O1 UNFUNDED RESEARCH PHYSICIANS' PRIVATE OFFIC		498, 372 5, 711, 597		498, 372 5, 711, 597
099	NONPALD WORKERS		956		956
099	01 FUND RAISING		82. 770		82. 770
099	O2 BANK		194, 195		194, 195
099	03 VACANT SPACE		3, 991		3, 991
099	04 BILLING OFFICE		170, 738		170, 738
099 099 099 101 102	05 O/P MEALS 06 BROWN MEDICAL STUDENTS 07 NONREIMBURSABLE SERVICES CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER		898, 294		898, 294
103	TOTAL		156, 115, 101	-11, 991, 794	144, 123, 307

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND

PROVI DER NO: ALLOCATION OF NEW CAPITAL RELATED COSTS 41-0001

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG &	C OLD CAP REL C OSTS-MVBLE E		C NEW CAP REL (OSTS-BLDG &	C NEW CAP REL C OSTS-MACCOLL	
	_		0	1	2	3	3. 01	3. 02	3. 03
001 002 003 003 003 003 003 003 003 003 003	C C C C C C C C C C C C C C C C C C C	SENERAL SERVICE COST CNT DLD CAP REL COSTS-BLDG & DLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-MACCOI NEW CAP REL COSTS-MACCOI NEW CAP REL COSTS-MOOD NEW CAP REL COSTS-HODGSO NEW CAP REL COSTS-POD NEW CAP REL COSTS-APBC NEW CAP REL COSTS-ABC NEW CAP REL COSTS-ABC NEW CAP REL COSTS-AMBULA NEW CAP REL COSTS-ANDIEN NEW CAP REL COSTS-NOTRE NEW CAP REL COSTS-NOTRE NEW CAP REL COSTS-PRIMAN NEW CAP REL COSTS-PLAI NEW CAP REL COSTS-PLAI NEW CAP REL COSTS-PUBLE NEW CAP REL COSTS-PLAI NEW CAP REL COSTS-PUBLE NEW CAP REL COSTS-PUB	TR S E S S LL CRD DN E AT S D CRY T I N E					32, 793	36, 408
010 011		HOUSEKEEPI NG DI ETARY							
012 013		CAFETERIA MAINTENANCE OF PERSONNEL	L						
014 015	Ν	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPL							
016 017	P	PHARMACY MEDICAL RECORDS & LIBRAF							
018 019	S	SOCIAL SERVICE DEPARTMENT OF MEDICINE							
019 019	01 D	DEPARTMENT OF CARDIOLOGY DEPARTMENT OF SURGERY	Y						
019	03 0	DEPARTMENT OF FAMILY CAP							
020 021	Ν	NONPHYSICIAN ANESTHETIST							
022 023	- 1	&R SERVICES-SALARY & FF &R SERVICES-OTHER PRGM	C						
024 024		PARAMED ED PRGM-(SPECIF) PSYCHOLOGY INTERNS PARAM							
025		NPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	S						48, 854
026 027	C	NTENSIVE CARE UNIT CORONARY CARE UNIT							
028 029	В	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE							
031 033	S	SUBPROVI DER NURSERY	-					38, 324	
037	Α	ANCILLARY SRVC COST CNTF DPERATING ROOM	RS						
037	01 E	ENDOSCOPY	20						50, 539
039 040	01 L	DELIVERY ROOM & LABOR RO JLTRASOUND	00						
041 042		RADI OLOGY-DI AGNOSTI C CT SCAN							
042 043	02 N	MAGNETIC RESONANCE IMAGI RADIOISOTOPE	I N						
044 047	L	_ABORATORY BLOOD STORING, PROCESSIN	NC						
049	R	RESPI RATORY THERAPY	VG						
050 051	C	PHYSICAL THERAPY DCCUPATIONAL THERAPY							
052 053		SPEECH PATHOLOGY ELECTROCARDIOLOGY							
054 055	E	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGEI)						
056 059	D	DRUGS CHARGED TO PATIENT CARDIAC CATHERIZATION LA	TS						
059	02 N	MEDICAL REHAB							
059 059	04 I C	NOTRE DAME OCCUPATIONAL NPATIENT RENAL DIALYSIS DUTPAT SERVICE COST CNTF	S						
060 060		CLINIC NOTRE DAME AMBULATORY CL	LI						

060 O1 NOTRE DAME AMBULATORY CLI 060 02 FAMILY CARE CLINIC

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD I PERIOD: I I FROM 10/ 1/2008 I I PREPARED 4/12/2010 PROVI DER NO: ALLOCATION OF NEW CAPITAL RELATED COSTS WORKSHEET B 41-0001

9/30/2009 I

71, 117

195, 773

I TO

OLD CAP REL C OLD CAP REL C NEW CAP REL C OSTS-BLDG & OSTS-MACCOLL OSTS-RICHARD DIR ASSGNED COST CENTER NEW CAPITAL DESCRI PTI ON REL COSTS 0 3.01 3.02 3.03 OUTPAT SERVICE COST CNTRS
060 03 PEDIATRIC CLINIC
060 05 BARRINGTON URGENT CARE EMERGENCY 061 OBSERVATION BEDS (NON-DIS 062 O/P CHEMO & IV PROCEDURES
OTHER REIMBURS COST CNTRS 063 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS 071 59, 972 SUBTOTALS
NONREI MBURS COST CENTERS 095 71, 117 195, 773 GIFT, FLOWER, COFFEE SHOP RESEARCH 096 097 01 UNFUNDED RESEARCH
PHYSICIANS' PRIVATE OFFIC
NONPAID WORKERS 097 098 099 099 01 FUND RAISING 099 02 BANK 099 03 VACANT SPACE 099 04 BILLING OFFICE 099 05 O/P MEALS 06 BROWN MEDICAL STUDENTS 099 07 NONREIMBURSABLE SERVICES CROSS FOOT ADJUSTMENTS

099 101 102

103

NEGATIVE COST CENTER

TOTAL

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-WOOD	NEW CAP REL C OSTS-HODGSON		NEW CAP REL C OSTS-GARAGE	NEW CAP REL OSTS-ABC	C NEW CAP REL C OSTS-AMBULAT	
	DESCRIFITON	3. 04	3. 05	3. 06	3. 07	3. 08	3. 09	3. 10
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVICE COST CNTF OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & O1 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-MACCOLL O3 NEW CAP REL COSTS-MOOD O5 NEW CAP REL COSTS-WOOD O6 NEW CAP REL COSTS-HODGSON O6 NEW CAP REL COSTS-OPD O7 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABULAT ONEW CAP REL COSTS-SAYLES O1 NEW CAP REL COSTS-PRIMARY ONEW CAP REL COSTS-PRIMARY ONEW CAP REL COSTS-PRIMARY ONEW CAP REL COSTS-MUBLE ONEW CAP REL COSTS-M							
006	O4 ADMITTING							
006 006	05 BUSINESS OFFICE 06 OTHER ADMINISTRATIVE AND		6, 779				18, 156	
006	07 GRANTS ADMINISTRATION	E / 42					·	40 14E
007 008	MAINTENANCE & REPAIRS OPERATION OF PLANT	5, 643 74, 225	42, 249 177, 287	312	2, 423			69, 145
009 010	LAUNDRY & LINEN SERVICE HOUSEKEEPING		54, 205	71	43			
011	DI ETARY	37, 926						
012 013	CAFETERIA MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION		70.040					
015 016	CENTRAL SERVICES & SUPPLY PHARMACY	,	73, 963 22, 437					
017	MEDICAL RECORDS & LIBRARY	,	,					
018 019	SOCIAL SERVICE DEPARTMENT OF MEDICINE	37, 494				4, 819		
019	01 DEPARTMENT OF CARDIOLOGY							228, 206
019 019	O2 DEPARTMENT OF SURGERY O3 DEPARTMENT OF FAMILY CARE	<u> </u>				9, 894		
020	NONPHYSICIAN ANESTHETISTS							
021 022	NURSING SCHOOL I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM (;						
024 024	PARAMED ED PRGM-(SPECIFY) 01 PSYCHOLOGY INTERNS PARAME							
025	I NPAT ROUTI NE SRVC CNTRS	110 400						
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	119, 608						
027	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT							
028 029	SURGICAL INTENSIVE CARE UNIT	J						
031 033	SUBPROVI DER NURSERY	9, 308						
	ANCILLARY SRVC COST CNTRS	5						
037 037	OPERATING ROOM O1 ENDOSCOPY	13, 685 2, 925	131, 037					
039	DELIVERY ROOM & LABOR ROO							
040 041	01 ULTRASOUND RADI OLOGY-DI AGNOSTI C	24, 165						
042	01 CT SCAN	4, 874						
042 043	O2 MAGNETIC RESONANCE IMAGIN RADIOISOTOPE	3,009						
044	LABORATORY		104, 509			19, 291		
047 049	BLOOD STORING, PROCESSING RESPIRATORY THERAPY	,						319, 228
050	PHYSI CAL THERAPY							54, 479
051 052	OCCUPATIONAL THERAPY SPEECH PATHOLOGY							56, 595
053	ELECTROCARDI OLOGY							
054 055	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED							
056 059	DRUGS CHARGED TO PATIENTS							47 O17
059	O1 CARDIAC CATHERIZATION LAE O2 MEDICAL REHAB	•						67, 317
059 059	O3 NOTRE DAME OCCUPATIONAL N	1						
009	O4 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	5						
060 060	CLINIC O1 NOTRE DAME AMBULATORY CLI					6, 652	49, 381	
060	O2 FAMILY CARE CLINIC					6, 649		

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-WOOD	NEW CAP REL C OSTS-HODGSON	NEW CAP REL C OSTS-OPD	NEW CAP REL C OSTS-GARAGE	NEW CAP REL C OSTS-ABC		NEW CAP REL C OSTS-SAYLES
	DESCRITTION	3. 04	3. 05	3. 06	3. 07	3. 08	3. 09	3. 10
060 060 061 062 063	OUTPAT SERVICE COST CNTR 03 PEDIATRIC CLINIC 05 BARRINGTON URGENT CARE EMERGENCY OBSERVATION BEDS (NON-DI O/P CHEMO & IV PROCEDURE OTHER REIMBURS COST CNTR HOME HEALTH AGENCY	S S S						
	SPEC PURPOSE COST CENTER							
095	SUBTOTALS	332, 946	612, 466	383	2, 466	47, 305	67, 537	794, 970
096 097 097 098 099 099 099 099 099 099 099 101 102	NONREI MBURS COST CENTERS GIFT, FLOWER, COFFEE SHO RESEARCH PHYSI CI ANS' PRI VATE OFFI NONPAI D WORKERS O1 FUND RAISING O2 BANK O3 VACANT SPACE O4 BILLING OFFI CE O5 O/P MEALS O6 BROWN MEDI CAL STUDENTS NONREI MBURSABLE SERVI CES CROSS FOOT ADJUSTMENTS NEGATI VE COST CENTER	P C		2, 157				
103	TOTAL	332, 946	612, 466	2, 540	2, 466	47, 305	67, 537	794, 970

	COST CENTER		NEW CAP REL C OSTS-PRIMARY	NEW CAP REL 5 55 PROSPECT (NEW CAP REL C I OSTS - PLAIN (SUBTOTAL	EMPLOYEE BENE FITS
	DESCRI PTI ON	3. 11	3. 12	3. 13	3. 14	4	4a	5
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVI CE COST CNT OLD CAP REL COSTS-BLDG 8 OLD CAP REL COSTS-MVBLE NEW CAP REL COSTS-BLDG 8 O1 NEW CAP REL COSTS-BLDG 8 O2 NEW CAP REL COSTS-BLDG 8 O2 NEW CAP REL COSTS-MACCOL O3 NEW CAP REL COSTS-MOOD O5 NEW CAP REL COSTS-HODGSC O6 NEW CAP REL COSTS-HODGSC O6 NEW CAP REL COSTS-GARAGE O8 NEW CAP REL COSTS-AMBULA 10 NEW CAP REL COSTS-AMBULA 11 NEW CAP REL COSTS-NOTRE 12 NEW CAP REL COSTS-PRI MAR 13 NEW CAP REL COSTS-PRI MAR 14 NEW CAP REL COSTS-PRI MAR 15 NEW CAP REL COSTS-PRI MAR 16 NEW CAP REL COSTS-PRI MAR 17 NEW CAP REL COSTS-PRI MAR 18 NEW CAP REL COSTS-PRI MAR 19 NEW CAP REL COSTS-PRI MAR 19 NEW CAP REL COSTS-PRI MAR 10 NEW CAP REL COSTS-PRI MAR 11 NEW CAP REL COSTS-PRI MAR 12 NEW CAP REL COSTS-PRI MAR 13 NEW CAP REL COSTS-PLAI	E E E E E E E E E E E E E E E E E E E						
005 006	EMPLOYEE BENEFITS 01 COMMUNICATIONS	L		35, 245		28, 373 2, 856	28, 373 38, 185	28, 373 96
006 006	02 INFORMATION SERVICES 03 PURCHASING RECEIVING AND)		33, 243		123, 297 2, 116	123, 297 2, 116	651 151
006 006	04 ADMITTING 05 BUSINESS OFFICE	,				3, 818 87, 841	3, 818 87, 841	114 605
006 006	06 OTHER ADMINISTRATIVE AND 07 GRANTS ADMINISTRATION)		3, 172		56, 737 972	84, 844 972	1, 580 125
007 008	MAINTENANCE & REPAIRS OPERATION OF PLANT	5, 521 31, 094				64, 620 29, 602	187, 178 384, 144	311 131
009 010	LAUNDRY & LINEN SERVICE HOUSEKEEPING					17, 917 8, 278	72, 122 8, 392	108 623
011 012	DI ETARY CAFETERI A					16, 593 27, 715	54, 519 27, 715	199 333
013 014	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	-				64, 668	64, 668	549
015 016	CENTRAL SERVICES & SUPPL PHARMACY	_Y				24, 753 14, 561	98, 716 36, 998	143 457
017 018	MEDICAL RECORDS & LIBRAR SOCIAL SERVICE	RY			978	7, 835 105	8, 813 105	346 73
019 019	DEPARTMENT OF MEDICINE O1 DEPARTMENT OF CARDIOLOGY	′				14, 548 49, 479	56, 861 277, 685	316 292
019 019	O2 DEPARTMENT OF SURGERY O3 DEPARTMENT OF FAMILY CAR					8, 578 15, 719	8, 578 25, 613	197 1, 248
020 021 022	NONPHYSICIAN ANESTHETIST NURSING SCHOOL I&R SERVICES-SALARY & FR							1, 214
023 024	I&R SERVICES-OTHER PRGM PARAMED ED PRGM-(SPECIFY	C				1, 245	1, 245	549 139
024	01 PSYCHOLOGY INTERNS PARAM INPAT ROUTINE SRVC CNTRS	ΛÉ						107
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	,				122, 040 69, 651	290, 502 69, 651	3, 531 1, 136
027 028	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	Г						.,
029 031	SURGI CAL INTENSI VE CARE SUBPROVI DER					11, 913	50, 237	544
033	NURSERY ANCILLARY SRVC COST CNTR	RS				25, 705	35, 013	
037 037	OPERATING ROOM O1 ENDOSCOPY	13, 179				349, 038 67, 628	506, 939 121, 092	1, 160 145
039 040	DELIVERY ROOM & LABOR RO	00				4, 501 14, 211	4, 501 14, 211	1 117
041 042					4, 608	374, 537 151, 169	403, 310 156, 043	693 191
042	02 MAGNETIC RESONANCE IMAGI RADIOISOTOPE	N			4.040	85, 422 2, 262	88, 431 2, 262	101 152
044 047	LABORATORY BLOOD STORING, PROCESSIN	I G			1, 063	196, 215 510	321, 078 510	1, 917 147
049 050	RESPIRATORY THERAPY PHYSICAL THERAPY				7, 007	103, 340 26, 346	422, 568 87, 832	671 406
051 052	OCCUPATIONAL THERAPY SPEECH PATHOLOGY					4, 642 6, 521	61, 237 6, 521	270 251
053 054 055	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED)				6, 931 4, 394	6, 931 4, 394	3 21
056 059	DRUGS CHARGED TO PATIENT O1 CARDIAC CATHERIZATION LA	TS .				87, 215	154, 532	88
059 059	O2 MEDICAL REHAB O3 NOTRE DAME OCCUPATIONAL					37,210	.51, 552	55
059	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTR	S						
060 060	CLINIC O1 NOTRE DAME AMBULATORY CL		45, 486			2, 457 3, 662	103, 976 3, 662	145 265
060	02 FAMILY CARE CLINIC		136, 459				143, 108	338

		NEW CAP REL C OSTS-NOTRE D	NEW CAP REL COSTS-PRIMARY	NEW CAP REL 5 55 PROSPECT	5 NEW CAP REL C OSTS - PLAIN	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		3. 11	3. 12	3. 13	3. 14	4	4a	5
060 060	OUTPAT SERVICE COST CNTRS 03 PEDIATRIC CLINIC 05 BARRINGTON URGENT CARE	;				23, 335	23, 335	226 13
061	EMERGENCY					65, 224	65, 224	1, 826
062 063	OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	;	50, 009			12, 967	62, 976	105
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					22, 799	82, 771	1, 665
095	SUBTOTALS NONREIMBURS COST CENTERS	49, 794	231, 954	38, 417	13, 656	2, 516, 861	4, 975, 645	26, 678
096 097 097	GIFT, FLOWER, COFFEE SHOF RESEARCH O1 UNFUNDED RESEARCH	•					2, 157	534 60
098 099	PHYSI CLANS' PRI VATE OFFI (NONPALD WORKERS	,			44, 938	3, 611	48, 549	964
099 099	O1 FUND RAISING O2 BANK							14
099 099	O3 VACANT SPACE O4 BILLING OFFICE							31
099 099 099	05 O/P MEALS 06 BROWN MEDICAL STUDENTS 07 NONREIMBURSABLE SERVICES							92
101 102 103	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL	49, 794	231, 954	38, 417	58, 594	2, 520, 472	5, 026, 351	28, 373

	COST CENTER	COMMUNI CATI ON S	I NFORMATI ON ERVICES	S PURCHASING RE CEIVING AND	ADMI TTI NG	BUSINESS OFFI CE	OTHER ADMINIS TRATIVE AND	GRANTS ADMINI STRATION
001	DESCRIPTION GENERAL SERVICE COST CNTI	6. 01 R	6. 02	6. 03	6. 04	6. 05	6. 06	6. 07
001 002 003	OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE I NEW CAP REL COSTS-BLDG &	E						
003	O1 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-MACCOLI							
003 003 003	O3 NEW CAP REL COSTS-RICHARI O4 NEW CAP REL COSTS-WOOD O5 NEW CAP REL COSTS-HODGSOI							
003	06 NEW CAP REL COSTS-OPD 07 NEW CAP REL COSTS-GARAGE	•						
003 003 003	08 NEW CAP REL COSTS-ABC 09 NEW CAP REL COSTS-AMBULA' 10 NEW CAP REL COSTS-SAYLES	Т						
003	11 NEW CAP REL COSTS-NOTRE I 12 NEW CAP REL COSTS-PRIMARY							
003	13 NEW CAP REL 555 PROSPECT 14 NEW CAP REL COSTS - PLAII	V						
004 005 006	NEW CAP REL COSTS-MVBLE I EMPLOYEE BENEFITS 01 COMMUNICATIONS	38, 281						
006 006	02 INFORMATION SERVICES 03 PURCHASING RECEIVING AND	1, 293 575	125, 241	2, 842	4.440			
006 006 006	04 ADMITTING 05 BUSINESS OFFICE 06 OTHER ADMINISTRATIVE AND	503 1, 221 4, 020	24 47, 854 73, 681	5	4, 462	137, 526	164, 260	
006 007	O7 GRANTS ADMINISTRATION MAINTENANCE & REPAIRS	359 718	27	4 40			610 2, 171	2, 070
008 009 010	OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING	144 287		71 19 39			5, 093 815 3, 413	
011 012	DI ETARY CAFETERI A	359 575		50 84			1, 935 1, 996	
013 014 015	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPL'	1, 867 Y 215		4 21			2, 812 1, 052	
016 017 018	PHARMACY MEDICAL RECORDS & LIBRAR'		3, 024				2, 391 1, 952	
019 019	SOCIAL SERVICE DEPARTMENT OF MEDICINE O1 DEPARTMENT OF CARDIOLOGY	215 1, 221 1, 077		4 32			348 1, 375 1, 694	
019 019 020	O2 DEPARTMENT OF SURGERY O3 DEPARTMENT OF FAMILY CARN NONPHYSICIAN ANESTHETIST:			2 14			419 5, 004	232
021 022	NURSING SCHOOL I&R SERVICES-SALARY & FR	I		5			6, 809	
023 024 024	I&R SERVICES-OTHER PRGM (PARAMED ED PRGM-(SPECIFY) 01 PSYCHOLOGY INTERNS PARAM)		5 1			2, 573 665	
025	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2, 442		69	944	15, 101	18, 623	
026 027 028	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	790		29	337	5, 391	5, 650	
029 031	SURGICAL INTENSIVE CARE I SUBPROVIDER	503		7	112	1, 789	2, 559	
033	NURSERY ANCILLARY SRVC COST CNTR: OPERATING ROOM	646 S 1, 652		147	26 264	422 12, 037	75 8, 513	
037 039 040	O1 ENDOSCOPY DELI VERY ROOM & LABOR ROO O1 ULTRASOUND	359 O 144		15 4	40 27 61	1, 930 630 3, 599	1, 089 33 764	
041 042	RADI OLOGY-DI AGNOSTI C	1, 293 215		50 34	92 164	4, 755 7, 857	5, 058 1, 801	
042 043 044	02 MAGNETIC RESONANCE IMAGII RADIOISOTOPE LABORATORY	N 144 1, 293	8	23 3 216	81 30 1, 033	4, 059 1, 237 29, 372	1, 015 812 13, 397	
047 049	BLOOD STORING, PROCESSING RESPIRATORY THERAPY			19 22	38 187	905 3, 457	1, 932 3, 985	
050 051 052	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY	1, 580 144 72		34 8 4	92 63 25	4, 666 2, 285 1, 149	2, 873 1, 535 1, 283	
053 054	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	1, 293		12	80 4	2, 493 664	142 514	
055 056 059	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS O1 CARDIAC CATHERIZATION LAI			703 756 5	322 388 12	8, 705 13, 126 360	8, 414 9, 129 682	
059 059	O2 MEDICAL REHAB O3 NOTRE DAME OCCUPATIONAL I			J				
059 060	O4 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTR: CLINIC	S		2	15	245 455	319 849	
060 060	O1 NOTRE DAME AMBULATORY CL O2 FAMILY CARE CLINIC	934		9 12		579 1, 517	895 1, 986	

	COST CENTER	COMMUNI CATI ON S	INFORMATION S ERVICES	PURCHASING RE CEIVING AND	ADMI TTI NG	BUSINESS OFFI CE	OTHER ADMINIS TRATIVE AND	GRANTS ADMINI STRATION
	DESCRI PTI ON	6. 01	6. 02	6. 03	6. 04	6. 05	6. 06	6. 07
	OUTPAT SERVICE COST CNTRS							
060	O3 PEDIATRIC CLINIC			10		800	448	
060	05 BARRINGTON URGENT CARE			1		4	48	
061	EMERGENCY	503		44	25	7, 248	7, 125	
062	OBSERVATION BEDS (NON-DIS							
063	O/P CHEMO & IV PROCEDURES			4		689	804	
074	OTHER REIMBURS COST CNTRS	5		40			0 500	
071	HOME HEALTH AGENCY	-		40			8, 520	
095	SPEC PURPOSE COST CENTERS SUBTOTALS	36, 054	124, 621	2, 841	4, 462	137, 526	153, 999	232
073	NONREI MBURS COST CENTERS	30, 034	124, 021	2,041	4, 402	137, 320	155, 777	232
096	GIFT, FLOWER, COFFEE SHOP	Þ						
097	RESEARCH	1, 508					3, 592	1, 838
097	O1 UNFUNDED RESEARCH	,					283	,
098	PHYSICIANS' PRIVATE OFFIC	C 575		1			5, 274	
099	NONPALD WORKERS							
099	01 FUND RAISING						67	
099	O2 BANK							
099	03 VACANT SPACE	4.4.4	/00				470	
099	04 BILLING OFFICE	144	620				173	
099 099	05 O/P MEALS 06 BROWN MEDICAL STUDENTS						872	
099	07 NONREIMBURSABLE SERVICES						0/2	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	38, 281	125, 241	2, 842	4, 462	137, 526	164, 260	2,070

		MAINTENANCE & O REPAIRS P	PERATION OF LANT	LAUNDRY & LIN H EN SERVICE	OUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE O F PERSONNEL
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVICE COST CNTO OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MACCOLON NEW CAP REL COSTS-MACCOLON NEW CAP REL COSTS-WOOD OLD CAP REL COSTS-OPD OLD CAP REL COSTS-OPD OLD CAP REL COSTS-AMBULATON NEW CAP REL COSTS-ABROWN CAP REL COSTS-AMBULATON NEW CAP REL COSTS-AMBULATON NEW CAP REL COSTS-NOTRE CAP REL COSTS-NOTRE CAP REL COSTS-NOTRE CAP REL COSTS-NOTRE CAP REL COSTS-PRIMARTON NEW CAP REL COSTS-PRIMARTON NEW CAP REL COSTS-NOTRE CAP REL COSTS-NOTRE CAP REL COSTS-NOTRE CAP REL COSTS-PRIMARTON NEW CAP REL COSTS-PRIMARTON NEW CAP REL COSTS-NOTRE CAP REL COSTS-NOTRE CAP REL COSTS-PRIMARTON NEW CAP REL COSTS-NOTRE	E L D N T D Y N E	8	9	10	11	12	13
006 006 006 007 008 009 010 011 012	04 ADMITTING 05 BUSINESS OFFICE 06 OTHER ADMINISTRATIVE AND 07 GRANTS ADMINISTRATION MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA	190, 445 32, 628 3, 128 4, 661 4, 374 2, 446	422, 067 8, 365 12, 465 11, 697 6, 541	84, 701 1, 472 757 1, 264	31, 352 540	73, 890	41, 494	
013 014 015 016 017 018 019 019 019	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPL' PHARMACY MEDICAL RECORDS & LIBRAR' SOCIAL SERVICE DEPARTMENT OF MEDICINE 01 DEPARTMENT OF CARDIOLOGY 02 DEPARTMENT OF SURGERY 03 DEPARTMENT OF FAMILY CAR	1, 238 Y 2, 160 502 4, 838 2, 255 950 E 1, 899	8, 395 10, 383 3, 310 5, 776 1, 342 12, 938 6, 030 2, 541 5, 078	1, 635 41 1, 044 615	81 360 180 126 45 103 180 144 630		746 436 742 1, 067 1 304 378 65 1, 378	
020 021 022 023 024 024	NONPHYSI CI AN ANESTHETI ST: NURSI NG SCHOOL I &R SERVI CES-SALARY & FR I &R SERVI CES-OTHER PRGM (PARAMED ED PRGM-(SPECI FY O1 PSYCHOLOGY INTERNS PARAM	I C 2, 214) 164 E	5, 922 438	250	378 20		2, 901 597 107	
025 026 027 028 029	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE	28, 071 4, 276	75, 074 11, 436	38, 723 6, 253	10, 901 1, 889	46, 907 7, 631	7, 450 1, 861	
031 033	SUBPROVI DER NURSERY ANCI LLARY SRVC COST CNTR	2, 311 944	6, 180 2, 523	3, 408 265	1, 555 126	19, 352	923	
	OPERATING ROOM O1 ENDOSCOPY DELIVERY ROOM & LABOR ROO O1 ULTRASOUND RADIOLOGY-DIAGNOSTIC O1 CT SCAN	14, 730 3, 860 0 2, 448 312 4, 883 494	39, 394 10, 322 6, 547 833 13, 060 1, 321	9, 963 1, 801 1, 763 2, 064 912	1, 959 270 666 36 414		2, 242 228 180 1, 415 321	
042 043 044 047 049 050 051 052 053 054	O2 MAGNETIC RESONANCE IMAGII RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSINI RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED	858 9, 255 G 911 2, 496 4, 036 538 559 138 1, 278	816 2, 295 24, 752 2, 437 6, 674 10, 795 1, 440 1, 495 370 3, 419	207 57 390 12 2, 461 102 189	18 1, 080 36 324 551 49 58 54		214 245 3, 994 249 1, 302 824 482 445 10 53	
056 059 059 059 059	DRUGS CHARGED TO PATIENT: 01 CARDIAC CATHERIZATION LAI 02 MEDICAL REHAB 03 NOTRE DAME OCCUPATIONAL I 04 INPATIENT RENAL DIALYSIS 0UTPAT SERVICE COST CNTR	B 665 M	1, 779	955	270		135	
060 060 060	CLINIC 01 NOTRE DAME AMBULATORY CL 02 FAMILY CARE CLINIC	3, 436	9, 189 2, 413 18, 844	49 137	358 1, 511 641		473 402 888	

		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE O F PERSONNEL
		7	8	9	10	11	12	13
	OUTPAT SERVICE COST CNTRS		4 470					
060 060	O3 PEDIATRIC CLINIC	553	1, 479	30 9			491 27	
060	O5 BARRINGTON URGENT CARE EMERGENCY	3, 375	9, 027	6, 980	2, 627		2, 712	
062	OBSERVATION BEDS (NON-DIS		7, 027	0, 700	2,027		2, / 12	
063	O/P CHEMO & IV PROCEDURES		2, 537	472	1, 035		184	
000	OTHER REIMBURS COST CNTRS		2,007	.,_	1,7000			
071	HOME HEALTH AGENCY	4, 228	11, 308		360		2, 891	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	174, 335	378, 980	84, 280	29, 593	73, 890	39, 363	
007	NONREI MBURS COST CENTERS	7.45	4 004		100		40	
096	GIFT, FLOWER, COFFEE SHOP		1, 994	100	108		48	
097 097	RESEARCH 01 UNFUNDED RESEARCH	10, 443	27, 930	188	1, 161		833 66	
097	PHYSICIANS' PRIVATE OFFICE	62	165	233	450		970	
099	NONPALD WORKERS	22	58	233	430		770	
099	01 FUND RAISING	400	1, 069				30	
099	O2 BANK	4, 347	11, 627		36			
099	03 VACANT SPACE	91	244					
099	O4 BILLING OFFICE				4		114	
099	05 O/P MEALS						70	
099	06 BROWN MEDICAL STUDENTS						70	
099 101	07 NONREIMBURSABLE SERVICES CROSS FOOT ADJUSTMENTS							
101	NEGATIVE COST CENTER							
102	TOTAL	190, 445	422, 067	84, 701	31, 352	73. 890	41, 494	
			,	,	/	,	,	

MCRIF32 Health Financial Systems

	COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY		DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDI OLOGY
	DESCRI PTI ON	14	15	16	17	18	19	19. 01
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVI CE COST CNTI OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MACCOLI OLD NEW CAP REL COSTS-MACCOLI OLD NEW CAP REL COSTS-MOOD OLD NEW CAP REL COSTS-OPD OLD NEW CAP REL COSTS-OPD OLD NEW CAP REL COSTS-AMBULAT NEW CAP REL COSTS-NOTRE I NEW CAP REL COSTS-PRIMARE NEW CAP REL COSTS-PRIMARE OLD NEW CAP REL COSTS-PLAIT NEW CAP REL COSTS-MVBLE I NEW CAP REL COSTS-MVBLE I NEW CAP REL COSTS-PLAIT NEW CAP REL COS							
010 011 012 013 014 015 016 017 018 019 019 019 020 021	HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE DEPARTMENT OF MEDICINE 01 DEPARTMENT OF CARDIOLOGY 02 DEPARTMENT OF SURGERY 03 DEPARTMENT OF FAMILY CARI NONPHYSICIAN ANESTHETISTS	2, 024 E S	116, 843 119 190 12	45, 955 1, 047	24, 277	2, 631	78, 001	293, 928
022 023 024 024	I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM (PARAMED ED PRGM-(SPECIFY) O1 PSYCHOLOGY INTERNS PARAM))		25			24, 711	
025 026 027 028	I NPAT ROUTI NE SRVC CNTRS ADULTS & PEDI ATRI CS I NTENSI VE CARE UNI T CORONARY CARE UNI T BURN I NTENSI VE CARE UNI T	30, 757 7, 556	3, 896 1, 540	277 135	15, 824 923	2, 232 352	16, 583 2, 332	
029 031 033	SURGICAL INTENSIVE CARE I SUBPROVIDER NURSERY ANCILLARY SRVC COST CNTR:	3, 287 779	287	10	211 442			
037 037 039	OPERATING ROOM O1 ENDOSCOPY DELIVERY ROOM & LABOR ROO	9, 543 993	9, 505 855	930 3	3, 865			
040 041 042 042 043 044 047	01 ULTRASOUND RADI OLOGY-DI AGNOSTI C	2 9	67 337 1, 734 767 33 17, 908 1, 793	1 9 4 2 1 94	252 1, 347			
049 050 051 052 053	RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY	-	1, 183 162 124 37	27 6 1	143 83 306			293, 928
054 055 056 059 059 059 059	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS O1 CARDIAC CATHERIZATION LAND O2 MEDICAL REHAB	3 587	71, 346 553	568 41, 911 1	12			273, 720
060 060 060	OUTPAT SERVICE COST CNTRS CLINIC O1 NOTRE DAME AMBULATORY CLI 02 FAMILY CARE CLINIC	1, 988	112 172 247	26 334 323	201		18, 915	

		NUDCING ADMIN	CENTRAL SERVI	DHADMACV	MEDICAL DECOR	SOCIAL SERVIC	DEDARTMENT OF	DEDARTMENT OF
	COST CENTER	I STRATION	CES & SUPPLY	PHARIMACY	DS & LI BRARY		MEDICINE	CARDI OLOGY
	DESCRI PTI ON	13110111011	020 4 001121		DO & ELDIVIKI	_	MEDI OTIVE	OTHER OLDER
		14	15	16	17	18	19	19. 01
	OUTPAT SERVICE COST CNTRS	;						
060	03 PEDIATRIC CLINIC		14	2				
060	O5 BARRINGTON URGENT CARE	126						
061	EMERGENCY	7, 983	2, 621	122	668	47		
062	OBSERVATION BEDS (NON-DIS							
063	O/P CHEMO & IV PROCEDURES		266	24				
	OTHER REIMBURS COST CNTRS		0.40	7.0				
071	HOME HEALTH AGENCY	10, 292	963	72				
005	SPEC PURPOSE COST CENTERS		11/ 042	45 055	24 277	0 (01	/ O F / 1	202 020
095	SUBTOTALS NONREIMBURS COST CENTERS	82, 261	116, 843	45, 955	24, 277	2, 631	62, 541	293, 928
096	GIFT, FLOWER, COFFEE SHOP)						
090	RESEARCH							
097	01 UNFUNDED RESEARCH						10, 569	
098	PHYSICIANS' PRIVATE OFFICE						1, 560	
099	NONPALD WORKERS						1,000	
099	01 FUND RAISING							
099	O2 BANK							
099	03 VACANT SPACE							
099	O4 BILLING OFFICE							
099	05 O/P MEALS							
099	O6 BROWN MEDICAL STUDENTS						3, 331	
099	07 NONREIMBURSABLE SERVICES							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER	00.014	444.040	45 055	0.4.077	0.404	70.004	
103	TOTAL	82, 261	116, 843	45, 955	24, 277	2, 631	78, 001	293, 928

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

LATED COSTS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B

I TO 9/30/2009 I PART III ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER	DEPARTMENT OF SURGERY		NONPHYSI CI AN ANESTHETI STS		I&R SERVICES- SALARY & FRI		PARAMED ED PR GM-(SPECIFY)
	DESCRIPTION	19. 02	19. 03	20	21	22	23	24
003 003 003 003 004 005 006 006 006 006 007 008 009 011 011	DESCRIPTION GENERAL SERVICE COST CNTF OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & OLD REW CAP REL COSTS-BLDG & OLD REW CAP REL COSTS-WOOD OLD NEW CAP REL COSTS-WOOD OLD NEW CAP REL COSTS-HODGON OLD NEW CAP REL COSTS-OPD OLD NEW CAP REL COSTS-ABC OLD NEW CAP REL COSTS-ABLIAT OLD NEW CAP REL COSTS-SAYLES OLD NEW CAP REL COSTS-SAYLES OLD NEW CAP REL COSTS-PRIMAR NEW CAP REL COSTS-PRIMAR OLD NEW CAP REL COSTS-PRIMAR OLD NEW CAP REL COSTS-PRIMAR OLD NEW CAP REL COSTS-PLAIN NEW CAP REL COSTS-PLAIN NEW CAP REL COSTS-PLAIN NEW CAP REL COSTS-WUBLE E EMPLOYEE BENEFITS OLD COMMUNICATIONS OLD NEW CAP REL COSTS-WUBLE E EMPLOYEE BENEFITS OLD COMMUNICATIONS OLD NEW CAP REL COSTS-WUBLE E EMPLOYEE BENEFITS OLD NEW C		19. 03	20	21	22	23	24
013 014	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION							
015 016	CENTRAL SERVICES & SUPPLY PHARMACY							
017 018	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	/						
019 019	DEPARTMENT OF MEDICINE O1 DEPARTMENT OF CARDIOLOGY							
019 019 020 021	O2 DEPARTMENT OF SURGERY O3 DEPARTMENT OF FAMILY CARE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL		44, 368					
022 023 024 024	I &R SERVICES-SALARY & FRI I &R SERVICES-OTHER PRGM (PARAMED ED PRGM-(SPECIFY) 01 PSYCHOLOGY INTERNS PARAME INPAT ROUTINE SRVC CNTRS	3, 115	18, 991			10, 954	61, 340	1, 534
025 026 027	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT		2, 028 286					
028 029 031	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE L SUBPROVIDER	J	104					
033	NURSERY ANCILLARY SRVC COST CNTRS		134					
037	OPERATING ROOM O1 ENDOSCOPY DELLYGRY DOOM & LABOR DOO	4, 396						
039 040	DELIVERY ROOM & LABOR ROO 01 ULTRASOUND)						
041 042	RADI OLOGY-DI AGNOSTI C O1 CT SCAN							
042 043	02 MAGNETIC RESONANCE I MAGIN RADIOI SOTOPE	I						
044	LABORATORY BLOOD STORING, PROCESSING							
047 049	RESPI RATORY THERAPY	3						
050 051	PHYSICAL THERAPY OCCUPATIONAL THERAPY							
052 053	SPEECH PATHOLOGY ELECTROCARDIOLOGY							
054 055	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
059 059	O1 CARDIAC CATHERIZATION LAE O2 MEDICAL REHAB	3						
059 059	O3 NOTRE DAME OCCUPATIONAL NO 1 NPATIENT RENAL DIALYSIS	Л						
060	OUTPAT SERVICE COST CNTRS	3						
060	O1 NOTRE DAME AMBULATORY CLI		19 07/					

18, 074

060 02 FAMILY CARE CLINIC

	COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSI CI AN ANESTHETI STS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	
	DESCRIFITON	19. 02	19. 03	20	21	22	23	24
	OUTPAT SERVICE COST CNTRS							
060	O3 PEDIATRIC CLINIC		1, 557					
060	O5 BARRINGTON URGENT CARE							
061	EMERGENCY							
062	OBSERVATION BEDS (NON-DIS							
063	O/P CHEMO & IV PROCEDURES							
074	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CENTERS SUBTOTALS	7, 511	41, 070					
095	NONREIMBURS COST CENTERS	7, 311	41,070					
096	GIFT, FLOWER, COFFEE SHOP)						
097	RESEARCH							
097	O1 UNFUNDED RESEARCH	70	129					
098	PHYSICIANS' PRIVATE OFFICE		3, 169					
099	NONPALD WORKERS							
099	O1 FUND RAISING							
099	O2 BANK							
099	03 VACANT SPACE							
099	04 BILLING OFFICE							
099	05 O/P MEALS							
099	06 BROWN MEDICAL STUDENTS							
099 101	07 NONREIMBURSABLE SERVICES CROSS FOOT ADJUSTMENTS					10, 954	61, 340	1, 534
101	NEGATIVE COST CENTER					10, 934	01, 340	1, 334
102	TOTAL	13, 626	44, 368			10, 954	61, 340	1, 534
.00		10,020	11,000			10, 70 1	01, 010	1,001

MCRIF32 Health Financial Systems

COST CENTER	PSYCHOLOGY IN TERNS PARAME	SUBTOTAL	POST STEPDOWN	TOTAL
DESCRI PTI ON	24. 01	25		27
GENERAL SERVICE COST CNT OO1 OLD CAP REL COSTS-BLDG & OO2 OLD CAP REL COSTS-BLDG & OO3 O1 NEW CAP REL COSTS-BLDG & OO3 O2 NEW CAP REL COSTS-BLDG & OO3 O2 NEW CAP REL COSTS-BLDG & OO3 O3 NEW CAP REL COSTS-BLDG & OO3 O4 NEW CAP REL COSTS-BLDG & OO3 O5 NEW CAP REL COSTS-WODD OO3 O5 NEW CAP REL COSTS-WODD OO3 O6 NEW CAP REL COSTS-HODGSO OO3 O6 NEW CAP REL COSTS-OPD OO3 O7 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-ABDUA OO3 10 NEW CAP REL COSTS-ABULA OO3 11 NEW CAP REL COSTS-ABULA OO3 12 NEW CAP REL COSTS-NOTRE OO3 12 NEW CAP REL COSTS-NOTRE OO3 14 NEW CAP REL COSTS-PRIMAR OO3 13 NEW CAP REL COSTS-PRIMAR OO3 14 NEW CAP REL COSTS-PRIMAR OO3 15 NEW CAP REL COSTS-PRIMAR OO4 NEW CAP REL COSTS-PRIMAR OO5 DEMPLOYEE BENEFITS OO6 O1 COMMUNICATIONS OO6 O2 INFORMATION SERVICES OO6 O4 ADMITTING OO6 O5 BUSINESS OFFICE OO6 O6 OTHER ADMINISTRATIVE AND OO7 GRANTS ADMINISTRATIVE AND OO7 GRANTS ADMINISTRATIVE OO9 LAUNDRY & LINEN SERVICE OO1 DIETARY OO1 DIETARY OO1 DIETARY OO1 DIETARY OO1 DIETARY OO2 CAFETERIA OO3 MAINTENANCE OF PERSONNEL OO3 MAINTENANCE OF PERSONNEL OO4 MAINTENANCE OF PERSONNEL OO5 DEPARTMENT OF MEDICINE OO6 OF DEPARTMENT OF SURGERY OO7 MEDICAL SERVICE OO9 DEPARTMENT OF SURGERY OO9 DEPARTMENT OF FAMILY CAR OONPHYSICIAN ANESTHETIST ONDPHYSICIAN ANESTHETIST	24.01 R E E S LL D N E T T Y Y Y Y Y T E E S H	25	STEPDOWN ADJUSTMENT 26	27
024 PARAMED ED PRGM-(SPECIFY 024 01 PSYCHOLOGY INTERNS PARAM INPAT ROUTINE SRVC CNTRS 025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT 027 CORONARY CARE UNIT 028 BURN INTENSIVE CARE UNIT 029 SURGICAL INTENSIVE CARE 031 SUBPROVIDER 033 NURSERY	E	609, 935 129, 454 93, 275 41, 395		609, 935 129, 454 93, 275 41, 395
ANCILLARY SRVC COST CNTR 037 OPERATING ROOM	es .	627, 239		627, 239
037 01 ENDOSCOPY 039 DELI VERY ROOM & LABOR RO 040 01 ULTRASOUND 041 RADI OLOGY-DI AGNOSTI C 042 01 CT SCAN 042 02 MAGNETI C RESONANCE I MAGI 043 RADI OI SOTOPE 044 LABORATORY 047 BLOOD STORI NG, PROCESSI N 049 RESPI RATORY THERAPY 050 PHYSI CAL THERAPY 051 OCCUPATI ONAL THERAPY 052 SPEECH PATHOLOGY 053 ELECTROCARDI OLOGY 054 ELECTROCARDI OLOGY 055 DRUGS CHARGED TO PATI ENT 059 01 CARDI AC CATHERI ZATI ON LA 059 02 MEDI CAL REHAB 059 03 NOTRE DAME OCCUPATI ONAL 059 04 INPATI ENT RENAL DI ALYSI S 00TPAT SERVI CE COST CNTR 060 CLI NI C	N G S B M	143, 002 17, 364 20, 329 437, 687 171, 100 96, 165 8, 011 427, 126 9, 121 444, 416 116, 401 304, 455 12, 439 89, 490 65, 310 160, 839		143, 002 17, 364 20, 329 437, 687 171, 100 96, 165 8, 011 427, 126 9, 121 444, 416 116, 401 68, 176 12, 001 304, 455 12, 439 89, 490 65, 310 160, 839
060 02 FAMILY CARE CLINIC		197, 595		197, 595

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD I PERIOD: I FROM 10/ 1/2008 PROVI DER NO: I PREPARED 4/12/2010

41-0001

73, 828

5, 026, 351

WORKSHEET B

PART III

9/30/2009 I

ALLOCATION OF NEW CAPITAL RELATED COSTS

061

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097 098

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103

NEGATIVE COST CENTER

TOTAL

PSYCHOLOGY IN **SUBTOTAL** TOTAL STEPDOWN COST CENTER TERNS PARAME DESCRI PTI ON **ADJUSTMENT** 24.01 25 26 27 OUTPAT SERVICE COST CNTRS
060 03 PEDIATRIC CLINIC
060 05 BARRINGTON URGENT CARE 28, 945 28, 945 228 228 118, 157 118, 157 **EMERGENCY** OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES
OTHER REIMBURS COST CNTRS 70, 847 70, 847 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS 123, 110 123, 110 SUBTOTALS 4, 796, 794 4, 796, 794 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP RESEARCH 2, 895 2,895 50, 184 11, 177 50, 184 11, 177 01 UNFUNDED RESEARCH
PHYSICIANS' PRIVATE OFFIC
NONPAID WORKERS 68, 017 68, 017 80 80 1, 580 1.580 01 FUND RAISING 16, 010 335 16, 010 335 02 BANK 03 VACANT SPACE 04 BILLING OFFICE 1,086 1,086 05 O/P MEALS 06 BROWN MEDICAL STUDENTS 4, 365 4, 365 07 NONREIMBURSABLE SERVICES CROSS FOOT ADJUSTMENTS

73, 828

5, 026, 351

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN I PROVIDER NO: STICAL BASIS I 41-0001 COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL OSTS-BLDG & (SQUARE FEE T		C NEW CAP REL OSTS-BLDG & (SQUARE FEE	C NEW CAP REL OSTS-BLDG & (SQUARE FEE		C NEW CAP REL C OSTS-RICHARD (SQ FT RICH)ARDSON NEW)
GENERAL SERVI CE COST OO1 OLD CAP REL COSTS-BLD OO2 OLD CAP REL COSTS-MVB NEW CAP REL COSTS-BLD OO3 O1 NEW CAP REL COSTS-BLD OO3 O2 NEW CAP REL COSTS-BLD OO3 O2 NEW CAP REL COSTS-BLD OO3 O3 NEW CAP REL COSTS-MAC OO3 O4 NEW CAP REL COSTS-HOD OO3 O5 NEW CAP REL COSTS-HOD OO3 O6 NEW CAP REL COSTS-HOD OO3 O7 NEW CAP REL COSTS-OPD OO3 O7 NEW CAP REL COSTS-GAR OO3 O8 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-AMB OO3 10 NEW CAP REL COSTS-AMB OO3 11 NEW CAP REL COSTS-ANT OO3 12 NEW CAP REL COSTS-PRI OO3 13 NEW CAP REL COSTS-PRI OO3 14 NEW CAP REL COSTS-PRI OO4 NEW CAP REL COSTS - P NO4 NEW CAP REL COSTS - P NO4 NEW CAP REL COSTS - P NO6 O1 COMMUNICATIONS	1	2	3	3.01	3. 02 7, 690	3. 03 29, 053
006 02 INFORMATION SERVICES 006 03 PURCHASING RECEIVING 006 04 ADMITTING 006 05 BUSINESS OFFICE 006 06 OTHER ADMINISTRATIVE 006 07 GRANTS ADMINISTRATION 007 MAINTENANCE & REPAIRS 008 OPERATION OF PLANT 009 LAUNDRY & LINEN SERVI 010 HOUSEKEEPING 011 DIETARY 012 CAFETERIA 013 MAINTENANCE OF PERSON 014 NURSING ADMINISTRATIO 015 CENTRAL SERVICES & SU 016 PHARMACY 017 MEDICAL RECORDS & LIB 018 SOCIAL SERVICE 019 DEPARTMENT OF MEDICIN 019 01 DEPARTMENT OF SURGERY 019 03 DEPARTMENT OF FAMILY 020 NONPHYSICIAN ANESTHET 021 NURSING SCHOOL					3, 546	5, 403
023 I&R SERVICES-OTHER PR 024 PARAMED ED PRGM-(SPEC 024 01 PSYCHOLOGY INTERNS PA INPAT ROUTI NE SRVC CN 025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT 027 CORONARY CARE UNIT 028 BURN INTENSIVE CARE U 029 SURGICAL INTENSIVE CA 031 SUBPROVIDER					4, 144	7, 250
NURSERY ANCILLARY SRVC COST C OPERATING ROOM O37 O1 ENDOSCOPY O39 DELIVERY ROOM & LABOR O40 O1 ULTRASOUND O41 RADIOLOGY-DIAGNOSTIC O42 O1 CT SCAN O42 O2 MAGNETIC RESONANCE IM RADIOLOSTOPE U44 LABORATORY O47 BLOOD STORING, PROCES O49 RESPIRATORY THERAPY O50 PHYSICAL THERAPY O51 OCCUPATIONAL THERAPY O52 SPEECH PATHOLOGY O53 ELECTROCARDIOLOGY O54 ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR D55 MEDICAL SUPPLIES CHAR D66 DRUGS CHARGED TO PATI O59 O1 CARDIAC CATHERIZATION O59 O2 MEDICAL REHAB O59 O3 NOTRE DAME OCCUPATION						7, 500

	COST CENTER DESCRIPTION	OLD CAP REL OSTS-BLDG &		C NEW CAP REL (OSTS-BLDG &	C NEW CAP REL OSTS-BLDG &	C NEW CAP REL (C NEW CAP REL C OSTS-RICHARD
		(SQUARE FEE T	(ACQUISITIO)N COST OLD	(SQUARE FEE)T	(SQUARE FEE)T	(SQ FT MACC)OLL NEW	(SQ FT RICH)ARDSON NEW)
060 CLINIC 060 01 NOTRE D 060 02 FAMILY 060 03 PEDIATR 060 05 BARRING 061 EMERGEN 062 OBSERVA	GTON URGENT CAR	1	2	3	3. 01	3. 02	3. 03
OTHER R O71 HOME HE SPEC PL	REIMBURS COST C EALTH AGENCY IRPOSE COST CEN					7,700	8, 900
096 GI FT, F 097 RESEARC 098 PHYSI CI 099 01 FUND RA 099 02 BANK 099 03 VACANT 099 04 BI LLI NG 099 05 O/P MEA 099 06 BROWN N 099 07 NONREIN 101 CROSS F 102 NEGATI N	IBURS COST CENT LOWER, COFFEE CH					7, 690	29, 053
(WRKS) BE ALLOCATED SHT B, PART I)					71, 117	195, 773
(WRKS 105 COST TO (WRKS 106 UNIT CO (WRKS 107 COST TO (WRKS 108 UNIT CO UNIT CO UNIT CO UNIT CO UNIT CO	ST MULTIPLIER (SHT B, PT I)) BE ALLOCATED (SHT B, PART II) (ST MULTIPLIER (SHT B, PT II)) BE ALLOCATED (SHT B, PART III) (ST MULTIPLIER (SHT B, PART III) (SHT B, PART III) (SHT B, PT III)					9. 24798	4 6. 738478

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

STICAL BASIS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B-1

I TO 9/30/2009 I COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP REL OSTS-WOOD	C NEW CAP REL OSTS-HODGSON		C NEW CAP REL OSTS-GARAGE	C NEW CAP REL OSTS-ABC	C NEW CAP REL OSTS-AMBULAT	C NEW CAP REL OSTS-SAYLES	
		(SQ FT WOOD NEW	(SQ FT HODG)SON NEW	(SQ FT OPD)NEW	(SQ FT GARA)GE NEW	(SQ FT ABC)NEW	(SQ FT AMBU)LATORY NEW	(SQ FT SAYL)ES NEW)
		3. 04	3. 05	3. 06	3. 07	3. 08	3. 09	3. 10	
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVI CE COST OLD CAP REL COSTS-BLD OLD NEW CAP REL COSTS-BLD OLD NEW CAP REL COSTS-MAC OLD NEW CAP REL COSTS-MOL OLD NEW CAP REL COSTS-HOD OLD NEW CAP REL COSTS-HOD OLD NEW CAP REL COSTS-GAR OLD NEW CAP REL COSTS-ABC OLD NEW CAP REL COSTS-ABC OLD NEW CAP REL COSTS-AMB	71, 039	67, 670	10, 496	8, 091	17, 629	3, 132	16, 533	
003 003 003 004 005 006 006 006	12 NEW CAP REL COSTS-PRI 13 NEW CAP REL 555 PROSP 14 NEW CAP REL COSTS - P NEW CAP REL COSTS-MVB EMPLOYEE BENEFITS 01 COMMUNICATIONS 01 INFORMATION SERVICES 03 PURCHASING RECEIVING 04 ADMITTING 05 BUSINESS OFFICE	18							
006 006 007	06 OTHER ADMINISTRATIVE 07 GRANTS ADMINISTRATION MAINTENANCE & REPAIRS	1, 204	749 4, 668				842	1, 438	
008 009	OPERATION OF PLANT LAUNDRY & LINEN SERVI	15, 837	19, 588 5, 989	1, 291	7, 951			.,	
010 011	HOUSEKEEPI NG DI ETARY	8, 092		292	140				
012 013 014 015 016 017	CAFETERIA MAINTENANCE OF PERSON NURSING ADMINISTRATIO CENTRAL SERVICES & SU PHARMACY MEDICAL RECORDS & LIB SOCIAL SERVICE	5, 5,2	8, 172 2, 479						
019 019 019 019 020 021 022 023 024	DEPARTMENT OF MEDICIN 01 DEPARTMENT OF CARDIOL 02 DEPARTMENT OF SURGERY 03 DEPARTMENT OF FAMILY NONPHYSICIAN ANESTHET NURSING SCHOOL I&R SERVICES-SALARY & I&R SERVICES-OTHER PR PARAMED ED PRGM-(SPEC	8, 000				1, 796 3, 687		4, 746	
024 024 025 026 027 028 029 031 033	O1 PSYCHOLOGY INTERNS PA INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE U SURGICAL INTENSIVE CA SUBPROVI DER NURSERY	25, 520 1, 986							
	ANCILLARY SRVC COST C								
037 037 039	OPERATING ROOM O1 ENDOSCOPY DELIVERY ROOM & LABOR	2, 920 624	14, 478						
040 041 042 042 043	01 ULTRASOUND RADIOLOGY-DIAGNOSTIC 01 CT SCAN 02 MAGNETIC RESONANCE IM RADIOLOSOTOPE	5, 156 1, 040 642							
044 047 049 050 051 052 053 054 055	LABORATORY BLOOD STORING, PROCES RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHAR DRIGS CHARGED TO DATI		11, 547			7, 189		6, 639 1, 133 1, 177	
056 059 059 059 059	DRUGS CHARGED TO PATI O1 CARDI AC CATHERI ZATI ON O2 MEDI CAL REHAB O3 NOTRE DAME OCCUPATI ON O4 INPATI ENT RENAL DI ALY							1, 400	

MCRIF32 Health Financial Systems

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| FROM 10/ 1/2008 | WORKSHEET B-1
| TO 9/30/2009 | FROM 10/ 1/2008 | WORKSHEET B-1 COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP REL OSTS-WOOD	C NEW CAP REL OSTS-HODGSON		C NEW CAP REL OSTS-GARAGE	C NEW CAP REL OSTS-ABC	C NEW CAP REL (OSTS-AMBULAT	
		(SQ FT WOOD NEW	(SQ FT HODG)SON NEW	(SQ FT OPD)NEW	(SQ FT GARA)GE NEW	(SQ FT ABC)NEW	(SQ FT AMBU)LATORY NEW	(SQ FT SAYL)ES NEW)
	ANCILLARY SRVC COST C	3. 04	3. 05	3. 06	3. 07	3.08	3. 09	3. 10
060 060	OUTPAT SERVICE COST C CLINIC O1 NOTRE DAME AMBULATORY					2, 479	2, 290	
060 060	02 FAMILY CARE CLINIC 03 PEDIATRIC CLINIC					2, 478		
060 061	O5 BARRINGTON URGENT CAR EMERGENCY							
062 063	OBSERVATION BEDS (NON O/P CHEMO & IV PROCED							
071	OTHER REIMBURS COST C HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CEN SUBTOTALS	71, 039	67, 670	1, 583	8, 091	17, 629	3, 132	16, 533
096	NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	71,007	07,070	1, 555	0,071	17,027	0, 102	10, 000
097 097	RESEARCH O1 UNFUNDED RESEARCH			8, 913				
098	PHYSICIANS' PRIVATE O							
099 099	NONPALD WORKERS O1 FUND RAISING							
099 099	02 BANK 03 VACANT SPACE							
099	04 BILLING OFFICE							
099 099	05 O/P MEALS 06 BROWN MEDICAL STUDENT							
099	07 NONREIMBURSABLE SERVI							
101 102	CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	332, 946	612, 466	2, 540	2, 466	47, 305	67, 537	794, 970
104	UNIT COST MULTIPLIER		9. 05077		. 30478		21. 563538	
105	(WRKSHT B, PT I) COST TO BE ALLOCATED	4. 68680	6	. 24199	7 /	2. 6833	53	48. 083832
106	(WRKSHT B, PART II) UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II) COST TO BE ALLOCATED							
108	(WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III)							

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

STICAL BASIS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B-1

I TO 9/30/2009 I COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL OSTS-NOTRE D				C NEW CAP REL N OSTS-MVBLE E		E COMMUNICATION S
	(SQ FT NOTR E DAME NEW	(SQ FT PRIM)CARE NEW	(TOTAL SQUA)RE FEET	(SQ FT PLAI)NVILLE	(ACQUISITIO)N COST NEW	(GROSS SALA)RIES	(NUMBER OF)EXTENSIONS)
GENERAL SERVI CE COST OO1 OLD CAP REL COSTS-BLD OO2 OLD CAP REL COSTS-MVB OO3 NEW CAP REL COSTS-BLD OO3 O1 NEW CAP REL COSTS-BLD OO3 O2 NEW CAP REL COSTS-BLD OO3 O3 NEW CAP REL COSTS-MAC OO3 O4 NEW CAP REL COSTS-WOO OO3 O5 NEW CAP REL COSTS-HOD OO3 O6 NEW CAP REL COSTS-OPD OO3 O7 NEW CAP REL COSTS-OPD	3. 11	3. 12	3. 13	3. 14	4	5	6. 01
003 08 NEW CAP REL COSTS-ABC 003 09 NEW CAP REL COSTS-AMB 003 10 NEW CAP REL COSTS-AMB 003 11 NEW CAP REL COSTS-NOT 003 12 NEW CAP REL COSTS-PRI 003 13 NEW CAP REL COSTS-PRI 003 14 NEW CAP REL COSTS - P 004 NEW CAP REL COSTS - P 005 EMPLOYEE BENEFITS 006 01 COMMUNICATIONS 006 02 INFORMATION SERVICES 006 03 PURCHASING RECEIVING 006 04 ADMITTING	13, 628	20, 000	1, 211	22, 050	41, 175, 789 463, 525 46, 660 2, 014, 259 34, 576 62, 371	82, 420, 317 278, 263 1, 893, 101 439, 521 330, 030	533 18 8 7
006 05 BUSINESS OFFICE 006 06 OTHER ADMINISTRATIVE 006 07 GRANTS ADMINISTRATION 007 MAINTENANCE & REPAIRS 008 OPERATION OF PLANT 009 LAUNDRY & LINEN SERVI 010 HOUSEKEEPING 011 DIETARY 012 CAFETERIA 013 MAINTENANCE OF PERSON	1, 511 8, 510		100		1, 435, 024 926, 892 15, 886 1, 055, 675 483, 598 292, 706 135, 236 271, 082 452, 768	1, 759, 905 4, 593, 885 364, 516 903, 358 379, 844 313, 359 1, 809, 970 578, 933 966, 949	17 56 5 10 2 4 5 8
014 NURSI NG ADMINISTRATIO 015 CENTRAL SERVICES & SU 016 PHARMACY 017 MEDICAL RECORDS & LIB 018 SOCIAL SERVICE 019 01 DEPARTMENT OF MEDICIN 019 01 DEPARTMENT OF CARDIOL 019 02 DEPARTMENT OF SURGERY 019 03 DEPARTMENT OF FAMILY 020 NONPHYSICIAN ANESTHET 021 NURSING SCHOOL				368	1, 056, 455 404, 378 237, 873 128, 000 1, 723 237, 659 808, 315 140, 144 256, 802	1, 595, 154 415, 436 1, 328, 276 1, 006, 416 210, 830 919, 916 848, 876 572, 538 3, 629, 009	26 3 7 14 3 17 15 10 37
022 I &R SERVI CES-SALARY & 023 I &R SERVI CES-OTHER PR 024 PARAMED ED PRGM-(SPEC 024 01 PSYCHOLOGY INTERNS PA					20, 335	3, 530, 116 1, 595, 084 402, 939	11
INPAT ROUTINE SRVC CN 025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT 027 CORONARY CARE UNIT 028 BURN INTENSIVE CARE U 029 SURGICAL INTENSIVE CA					1, 993, 720 1, 137, 868	10, 205, 537 3, 301, 930	34 11
031 SUBPROVI DER 033 NURSERY ANCI LLARY SRVC COST C					194, 624 419, 926	1, 581, 303	7 9
O37 OPERATI NG ROOM O37 O1 ENDOSCOPY O39 DELI VERY ROOM & LABOR O40 O1 ULTRASOUND O41 RADI OLOGY - DI AGNOSTI C O42 O1 CT SCAN O42 O2 MAGNETI C RESONANCE I M O43 RADI OI SOTOPE O44 LABORATORY O47 BLOOD STORI NG, PROCES O49 RESPI RATORY THERAPY O50 PHYSI CAL THERAPY O51 OCCUPATI ONAL THERAPY O52 SPEECH PATHOLOGY O53 ELECTROCARDI OLOGY O54 ELECTROCARDI OLOGY O55 MEDI CAL SUPPLI ES CHAR O56 DRUGS CHARGED TO PATI O59 O1 CARDI AC CATHERI ZATI ON O59 O2 MEDI CAL RHAB	3, 607			1, 734 400 2, 637	5, 702, 110 1, 104, 809 73, 524 232, 165 6, 118, 411 2, 469, 601 1, 395, 517 36, 949 3, 205, 492 8, 330 1, 688, 238 430, 399 75, 842 106, 528 113, 231 71, 787	3, 372, 642 421, 619 2, 425 341, 153 2, 015, 654 556, 026 294, 885 441, 829 5, 572, 634 427, 452 1, 949, 322 1, 180, 923 784, 205 730, 129 8, 996 60, 445	23 5 2 18 3 2 18 2 19 22 2 1 1 18

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

STICAL BASIS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B-1

I TO 9/30/2009 I COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-NOTRE D	OSTS-PRIMARY	NEW CAP REL 55 PROSPECT	5 NEW CAP REL C OSTS - PLAIN			COMMUNICATION S
		(SQ FT NOTR E DAME NEW	(SQ FT PRIM)CARE NEW	(TOTAL SQUA)RE FEET	(SQ FT PLAI)NVILLE	(ACQUISITIO)N COST NEW	(GROSS SALA)RIES	(NUMBER OF)EXTENSIONS)
	ANCILLARY SRVC COST C	3. 11	3. 12	3. 13	3. 14	4	5	6. 01
060	OUTPAT SERVICE COST C CLINIC		3, 922			40, 133	422, 237	
060 060 060	O1 NOTRE DAME AMBULATORY O2 FAMILY CARE CLINIC O3 PEDIATRIC CLINIC		11, 766			59, 818 381, 217	769, 288 983, 073 656, 489	13
060	05 BARRINGTON URGENT CAR					•	36, 707	
061 062	EMERGENCY OBSERVATION BEDS (NON					1, 065, 536	5, 309, 318	7
063	O/P CHEMO & IV PROCED OTHER REIMBURS COST C		4, 312			211, 831	305, 434	
071	HOME HEALTH AGENCY SPEC PURPOSE COST CEN					372, 459	4, 838, 908	
095	SUBTOTALS	13, 628	20, 000	1, 211	5, 139	41, 116, 803	77, 491, 978	502
096	NONREIMBURS COST CENT GIFT, FLOWER, COFFEE							
097 097	RESEARCH O1 UNFUNDED RESEARCH						1, 553, 652 173, 664	21
098 099	PHYSICIANS' PRIVATE O NONPAID WORKERS				16, 911	58, 986	2, 802, 248	8
099	O1 FUND RAISING						41, 241	
099 099	02 BANK 03 VACANT SPACE							
099 099	04 BILLING OFFICE 05 O/P MEALS						89, 749	2
099	06 BROWN MEDICAL STUDENT 07 NONREIMBURSABLE SERVI						267, 785	
099 101	CROSS FOOT ADJUSTMENT							
102 103	NEGATIVE COST CENTER COST TO BE ALLOCATED	49, 794	231, 954	38, 417	58, 594	2, 520, 472	28, 876, 526	700, 096
104	(WRKSHT B, PART I) UNIT COST MULTIPLIER		11. 597700)	2. 657324	ı	. 35035	7
105	(WRKSHT B, PT I) COST TO BE ALLOCATED	3. 653801		31. 72336		. 06121		1, 313. 500938
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III						28, 373	38, 281
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						. 000344	1 71. 821764
	(WKKSIII D, FI III)							/1.021/04

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

STICAL BASIS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B-1

I TO 9/30/2009 I COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	I NFORMATI ON ERVI CES	S PURCHASING R CEIVING AND	E ADMITTING	BUSINESS OFF	FI	OTHER ADMINI TRATIVE AND	S GRANTS ADMINI STRATION
		(PROCESSING TIME	(COSTED REQ)UI SI TI ONS	(REVENUE IN)PATIENT	(REVENUE TO)TAL	RECONCIL-) IATION	(ACCUM. COST	(GRANT EXPE)NSES)
001 002 003 003 003 003 003 003 003 003 003	GENERAL SERVI CE COST OLD CAP REL COSTS-BLD OLD CAP REL COSTS-BVB NEW CAP REL COSTS-BLD O1 NEW CAP REL COSTS-BLD O2 NEW CAP REL COSTS-BLD O2 NEW CAP REL COSTS-MAC O3 NEW CAP REL COSTS-RI C O4 NEW CAP REL COSTS-HOD O5 NEW CAP REL COSTS-HOD O6 NEW CAP REL COSTS-OPD O7 NEW CAP REL COSTS-ABC O9 NEW CAP REL COSTS-ABB 10 NEW CAP REL COSTS-ABB 10 NEW CAP REL COSTS-ABB 11 NEW CAP REL COSTS-SAY 11 NEW CAP REL COSTS-PRI 13 NEW CAP REL COSTS-PRI 13 NEW CAP REL S55 PROSP 14 NEW CAP REL STS PROSP	6. 02	6.03	6. 04	6. 05	6a. 06	6.06	6. 07
004 005 006 006 006 006 006 007 008 009 010 011 012	NEW CAP REL COSTS-MVB EMPLOYEE BENEFITS 01 COMMUNICATIONS 02 INFORMATION SERVICES 03 PURCHASING RECEIVING 04 ADMITTING 05 BUSINESS OFFICE 06 OTHER ADMINISTRATIVE 07 GRANTS ADMINISTRATION MAINTENANCE & REPAIRS 0PERATION OF PLANT LAUNDRY & LINEN SERVI HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSON	5, 574, 260 1, 083 2, 129, 878 3, 279, 433 1, 184	25, 792, 411 29, 552 48, 822 1, 225, 733 32, 582 364, 243 647, 439 170, 783 358, 343 457, 224 763, 667	157, 215, 653	307, 259, 653	-19, 815, 807	136, 299, 294 505, 819 1, 801, 956 4, 226, 663 676, 189 2, 832, 310 1, 605, 779 1, 656, 395	3, 333, 161
013 014 015 016 017 018 019 019 019 020 021 022 023 024 024	MAINTENANCE OF PERSON NURSI NG ADMINISTRATIO CENTRAL SERVICES & SU PHARMACY MEDICAL RECORDS & LIB SOCIAL SERVICE DEPARTMENT OF MEDICIN O1 DEPARTMENT OF CARDIOL O2 DEPARTMENT OF SURGERY O3 DEPARTMENT OF FAMILY NONPHYSICIAN ANESTHET NURSI NG SCHOOL I&R SERVICES-SALARY & I&R SERVICES-OTHER PR PARAMED ED PRGM-(SPEC O1 PSYCHOLOGY INTERNS PA	147 134, 593	40, 454 186, 572 125, 580 67, 107 262 37, 941 286, 713 21, 372 125, 716 49, 532 42, 874 7, 137				2, 333, 668 872, 732 1, 984, 096 1, 620, 143 289, 016 1, 140, 689 1, 405, 874 347, 981 4, 152, 720 5, 650, 669 2, 135, 602 551, 571	373, 680
025 026 027 028 029	INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE U SURGICAL INTENSIVE CA		628, 147 261, 657	33, 707, 602 12, 032, 936	33, 707, 602 12, 032, 936		15, 442, 760 4, 688, 744	
031 033 037 039 040 041 042 043 044 047 051 052 053 056	O2 MAGNETIC RESONANCE IM RADIOISOTOPE LABORATORY BLOOD STORING, PROCES RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI	356	61, 084 885 1, 340, 038 134, 616 36, 819 453, 151 308, 007 209, 628 31, 686 1, 960, 325 173, 098 197, 450 309, 731 73, 606 33, 558 993 104, 945 6, 392, 603 6, 823, 693	3, 994, 325 942, 386 9, 427, 787 1, 412, 658 953, 591 2, 195, 904 3, 274, 837 5, 851, 570 2, 897, 869 1, 078, 136 34, 758, 297 1, 344, 409 6, 679, 030 3, 300, 186 2, 257, 089 877, 957 2, 851, 975 131, 177 11, 515, 945 13, 872, 842	3, 994, 325 942, 386 26, 868, 328 4, 308, 729 1, 406, 161 8, 034, 098 10, 613, 651 17, 538, 287 9, 061, 199 2, 761, 703 65, 839, 741 2, 020, 591 7, 716, 224 10, 416, 085 5, 100, 740 2, 565, 258 5, 564, 691 1, 481, 708 19, 430, 979 29, 298, 749		2, 123, 997 61, 950 7, 064, 638 903, 357 27, 522 633, 625 4, 197, 536 1, 494, 538 841, 916 674, 138 11, 117, 692 1, 603, 674 3, 306, 713 2, 384, 507 1, 273, 485 1, 065, 129 117, 481 426, 249 6, 982, 633 7, 575, 702	
059 059 059 059	O1 CARDIAC CATHERIZATION O2 MEDICAL REHAB O3 NOTRE DAME OCCUPATION O4 INPATIENT RENAL DIALY		49, 777	415, 704 546, 386	802, 509 546, 386		566, 179 264, 399	

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD I PERIOD: I FROM 10/ 1/2008 PROVI DER NO: PREPARED 4/12/2010

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER	INFORMATION S	DIIDCHASI NG D	E ADMITTING	BUSINESS OFF	EI	OTHER ADMINI	S GRANTS ADMINI
DESCRI PTI ON	ERVI CES	CEI VI NG AND	L ADMITTING	CE	1	TRATI VE AND	STRATI ON
	(PROCESSING TIME	(COSTED REQ)UISITIONS	(REVENUE IN)PATIENT	(REVENUE TO)TAL	RECONCIL-) IATION	(ACCUM. COST	(GRANT EXPE)NSES)
ANCILLARY SRVC COST C OUTPAT SERVICE COST C CLINIC O1 NOTRE DAME AMBULATORY O2 FAMILY CARE CLINIC O3 PEDIATRIC CLINIC	6. 02	6. 03 19, 059 80, 110 109, 182 94, 664	6. 04	6. 05 1, 016, 150 1, 292, 640 3, 385, 740 1, 786, 133	6a. 06	6. 06 704, 180 742, 645 1, 648, 027 371, 730	6. 07
05 BARRI NGTON URGENT CAR EMERGENCY		9, 283 403, 200	892, 058	9, 282 16, 178, 458		39, 493 5, 912, 697	
OBSERVATION BEDS (NON O/P CHEMO & IV PROCED OTHER REIMBURS COST C		32, 587	2, 997	1, 538, 184		667, 262	
HOME HEALTH AGENCY		359, 875				7, 070, 363	
SPEC PURPOSE COST CEN SUBTOTALS NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	5, 546, 674	25, 783, 105	157, 215, 653	307, 259, 653	-19, 815, 807	127, 784, 833	373, 680
RESEARCH 01 UNFUNDED RESEARCH PHYSICIANS' PRIVATE 0 NONPAID WORKERS		9, 306				2, 980, 530 234, 508 4, 376, 428	2, 959, 481
01 FUND RAISING 02 BANK 03 VACANT SPACE						55, 690	
O4 BILLING OFFICE O5 O/P MEALS	27, 586					143, 700	
06 BROWN MEDICAL STUDENT 07 NONREIMBURSABLE SERVI CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER						723, 605	
COST TO BE ALLOCATED (WRKSHT B, PART I)	4, 017, 094	1, 167, 068	490, 340	4, 194, 605		19, 815, 807	579, 357
UNIT COST MULTIPLIER (WRKSHT B, PT I) COST TO BE ALLOCATED (WRKSHT B, PART II) UNIT COST MULTIPLIER	. 720651	. 04524	9 . 00311	. 01365 9	52	. 14538	5 . 173816
(WRKSHT B, PT II) COST TO BE ALLOCATED (WRKSHT B. PART III	125, 241	2, 842	4, 462	137, 526		164, 260	2, 070
UNIT COST MULTIPLIER (WRKSHT B, PT III)	. 022468	. 00011	0 . 00002	. 00044	18	. 00120	. 000621

41-0001

WORKSHEET B-1

9/30/2009

I TO

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

STICAL BASIS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B-1

I TO 9/30/2009 I COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	MAI NTENANCE REPAI RS	& OPERATION OF PLANT	LAUNDRY & LI EN SERVICE	N HOUSEKEEPING	DI ETARY	CAFETERI A	MAINTENANCE O F PERSONNEL
		(TOTAL SQ F T MAINT	(TOTAL SQ F)T MAINT	(LBS OF LAU)NDRY	(HOURS OF S)ERVICE	(MEALS SERV)ED	(FTE' S)	(NUMBER HOU)SED)
001 002 003 003 003 003 003 003 003 003	GENERAL SERVICE COST OLD CAP REL COSTS-BLD OLD CAP REL COSTS-BLD OLD CAP REL COSTS-BLD OLD CAP REL COSTS-BLD OLD NEW CAP REL COSTS-BLD OLD NEW CAP REL COSTS-BLD OLD NEW CAP REL COSTS-MAC OLD NEW CAP REL COSTS-WOO OLD NEW CAP REL COSTS-WOO OLD NEW CAP REL COSTS-OPD OLD NEW CAP REL COSTS-OPD OLD NEW CAP REL COSTS-GAR OLD NEW CAP REL COSTS-ABC	7	8	9	10	11	12	13
003 003 003 003 003 004 005 006 006 006 006	09 NEW CAP REL COSTS-AMB 10 NEW CAP REL COSTS-SAY 11 NEW CAP REL COSTS-NOT 12 NEW CAP REL COSTS-PRI 13 NEW CAP REL 555 PROSP 14 NEW CAP REL COSTS - P NEW CAP REL COSTS - P NEW CAP REL COSTS - P OF NEW CAP REL COSTS - P N							
007 008 009 010 011 012 013	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVI HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSON	400, 867 68, 678 6, 584 9, 811 9, 206 5, 148	332, 189 6, 584 9, 811 9, 206 5, 148	1, 901, 030 33, 030 16, 988 28, 374	174, 249 3, 000	39, 033	103, 714	
014 015 016 017 018	NURSING ADMINISTRATIO CENTRAL SERVICES & SU PHARMACY MEDICAL RECORDS & LIB SOCIAL SERVICE	6, 607 8, 172 2, 605 4, 546 1, 056	6, 607 8, 172 2, 605 4, 546 1, 056	36, 696	450 2,000 1,000 700 250		1, 864 1, 089 1, 855 2, 666 3	
019 019 019 019 020 021	DEPARTMENT OF MEDICIN 01 DEPARTMENT OF CARDIOL 02 DEPARTMENT OF SURGERY 03 DEPARTMENT OF FAMILY NONPHYSICIAN ANESTHET	10, 183 4, 746 2, 000 3, 997	10, 183 4, 746 2, 000 3, 997	918 23, 439 13, 799	575 1,000 800 3,500		759 945 162 3, 444	
022 023 024 024	NURSI NG SCHOOL I &R SERVI CES-SALARY & I &R SERVI CES-OTHER PR PARAMED ED PRGM-(SPEC 01 PSYCHOLOGY INTERNS PA I NPAT ROUTI NE SRVC CN	4, 661 345	4, 661 345	5, 616	2, 100 113		7, 252 1, 491 268	
025 026 027 028 029	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE U SURGICAL INTENSIVE CA	59, 087 9, 001	59, 087 9, 001	869, 071 140, 340	60, 600 10, 500	24, 779 4, 031	18, 626 4, 651	
031 033	SUBPROVI DER NURSERY ANCI LLARY SRVC COST C	4, 864 1, 986	4, 864 1, 986	76, 495 5, 948	8, 642 700	10, 223	2, 306 1	
037 037 039	OPERATING ROOM O1 ENDOSCOPY DELIVERY ROOM & LABOR	31, 005 8, 124 5, 153	31, 005 8, 124 5, 153	223, 612 40, 419 39, 577	10, 887 1, 500 3, 700		5, 605 571	
040 041 042 042 043	01 ULTRASOUND RADI OLOGY-DI AGNOSTI C 01 CT SCAN 02 MAGNETI C RESONANCE I M RADI OI SOTOPE	656 10, 279 1, 040 642 1, 806	656 10, 279 1, 040 642 1, 806	46, 332 20, 462 4, 654 1, 281	200 2, 300 100		449 3, 538 803 534 613	
044 047 049 050 051 052 053	LABORATORY BLOOD STORING, PROCES RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY	19, 481 1, 918 5, 253 8, 496 1, 133 1, 177 291	19, 481 1, 918 5, 253 8, 496 1, 133 1, 177 291	8, 757 260 55, 233 2, 292	6, 000 200 1, 800 3, 065 273 320 300		9, 983 622 3, 254 2, 059 1, 205 1, 112 25	
	ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI O1 CARDIAC CATHERIZATION O2 MEDICAL REHAB O3 NOTRE DAME OCCUPATION O4 INPATIENT RENAL DIALY	2, 691 1, 400	2, 691	4, 241 21, 436	1, 500		132 337	

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| FROM 10/ 1/2008 | WORKSHEET B-1
| TO 9/30/2009 | COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRI PTI ON	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE O F PERSONNEL
		(TOTAL SQ F T MAINT		(LBS OF LAU)NDRY	(HOURS OF S)ERVICE	(MEALS SERV)ED	(FTE' S)	(NUMBER HOU)SED)
		7	8	9	10	11	12	13
	ANCILLARY SRVC COST C							
0/0	OUTPAT SERVICE COST C	7 000	7 000	1 000	1 000		1 100	
060	CLINIC	7, 232	7, 232	1, 099	1, 988		1, 183	
060	01 NOTRE DAME AMBULATORY	1, 899	1, 899	3, 066	8, 400		1, 004	
060	02 FAMILY CARE CLINIC	14, 831	14, 831		3, 563		2, 219	
060	O3 PEDIATRIC CLINIC O5 BARRINGTON URGENT CAR	1, 164	1, 164	680 198			1, 227	
060 061	EMERGENCY	7, 105	7. 105	156, 669	14, 600		68 6. 779	
062	OBSERVATION BEDS (NON	7, 103	7, 103	130, 009	14, 600		0, 119	
063	O/P CHEMO & IV PROCED	1, 997	1, 997	10, 594	5, 750		461	
003	OTHER REIMBURS COST C	1, 771	1, 777	10, 374	5, 750		401	
071	HOME HEALTH AGENCY	8, 900	8, 900		2,000		7, 225	
071	SPEC PURPOSE COST CEN	0, 700	0, 700		2,000		7,220	
095	SUBTOTALS	366, 956	298, 278	1, 891, 576	164, 476	39, 033	98. 390	
	NONREI MBURS COST CENT	,	,	., ,	,	,	,	
096	GIFT, FLOWER, COFFEE	1, 569	1, 569		600		121	
097	RESEARCH	21, 982	21, 982	4, 219	6, 450		2, 081	
097	O1 UNFUNDED RESEARCH	·	·	•	•		164	
098	PHYSICIANS' PRIVATE O	130	130	5, 235	2, 500		2, 424	
099	NONPALD WORKERS	46	46					
099	O1 FUND RAISING	841	841				75	
099	O2 BANK	9, 151	9, 151		200			
099	03 VACANT SPACE	192	192					
099	04 BILLING OFFICE				23		284	
099	05 O/P MEALS							
099	O6 BROWN MEDICAL STUDENT						175	
099	07 NONREI MBURSABLE SERVI							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER		- 404 7-0	044 057	0.440.050	0 000 744	0 077 450	
103	COST TO BE ALLOCATED	2, 063, 933	5, 194, 758	911, 356	3, 463, 858	2, 038, 741	2, 077, 458	
101	(WRKSHT B, PART I)		15 (2705)	`	10 070700	,	20, 020/42	,
104	UNIT COST MULTIPLIER	5. 148673	15. 637959	, . 479401	19. 878783	52. 231215	20. 030642	
105	(WRKSHT B, PT I) COST TO BE ALLOCATED	3. 140073		. 479401		32. 231213		
105								
106	(WRKSHT B, PART II) UNIT COST MULTIPLIER							
100	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	190, 445	422, 067	84, 701	31, 352	73, 890	41, 494	
107	(WRKSHT B, PART III	170, 443	422,007	04, 701	31, 332	13,070	71,774	
108	UNIT COST MULTIPLIER		1. 270563	}	. 179926	<u>.</u>	. 400081	
.00	(WRKSHT B, PT III)	. 475083	1. 2,0000	, . 044555		1. 893014		
	(5000		. 5 . 1000		5,5011		

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

STICAL BASIS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B-1

I TO 9/30/2009 I COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NURSING ADMI	N CENTRAL SERV CES & SUPPLY		MEDICAL RECO DS & LIBRARY		C DEPARTMENT O	F DEPARTMENT OF CARDIOLOGY
		(DIRECT NUR SING HOURS	(SUPPLY EXP)ENSES	(PHARMACY C)OSTED REGS	(TIME SPENT	(SOCIAL SER)VICE TIME	(MEDICINE M).D. TIME	(CARDI OLOGY) M. D. TIME)
		14	15	16	17	18	19	19. 01
001 002 003 003 01 N 003 02 N 003 05 N 003 06 N 003 07 N 003 10 N 003 11 N 003 12 N 003 14 N 004 005 E 006 01 006 02 I 006 03 P 006 04 A 006 05 E 006 06 07 007 008 009 U 10 0	EENERAL SERVI CE COST JUD CAP REL COSTS-BLD JUD CAP REL COSTS-BLD JUEW CAP REL COSTS-RIC JUEW CAP REL COSTS-WOO JUEW CAP REL COSTS-HOD JUEW CAP REL COSTS-HOD JUEW CAP REL COSTS-OPD JUEW CAP REL COSTS-AMB JUEW CAP REL COSTS-AMB JUEW CAP REL COSTS-AMB JUEW CAP REL COSTS-AMB JUEW CAP REL COSTS-AWI JUEW CAP REL COSTS-NOT JUEW CAP REL COSTS-PRI JUEW CAP							
012 C 013 M 014 N 015 C 016 P 017 M 018 S	CAFETERIA IAINTENANCE OF PERSON JURSING ADMINISTRATIO JENTRAL SERVICES & SU PHARMACY JEDICAL RECORDS & LIB SOCIAL SERVICE JEPARTMENT OF MEDICIN	984, 000	10, 344, 235 10, 536	7, 482, 199 8	10, 000	10, 000	10, 000	
019 01 D 019 02 D 019 03 D 020 N 021 N 022 I	DEPARTMENT OF CARDIOL DEPARTMENT OF SURGERY DEPARTMENT OF FAMILY IONPHYSICIAN ANESTHET JURSING SCHOOL &R SERVICES-SALARY & &R SERVICES-OTHER PR	24, 215	16, 822 1, 033	170, 514 16 4, 004			3, 168	10, 000
024 P 024 01 P	PARAMED ED PRGM-(SPEC PSYCHOLOGY INTERNS PA NPAT ROUTINE SRVC CN						,	
025 A 026 I 027 C 028 B	NDULTS & PEDIATRICS NTENSIVE CARE UNIT CORONARY CARE UNIT SURN INTENSIVE CARE U SURGICAL INTENSIVE CA	367, 914 90, 388	344, 951 136, 355	45, 094 22, 004	6, 518 380	8, 482 1, 339	2, 126 299	
031 S 033 N	SUBPROVIDER JURSERY ANCILLARY SRVC COST C	39, 318 9, 321	25, 407	1, 604	87 182			
037 0 037 01 E	DPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR	114, 151 11, 883 8, 947	841, 559 75, 678	151, 379 553	1, 592			
040 01 U 041 R 042 01 0 042 02 M 043 R 044 L 047 B	ALLIVERY INCOME & LABOR INTERPRETATION OF A	21 104	5, 959 29, 868 153, 508 67, 882 2, 898 1, 585, 508 158, 747 104, 730	228 1, 409 623 252 149 15, 317	104 555 59			
050 P 051 0 052 S	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY		14, 314 11, 021 3, 312	970 219 13	34			
054 E 055 M	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPH IEDI CAL SUPPLI ES CHAR		34 6, 316, 129	92, 557	126 5			10, 000
059 01 0 059 02 M 059 03 N	DRUGS CHARGED TO PATI DARDI AC CATHERIZATION MEDICAL REHAB MOTRE DAME OCCUPATION NPATIENT RENAL DIALY	7, 017	48, 927	6, 823, 693 212				

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
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| FROM 10/ 1/2008 | WORKSHEET B-1
| TO 9/30/2009 | Health Financial Systems MCRIF32

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOI DS & LIBRARY		C DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY
		(DIRECT NUR SING HOURS	(SUPPLY EXP)ENSES	(PHARMACY C)OSTED REGS	(TIME SPENT)	(SOCIAL SER)VICE TIME	(MEDICINE M).D. TIME	(CARDIOLOGY)M. D. TIME)
	ANCILLARY SRVC COST C OUTPAT SERVICE COST C	14	15	16	17	18	19	19. 01
060 060 060 060	CLINIC 01 NOTRE DAME AMBULATORY 02 FAMILY CARE CLINIC 03 PEDIATRIC CLINIC	23, 784 13, 728 43, 507	9, 892 15, 222 21, 873 1, 225	4, 200 54, 393 52, 584 400	83		2, 425	
060 061 062	O5 BARRINGTON URGENT CAR EMERGENCY OBSERVATION BEDS (NON	1, 511 95, 493	232, 051	19, 893	275	179		
063	O/P CHEMO & IV PROCED OTHER REIMBURS COST C	9, 589	23, 518	3, 865				
071	HOME HEALTH AGENCY SPEC PURPOSE COST CEN	123, 109	85, 237	11, 666				
095 096 097	SUBTOTALS NONREIMBURS COST CENT GIFT, FLOWER, COFFEE RESEARCH	984, 000	10, 344, 235	7, 482, 199	10, 000	10, 000	8, 018	10, 000
097 098 099	O1 UNFUNDED RESEARCH PHYSICIANS' PRIVATE O NONPAID WORKERS						1, 355 200	
099 099 099	O1 FUND RAISING O2 BANK O3 VACANT SPACE O4 BILLING OFFICE							
099 099 099	05 O/P MEALS 06 BROWN MEDICAL STUDENT 07 NONREIMBURSABLE SERVI						427	
101 102	CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2, 856, 567	1, 248, 645	2, 385, 011	2, 017, 503	358, 016	1, 545, 276	1, 885, 647
104 105	UNIT COST MULTIPLIER (WRKSHT B, PT I) COST TO BE ALLOCATED	2. 903015	. 120709	. 318758	201. 750300 3	0 35. 801600	154. 527600)) 188. 564700
106	(WRKSHT B, PART II) UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II) COST TO BE ALLOCATED	82, 261	116, 843	45, 955	24, 277	2, 631	78, 001	293, 928
108	(WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III)	. 083599	. 011295	. 006142	2. 427700	0 . 263100	7. 800100	29. 392800

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

STICAL BASIS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B-1

I TO 9/30/2009 I COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DEPARTMENT O SURGERY		NONPHYSI CI AN ANESTHETI STS		O I&R SERVICES SALARY & FRI		- PARAMED ED PR GM-(SPECIFY)
	(SURGERY M. D. TIME	(FAMILY MED)M.D. TIME	(ASSIGNED T)IME	(ASSIGNED T	(I & R ASSI)GNED TIME	(I & R ASSI)GNED TIME	(ANES. ASSI)GNED TIME)
OFNEDAL CEDIMOR COCT	19. 02	19. 03	20	21	22	23	24
GENERAL SERVICE COST OO1 OLD CAP REL COSTS-BLD OO2 OLD CAP REL COSTS-MVB NEW CAP REL COSTS-BLD OO3 O1 NEW CAP REL COSTS-BLD OO3 O2 NEW CAP REL COSTS-BLD OO3 O2 NEW CAP REL COSTS-BLD OO3 O3 NEW CAP REL COSTS-MAC OO3 O4 NEW CAP REL COSTS-MOC OO3 O5 NEW CAP REL COSTS-HOD OO3 O6 NEW CAP REL COSTS-HOD OO3 O7 NEW CAP REL COSTS-OPD OO3 O7 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-ABC OO3 O9 NEW CAP REL COSTS-AMB OO3 10 NEW CAP REL COSTS-AMB OO3 11 NEW CAP REL COSTS-SAY OO3 11 NEW CAP REL COSTS-NOT OO3 12 NEW CAP REL COSTS-PRI OO3 13 NEW CAP REL COSTS-PRI OO3 14 NEW CAP REL COSTS-PRI OO3 15 NEW CAP REL COSTS-PRI OO4 NEW CAP REL COSTS-PRI OO5 EMPLOYEE BENEFITS OO6 O1 COMMUNICATIONS OO6 O2 INFORMATION SERVICES OO6 O3 PURCHASING RECEIVING OO6 O5 BUSINESS OFFICE OO6 O7 GRANTS ADMINISTRATION OO7 MAINTENANCE & REPAIRS OO8 OPERATION OF PLANT OO9 LAUNDRY & LINEN SERVI OO1 DIETARY OO1 CAPREL COSTS & SU OO1 PLANTANCY OO1 ON DIETARY OO1 CAPREL OOS SU OO1 COMMUNICATIONS OO6 OF BUSINESS OFFICE OO6 OFFICE OO7 GRANTS ADMINISTRATION OO7 MAINTENANCE OF PERSON OON OOF PLANT OO7 MAINTENANCE OF PERSON OO1 COMMUNISTRATION OO7 MAINTENANCE OF PERSON OO1 COMMUNISTRALOOF OF PERSON OO1 COMMUNICATIONS OO6 OFFICE OO7 GRANTS ADMINISTRATION OO7 MAINTENANCE OF PERSON OO1 CAPPETMENT OF MEDICIN OO1 DEPARTMENT OF MEDICIN	19. 02	19. 03	20	21	22	23	24
019 01 DEPARTMENT OF CARDIOL 019 02 DEPARTMENT OF SURGERY 019 03 DEPARTMENT OF FAMILY 020 NONPHYSICIAN ANESTHET	8, 893	9, 603					
021 NURSI NG SCHOOL 022 I &R SERVI CES-SALARY & 023 I &R SERVI CES-OTHER PR 024 PARAMED ED PRGM-(SPEC 024 01 PSYCHOLOGY INTERNS PA INPAT ROUTI NE SRVC CN	2, 033	4, 110			77, 698	77, 698	10, 000
O25 ADULTS & PEDIATRICS O26 INTENSIVE CARE UNIT O27 CORONARY CARE UNIT O28 BURN INTENSIVE CARE U O29 SURGICAL INTENSIVE CA O31 SUBPROVIDER		439 62			26, 065 8, 105	26, 065 8, 105	
033 NURSERY ANCI LLARY SRVC COST C		29					
037 OPERATING ROOM 037 01 ENDOSCOPY	2, 869				1, 205	1, 205	10, 000
039 DELIVERY ROOM & LABOR 040 01 ULTRASOUND					978	978	
O41 RADI OLOGY-DI AGNOSTI C O42 O1 CT SCAN					109	109	
042 02 MAGNETIC RESONANCE IM 043 RADIOISOTOPE					0.400	0.400	
044 LABORATORY 047 BLOOD STORING, PROCES					3, 100	3, 100	
049 RESPI RATORY THERAPY 050 PHYSI CAL THERAPY 051 OCCUPATI ONAL THERAPY 052 SPEECH PATHOLOGY					650	650	
052 SPEECH PAIROLOGY 053 ELECTROCARDI OLOGY 054 ELECTROENCEPHALOGRAPH 055 MEDI CAL SUPPLIES CHAR 056 DRUGS CHARGED TO PATI 059 01 CARDI AC CATHERI ZATI ON 059 02 MEDI CAL REHAB 059 03 NOTRE DAME OCCUPATI ON 059 04 INPATI ENT RENAL DI ALY					300 950	300 950	

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| FROM 10/ 1/2008 | WORKSHEET B-1
| TO 9/30/2009 | COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSI CI AN ANESTHETI STS) I&R SERVICES SALARY & FRI		- PARAMED ED PR GM-(SPECIFY)
		(SURGERY M. D. TIME)	(FAMILY MED)M.D. TIME	(ASSIGNED T)IME	(ASSIGNED T)IME	(I & R ASSI)GNED TIME	(I & R ASSI)GNED TIME	(ANES. ASSI)GNED TIME)
		19. 02	19. 03	20	21	22	23	24
	ANCILLARY SRVC COST C							
	OUTPAT SERVICE COST C							
060	CLINIC					9, 312	9, 312	
060 060	O1 NOTRE DAME AMBULATORY O2 FAMILY CARE CLINIC		3, 912			100 22, 473	100 22, 473	
060	O3 PEDIATRIC CLINIC		337			22,473	22,473	
060	O5 BARRINGTON URGENT CAR		007					
061	EMERGENCY					4, 101	4, 101	
062	OBSERVATION BEDS (NON							
063	O/P CHEMO & IV PROCED OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY							
071	SPEC PURPOSE COST CEN							
095	SUBTOTALS	4, 902	8, 889			77, 448	77, 448	10, 000
	NONREI MBURS COST CENT							
096	GIFT, FLOWER, COFFEE					250	250	
097 097	RESEARCH 01 UNFUNDED RESEARCH	46	28			250	250	
098	PHYSI CI ANS' PRI VATE 0	3, 945	686					
099	NONPALD WORKERS	0, 7.10	000					
099	O1 FUND RAISING							
099	O2 BANK							
099	03 VACANT SPACE							
099 099	04 BILLING OFFICE 05 O/P MEALS							
099	06 BROWN MEDICAL STUDENT							
099	07 NONREIMBURSABLE SERVI							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER	450, 400	E 040 /7/			((40 700	F 070 0/4	/4/ 54/
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	459, 423	5, 049, 676			6, 618, 730	5, 373, 064	646, 546
104	UNIT COST MULTIPLIER		525. 843591				69. 153183	}
	(WRKSHT B, PT I)	51. 661194	020.0.007.			85. 18533		64. 654600
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II) COST TO BE ALLOCATED	13, 626	44, 368			10, 954	61, 340	1, 534
107	(WRKSHT B, PART III	13, 020	44, 300			10, 754	01, 340	1, 554
108	UNIT COST MULTIPLIER		4. 620223				. 789467	1
	(WRKSHT B, PT III)	1. 532216				. 14098	2	. 153400

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

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COST ALLOCATION - STATISTICAL BASIS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET B-1

9/30/2009

COST CENTER PSYCHOLOGY IN DESCRIPTION TERNS PARAME

(PSYCHOLOGY ASSIGN TM

24.01 GENERAL SERVICE COST OLD CAP REL COSTS-BLD OLD CAP REL COSTS-MVB 001 002 003 NEW CAP REL COSTS-BLD 003 01 NEW CAP REL COSTS-BLD 003 02 NEW CAP REL COSTS-MAC 03 NEW CAP REL COSTS-RIC 003 04 NEW CAP REL COSTS-WOO 05 NEW CAP REL COSTS-HOD 003 003 06 NEW CAP REL COSTS-IND 06 NEW CAP REL COSTS-OPD 07 NEW CAP REL COSTS-GAR 08 NEW CAP REL COSTS-ABC 003 003 003 09 NEW CAP REL COSTS-AMB 10 NEW CAP REL COSTS-SAY 003 003 11 NEW CAP REL COSTS-NOT 003 003 12 NEW CAP REL COSTS-PRI 13 NEW CAP REL 555 PROSP 003 14 NEW CAP REL COSTS - P NEW CAP REL COSTS-MVB 003 004 005 EMPLOYEE BENEFITS 006 01 COMMUNICATIONS 02 INFORMATION SERVICES 006 03 PURCHASING RECEIVING 006 O4 ADMITTING 006 05 BUSINESS OFFICE 006 O6 OTHER ADMINISTRATIVE
O7 GRANTS ADMINISTRATION 006 006 MAINTENANCE & REPAIRS 007 OPERATION OF PLANT 800 009 LAUNDRY & LINEN SERVI 010 HOUSEKEEPI NG 011 DI ETARY 012 **CAFETERIA** MAINTENANCE OF PERSON 013 NURSING ADMINISTRATIO CENTRAL SERVICES & SU 014 015 PHARMACY 016 MEDICAL RECORDS & LIB 017 SOCI AL SERVICE
DEPARTMENT OF MEDICIN
01 DEPARTMENT OF CARDIOL
02 DEPARTMENT OF SURGERY 018 019 019 019 019 03 DEPARTMENT OF FAMILY 020 NONPHYSICIAN ANESTHET 021 NURSING SCHOOL I &R SERVICES-SALARY & I &R SERVICES-OTHER PR PARAMED ED PRGM-(SPEC 01 PSYCHOLOGY INTERNS PA 022 023 024 024 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS 025 INTENSIVE CARE UNIT 026 027 CORONARY CARE UNIT BURN INTENSIVE CARE U 028 029 SURGICAL INTENSIVE CA 031 SUBPROVI DER 033 NURSERY ANCILLARY SRVC COST C 037 OPERATING ROOM 01 ENDOSCOPY 037 DELIVERY ROOM & LABOR 039 ULTRASOUND 040 041 RADI OLOGY-DI AGNOSTI C 042 01 CT SCAN 02 MAGNETIC RESONANCE IM 042 043 RADI OI SOTOPE 044 LABORATORY 047 BLOOD STORING, PROCES 049 RESPIRATORY THERAPY PHYSI CAL THERAPY 050 OCCUPATIONAL THERAPY 051 SPEECH PATHOLOGY FLECTROCARDIOLOGY 052 053 ELECTROENCEPHALOGRAPH 054 MEDICAL SUPPLIES CHAR 055 056 DRUGS CHARGED TO PATI 059 CARDI AC CATHERI ZATI ON 02 MEDICAL REHAB 059 059 O3 NOTRE DAME OCCUPATION

04 INPATIENT RENAL DIALY

COST CENTER PSYCHOLOGY IN DESCRI PTI ON TERNS PARAME

(PSYCHOLOGY ASSIGN TM 24.01

ANCILLARY SRVC COST C OUTPAT SERVICE COST C 060 CLI NI C O1 NOTRE DAME AMBULATORY
O2 FAMILY CARE CLINIC 060 060 060 03 PEDIATRIC CLINIC O5 BARRINGTON URGENT CAR 060 061 **EMERGENCY** OBSERVATION BEDS (NON 062 O/P CHEMO & IV PROCED OTHER REIMBURS COST C HOME HEALTH AGENCY SPEC PURPOSE COST CEN 063 071 SUBTOTALS 095 NONREIMBURS COST CENT 096 GIFT, FLOWER, COFFEE 097 RESEARCH 01 UNFUNDED RESEARCH PHYSI CI ANS' PRI VATE O NONPAI D WORKERS 097 098 099 099 01 FUND RAISING 099 02 BANK 02 BANK
03 VACANT SPACE
04 BILLING OFFICE
05 O/P MEALS
06 BROWN MEDICAL STUDENT 099 099 099 099 099 07 NONREI MBURSABLE SERVI 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER COST TO BE ALLOCATED

(PER WRKSHT B, PART 103 (PER WRKSHI B, PARI UNIT COST MULTIPLIER (WRKSHT B, PT I) COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II) COST TO BE ALLOCATED 104 105

(PER WRKSHT B, PART UNIT COST MULTIPLIER

(WRKSHT B, PT III)

106 107

108

MCRI F32 Health Financial Systems

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(07/2009)

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| HARGES | 41-0001 | FROM 10/ 1/2008 | WORKSHEET C COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO	COST CENTER DESCRIPTION D.	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI SALLOWANCE 4	TOTAL COSTS 5
25 26 27 28	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	25, 506, 799 6, 626, 510		25, 506, 799 6, 626, 510		25, 506, 799 6, 626, 510
29 31 33	SURGICAL INTENSIVE CARE U SUBPROVIDER NURSERY ANCILLARY SRVC COST CNTRS	3, 457, 786 208, 052		3, 457, 786 208, 052	32, 258	3, 490, 044 208, 052
39	OPERATING ROOM D1 ENDOSCOPY DELIVERY ROOM & LABOR ROO D1 ULTRASOUND RADIOLOGY-DIAGNOSTIC	10, 769, 279 1, 308, 003 257, 133 753, 144 5, 185, 359		10, 769, 279 1, 308, 003 257, 133 753, 144 5, 185, 359		10, 769, 279 1, 308, 003 257, 133 753, 144 5, 185, 359
42 (42 (43 44	D1 CT SCAN D2 MAGNETIC RESONANCE IMAGIN RADIOISOTOPE LABORATORY	1, 778, 365 998, 864 824, 967 13, 770, 657		1, 778, 365 998, 864 824, 967 13, 770, 657		1, 778, 365 998, 864 824, 967 13, 770, 657
47 49 50 51 52	BLOOD STORING, PROCESSING RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY	1, 912, 290 4, 023, 679 3, 045, 329 1, 513, 146 1, 274, 587		1, 912, 290 4, 023, 679 3, 045, 329 1, 513, 146 1, 274, 587	2, 685	1, 912, 290 4, 026, 364 3, 045, 329 1, 513, 146 1, 274, 587
53 54 55 56	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	2, 058, 143 581, 337 8, 760, 218 10, 852, 202		2, 058, 143 581, 337 8, 760, 218 10, 852, 202		2, 058, 143 581, 337 8, 760, 218 10, 852, 202
59 (59 (D1 CARDIAC CATHERIZATION LAB D2 MEDICAL REHAB D3 NOTRE DAME OCCUPATIONAL M D4 INPATIENT RENAL DIALYSIS	750, 782 302, 839		750, 782 302, 839		750, 782 302, 839
60 (OUTPAT SERVICE COST CNTRS CLINIC D1 NOTRE DAME AMBULATORY CLI D2 FAMILY CARE CLINIC	1, 483, 680 1, 137, 678 4, 513, 951		1, 483, 680 1, 137, 678 4, 513, 991		1, 483, 680 1, 137, 678 4, 513, 991
	D3 PEDIATRIC CLINIC D5 BARRINGTON URGENT CARE EMERGENCY OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES	652, 359 51, 078 7, 794, 587 1, 035, 005 966, 307		652, 359 51, 078 7, 794, 587 1, 035, 005 966, 307	22, 088	652, 359 51, 078 7, 816, 675 1, 035, 005 966, 307
101 102 103	OTHER REIMBURS COST CNTRS SUBTOTAL LESS OBSERVATION BEDS TOTAL	124, 154, 155 1, 035, 005 123, 119, 150		124, 154, 155 1, 035, 005 123, 119, 150	57, 031 57, 031	124, 211, 186 1, 035, 005 123, 176, 181

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(07/2009)

| PROVIDER NO: | PERIOD: | PREPARED 4/12/2010
| HARGES | 41-0001 | FROM 10/ 1/2008 | WORKSHEET C MCRI F32 Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO	COST CENTER DESCRIPTION	I NPATI ENT CHARGES	OUTPATI ENT CHARGES	TOTAL CHARGES	COST OR OTHER RATIO	TEFRA INPAT- IENT RATIO	PPS INPAT- IENT RATIO
	INPAT ROUTINE SRVC CNTRS	6	7	8	9	10	11
25	ADULTS & PEDIATRICS	33, 707, 602		33, 707, 602			
26	INTENSIVE CARE UNIT	12, 032, 936		12, 032, 936			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVI DER	3, 994, 325		3, 994, 325			
33	NURSERY ANCILLARY SRVC COST CNTRS	942, 386		942, 386			
37	OPERATING ROOM	9, 427, 787	17, 440, 541	26, 868, 328	. 400817	. 400817	. 400817
	1 ENDOSCOPY	1, 412, 658	2, 896, 071	4, 308, 729	. 303570		. 303570
39	DELIVERY ROOM & LABOR ROO	953, 591	452, 570	1, 406, 161	. 182862		. 182862
	1 ULTRASOUND	2, 195, 904	5. 838. 194	8, 034, 098	. 093743		. 093743
41	RADI OLOGY-DI AGNOSTI C	3, 274, 837	7, 338, 814	10, 613, 651	. 488556	. 488556	. 488556
	1 CT SCAN	5, 851, 570	11, 686, 717	17, 538, 287	. 101399		. 101399
	2 MAGNETIC RESONANCE IMAGIN	2, 897, 869	6, 163, 330	9, 061, 199	. 110235	. 110235	. 110235
43	RADI OI SOTOPE	1, 078, 136	1, 683, 567	2, 761, 703	. 298717		. 298717
44	LABORATORY	34, 758, 297	31, 081, 444	65, 839, 741	. 209154		. 209154
47	BLOOD STORING, PROCESSING	1, 344, 409	676, 182	2, 020, 591	. 946401	. 946401	. 946401
49 50	RESPI RATORY THERAPY	6, 679, 030	1, 037, 194 7, 115, 899	7, 716, 224	. 521457 . 292368		. 521805 . 292368
50 51	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	3, 300, 186 2, 257, 089	7, 115, 899 2, 843, 651	10, 416, 085 5, 100, 740	. 292308		. 292368
52	SPEECH PATHOLOGY	877, 957	1, 687, 301	2, 565, 258	. 496865		. 496865
53	ELECTROCARDI OLOGY	2, 851, 975	2, 712, 716	5, 564, 691	. 369858		. 369858
54	ELECTROENCEPHALOGRAPHY	131, 177	1, 350, 531	1, 481, 708	. 392342		. 392342
55	MEDICAL SUPPLIES CHARGED	11, 515, 945	7, 915, 034	19, 430, 979	. 450838		. 450838
56	DRUGS CHARGED TO PATIENTS	13, 872, 842	15, 425, 907	29, 298, 749	. 370398		. 370398
	1 CARDIAC CATHERIZATION LAB	415, 704	386, 805	802, 509	. 935543	. 935543	. 935543
	2 MEDICAL REHAB						
	3 NOTRE DAME OCCUPATIONAL M	E44 004		5.4. OO.	55.4050	55,4050	55,4050
59 0	4 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	546, 386		546, 386	. 554258	. 554258	. 554258
60	CLINIC		1, 016, 150	1, 016, 150	1. 460099	1. 460099	1. 460099
	1 NOTRE DAME AMBULATORY CLI		1, 292, 640	1, 292, 640	. 880120		. 880120
	2 FAMILY CARE CLINIC		3, 385, 740	3, 385, 740	1. 333236		1. 333236
	3 PEDIATRIC CLINIC		1, 786, 133	1, 786, 133	. 365235	. 365235	. 365235
60 0	5 BARRINGTON URGENT CARE		9, 282	9, 282	5. 502909		5. 502909
61	EMERGENCY	892, 058	16, 178, 458	17, 070, 516	. 456611	. 456611	. 457905
62	OBSERVATION BEDS (NON-DIS	10, 975	1, 512, 255	1, 523, 230	. 679480		. 679480
63	O/P CHEMO & IV PROCEDURES	2, 997	1, 538, 184	1, 541, 181	. 626991	. 626991	. 626991
	OTHER REIMBURS COST CNTRS	457 007 755	450 454 0:-	000 /77 5			
101	SUBTOTAL	157, 226, 628	152, 451, 310	309, 677, 938			
102 103	LESS OBSERVATION BEDS TOTAL	157, 226, 628	152, 451, 310	309. 677. 938			
103	IVIAL	137, 220, 020	132, 431, 310	307, 011, 730			

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND **NOT A CMS WORKSHEET **
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(07/2009)

I FROM 10/ 1/2008 I

I TO

9/30/2009 I

41-0001

8, 427, 529

1, 035, 005

136, 107, 365 1, 035, 005

135, 072, 360

966, 307

22, 088

57, 031

57, 031

8, 449, 617

1, 035, 005

136, 164, 396 1, 035, 005

135, 129, 391

966, 307

I PREPARED 4/12/2010

WORKSHEET C

PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES SPECIAL TITLE XIX WORKSHEET

61

62

63

101

102 103 **EMERGENCY**

SUBTOTAL

TOTAL

OBSERVATION BEDS (NON-DIS

O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS

LESS OBSERVATION BEDS

WKST A COST CENTER DESCRIPTION WKST B, PT I THERAPY TOTAL RCE TOTAL LINE NO. COL. 27 ADJUSTMENT COSTS DI SALLOWANCE COSTS INPAT ROUTINE SRVC CNTRS 25 ADULTS & PEDIATRICS INTENSIVE CARE UNIT 29, 529, 632 29, 529, 632 29, 529, 632 26 7.877.424 7.877.424 7, 877, 424 27 CORONARY CARE UNIT BURN INTENSIVE CARE UNIT 28 29 SURGICAL INTENSIVE CARE U 3, 457, 786 3, 457, 786 3, 490, 044 31 SUBPROVI DER 32, 258 33 NURSERY 208, 052 208, 052 208, 052 ANCILLARY SRVC COST CNTRS 37 OPERATING ROOM 10, 955, 257 10, 955, 257 10, 955, 257 37 01 ENDOSCOPY 1, 308, 003 1, 308, 003 1, 308, 003 DELIVERY ROOM & LABOR ROO 39 408, 076 408,076 408, 076 40 01 ULTRASOUND 753, 144 753, 144 753, 144 RADI OLOGY-DI AGNOSTI C 5, 202, 182 1, 778, 365 998, 864 5, 202, 182 41 5, 202, 182 1, 778, 365 998, 864 1, 778, 365 998, 864 O1 CT SCAN
O2 MAGNETIC RESONANCE IMAGIN 42 42 824, 967 14, 249, 107 1, 912, 290 RADI OI SOTOPE 824, 967 824, 967 43 14, 249, 107 1, 912, 290 LABORATORY 14, 249, 107 1, 912, 290 44 47 BLOOD STORING, PROCESSING RESPIRATORY THERAPY 49 4, 123, 999 4, 123, 999 2, 685 4, 126, 684 50 PHYSI CAL THERAPY 3, 045, 329 3, 045, 329 3, 045, 329 OCCUPATIONAL THERAPY 1, 513, 146 51 1, 513, 146 1, 513, 146 52 SPEECH PATHOLOGY 1, 274, 587 1, 274, 587 1, 274, 587 2, 104, 445 727, 959 2, 104, 445 53 ELECTROCARDI OLOGY 2, 104, 445 54 ELECTROENCEPHALOGRAPHY 727, 959 727, 959 55 MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS 8, 760, 218 10, 852, 202 8, 760, 218 8, 760, 218 10, 852, 202 56 10, 852, 202 DRUGS CHARGED TO PATTENTS
O1 CARDIAC CATHERIZATION LAB
O2 MEDICAL REHAB
O3 NOTRE DAME OCCUPATIONAL M
O4 INPATIENT RENAL DIALYSIS 59 750, 782 750, 782 750, 782 59 59 59 302.839 302, 839 302, 839 OUTPAT SERVICE COST CNTRS 60 CLI NI C 2, 920, 880 2, 920, 880 2, 920, 880 O1 NOTRE DAME AMBULATORY CLI 1, 153, 112 1, 153, 112 1, 153, 112 60 02 FAMILY CARE CLINIC 7, 982, 440 7, 982, 440 7, 982, 440 03 PEDIATRIC CLINIC 652, 359 652, 359 652, 359 05 BARRINGTON URGENT CARE 51, 078 51,078 51,078

8, 427, 529

1, 035, 005

136, 107, 365 1, 035, 005

135, 072, 360

966, 307

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND **NOT A CMS WORKSHEET **

(07/2009)

I FROM 10/ 1/2008 I

9/30/2009

41-0001

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. 892060

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. 494983

. 679480

. 626991

PREPARED 4/12/2010

WORKSHEET C

PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES SPECIAL TITLE XIX WORKSHEET

O1 NOTRE DAME AMBULATORY CLI

OBSERVATION BEDS (NON-DIS

O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS

LESS OBSERVATION BEDS

O5 BARRINGTON URGENT CARE

02 FAMILY CARE CLINIC

03 PEDIATRIC CLINIC

EMERGENCY

SUBTOTAL

TOTAL

60

60

61

62

63

101

102

103

WKST A COST CENTER DESCRIPTION I NPATI ENT **OUTPATIENT** TOTAL COST OR TEFRA INPAT-PPS INPAT-LINE NO. CHARGES CHARGES CHARGES OTHER RATIO IENT RATIO IENT RATIO 9 10 8 INPAT ROUTINE SRVC CNTRS 33, 707, 602 33, 707, 602 25 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT 12, 032, 936 12, 032, 936 27 CORONARY CARE UNIT BURN INTENSIVE CARE UNIT 28 29 SURGICAL INTENSIVE CARE U 31 SUBPROVI DER 3, 994, 325 3, 994, 325 33 NURSERY 942, 386 942, 386 ANCILLARY SRVC COST CNTRS 37 OPERATING ROOM 9, 427, 787 . 407739 . 407739 . 407739 17, 440, 541 26, 868, 328 37 **ENDOSCOPY** 1, 412, 658 2, 896, 071 4, 308, 729 303570 . 303570 . 303570 39 DELIVERY ROOM & LABOR ROO 953, 591 452, 570 1, 406, 161 290206 290206 290206 40 01 ULTRASOUND 2, 195, 904 5, 838, 194 8,034,098 093743 . 093743 . 093743 RADI OLOGY-DI AGNOSTI C 41 3, 274, 837 7, 338, 814 10, 613, 651 490141 490141 . 490141 42 01 CT SCAN 5, 851, 570 11, 686, 717 17, 538, 287 101399 101399 . 101399 02 MAGNETIC RESONANCE IMAGIN 9, 061, 199 . 110235 42 2, 897, 869 6, 163, 330 110235 110235 RADI OI SOTOPE 1, 078, 136 . 298717 43 2, 761, 703 298717 298717 1, 683, 567 31, 081, 444 LABORATORY 34, 758, 297 65, 839, 741 44 216421 216421 216421 47 676, 182 BLOOD STORING, PROCESSING 1, 344, 409 946401 946401 946401 2,020,591 49 RESPIRATORY THERAPY 6, 679, 030 1, 037, 194 7, 716, 224 534458 . 534458 . 534806 50 PHYSI CAL THERAPY 3, 300, 186 7, 115, 899 10, 416, 085 292368 . 292368 . 292368 OCCUPATIONAL THERAPY 5, 100, 740 51 2, 257, 089 2, 843, 651 296652 296652 296652 52 SPEECH PATHOLOGY 877, 957 1, 687, 301 2, 565, 258 496865 496865 . 496865 53 ELECTROCARDI OLOGY 2, 851, 975 2, 712, 716 5, 564, 691 378178 . 378178 . 378178 54 ELECTROENCEPHALOGRAPHY 131, 177 1, 350, 531 1, 481, 708 491297 . 491297 . 491297 55 MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS 11, 515, 945 7, 915, 034 19, 430, 979 450838 450838 . 450838 29, 298, 749 56 13, 872, 842 15, 425, 907 370398 370398 370398 01 CARDIAC CATHERIZATION LAB 59 415, 704 386, 805 802, 509 935543 . 935543 . 935543 02 MEDICAL REHAB 59 O3 NOTRE DAME OCCUPATIONAL M 59 04 INPATIENT RENAL DIALYSIS 59 546 386 546, 386 554258 554258 554258 OUTPAT SERVICE COST CNTRS 60 CLI NI C 1, 016, 150 1,016,150 2.874458 2.874458 2.874458

1, 292, 640

3, 385, 740

1, 786, 133

16, 178, 458

1, 512, 255

1, 538, 184

152, 451, 310

152, 451, 310

892, 058

10, 975

157, 226, 628

157, 226, 628

2, 997

9, 282

1, 292, 640

3, 385, 740

1, 786, 133

17, 070, 516

1, 523, 230

1, 541, 181

309, 677, 938

309, 677, 938

9, 282

WKST LI NE		COST CENTER DESCRIPTION		CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPI TAL REDUCTI ON 4	T COST NET OF CAP AND OPER COST REDUCTION 6
37 37 39	01	ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROO	1, 308, 003		1, 165, 001		10, 769, 279 1, 308, 003 257, 133
40 41 42	01	ULTRASOUND RADI OLOGY-DI AGNOSTI C CT SCAN	753, 144 5, 185, 359 1, 778, 365	20, 329 437, 687 171, 100	1, 607, 265		753, 144 5, 185, 359 1, 778, 365
42 43 44	02	MAGNETIC RESONANCE IMAGIN RADIOISOTOPE LABORATORY	824, 967 13, 770, 657	8, 011 427, 126	902, 699 816, 956 13, 343, 531		998, 864 824, 967 13, 770, 657
47 49 50 51		BLOOD STORING, PROCESSING RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	4, 023, 679 3, 045, 329	444, 416 116, 401	1, 903, 169 3, 579, 263 2, 928, 928 1, 444, 970		1, 912, 290 4, 023, 679 3, 045, 329 1, 513, 146
52 53 54		SPEECH PATHOLOGY ELECTROCARDI OLOGY	1, 274, 587 2, 058, 143	12, 001 304, 455	1, 262, 586 1, 753, 688		1, 274, 587 2, 058, 143 581, 337
55 56 59		MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS CARDIAC CATHERIZATION LAB	8, 760, 218 10, 852, 202	89, 490 65, 310	8, 670, 728 10, 786, 892 589, 943		8, 760, 218 10, 852, 202 750, 782
59 59 59	03	MEDICAL REHAB NOTRE DAME OCCUPATIONAL M INPATIENT RENAL DIALYSIS	302, 839	579	302, 260		302, 839
60 60 60		OUTPAT SERVICE COST CNTRS CLINIC NOTRE DAME AMBULATORY CLI	1, 483, 680 1, 137, 678	12, 429	1, 343, 506 1, 125, 249		1, 483, 680 1, 137, 678
60 60 61	03 05	FAMILY CARE CLINIC PEDIATRIC CLINIC BARRINGTON URGENT CARE EMERGENCY	4, 513, 991 652, 359 51, 078	197, 595 28, 945 228 118, 157	4, 316, 396 623, 414 50, 850 7, 676, 430		4, 513, 991 652, 359 51, 078 7, 794, 587
62 63		OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	1, 035, 005	24, 750	1, 010, 255 895, 460		1, 035, 005 966, 307
101 102 103		SUBTOTAL LESS OBSERVATION BEDS TOTAL	88, 355, 008 1, 035, 005 87, 320, 003	24, 750	84, 530, 633 1, 010, 255 83, 520, 378		88, 355, 008 1, 035, 005 87, 320, 003

WKST LINE		COST CENTER DESCRIPTION	CHARGES		I/P PT B COST TO CHRG RATIO
			7	8	9
37 37 39	01	ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROO	26, 868, 328 4, 308, 729 1, 406, 161	. 303570	. 400817 . 303570 . 182862
40	01	ULTRASOUND	8, 034, 098		. 093743
41	0.4	RADI OLOGY-DI AGNOSTI C	10, 613, 651		. 488556
42 42		CT SCAN MAGNETIC RESONANCE IMAGIN	17, 538, 287 9, 061, 199	. 101399 . 110235	. 101399 . 110235
42	02	RADI OI SOTOPE	2, 761, 703	. 298717	. 298717
44		LABORATORY	65, 839, 741	. 209154	. 209154
47		BLOOD STORING, PROCESSING	2, 020, 591	. 946401	. 946401
49		RESPI RATORY THERAPY	7, 716, 224		. 521457
50		PHYSI CAL THERAPY	10, 416, 085	. 292368	. 292368
51		OCCUPATIONAL THERAPY	5, 100, 740		. 296652
52 53		SPEECH PATHOLOGY ELECTROCARDI OLOGY	2, 565, 258 5, 564, 691	. 496865 . 369858	. 496865 . 369858
54		ELECTROENCEPHALOGRAPHY	1, 481, 708		
55		MEDICAL SUPPLIES CHARGED	19, 430, 979		
56		DRUGS CHARGED TO PATIENTS	29, 298, 749		
59		CARDIAC CATHERIZATION LAB	802, 509	. 935543	. 935543
59		MEDICAL REHAB			
59 59		NOTRE DAME OCCUPATIONAL M	546, 386	. 554258	. 554258
37	04	OUTPAT SERVICE COST CNTRS	540, 560	. 554256	. 554256
60		CLI NI C	1, 016, 150	1. 460099	1. 460099
60		NOTRE DAME AMBULATORY CLI	1, 292, 640	. 880120	. 880120
60		FAMILY CARE CLINIC	3, 385, 740		1. 333236
60		PEDIATRIC CLINIC	1, 786, 133	. 365235	. 365235
60	05	BARRINGTON URGENT CARE	9, 282 17, 070, 516	5. 502909	
61 62		EMERGENCY OBSERVATION BEDS (NON-DIS	1, 523, 230		. 456611 . 679480
63		O/P CHEMO & IV PROCEDURES	1, 523, 230		. 626991
		OTHER REIMBURS COST CNTRS	., 5 , 101	. 020771	. 020//1
101		SUBTOTAL	259, 000, 689		
102		LESS OBSERVATION BEDS	1, 523, 230		
103		TOTAL	257, 477, 459		

WKST /		COST CENTER DESCRIPTION	WKST B, PT I	CAPITAL COST WKST B PT II III, COL. 27	OPERATING COST NET OF CAPITAL COST 3	CAPI TAL REDUCTI ON 4	OPERATING COST REDUCTION AMOUNT (5	COST NET OF CAP AND OPER COST REDUCTION 6
37 37 39 40 41	01	ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROO ULTRASOUND RADIOLOGY-DIAGNOSTIC	753, 144 5, 202, 182	627, 239 143, 002 17, 364 20, 329 437, 687	10, 328, 018 1, 165, 001 390, 712 732, 815 4, 764, 495	62, 724 14, 300 1, 736 2, 033 43, 769	67, 570 22, 661 42, 503 276, 341	383, 679 708, 608 4, 882, 072
42 42 43 44 47		CT SCAN MAGNETIC RESONANCE IMAGIN RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSING	824, 967 14, 249, 107	171, 100 96, 165 8, 011 427, 126 9, 121	1, 607, 265 902, 699 816, 956 13, 821, 981 1, 903, 169	17, 110 9, 617 801 42, 713 912	52, 357 47, 383 801, 675	13, 404, 719
49 50 51 52 53		RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY	4, 123, 999 3, 045, 329 1, 513, 146 1, 274, 587 2, 104, 445	444, 416 116, 401 68, 176 12, 001 304, 455	3, 679, 583 2, 928, 928 1, 444, 970 1, 262, 586 1, 799, 990	44, 442 11, 640 6, 818 1, 200 30, 446	169, 878 83, 808 73, 230	2, 863, 811 1, 422, 520 1, 200, 157
54 55 56 59 59		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS CARDIAC CATHERIZATION LAB MEDICAL REHAB	727, 959 8, 760, 218 10, 852, 202 750, 782	12, 439 89, 490 65, 310 160, 839	715, 520 8, 670, 728 10, 786, 892 589, 943	1, 244 8, 949 6, 531 16, 084	41, 500 502, 902 625, 640	685, 215 8, 248, 367 10, 220, 031
	03	NOTRE DAME OCCUPATIONAL M INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC	302, 839 2, 920, 880	579 140, 174	302, 260 2, 780, 706	58 14, 017	•	•
60 60 60	02 03	NOTRE DAME AMBULATORY CLI FAMILY CARE CLINIC PEDIATRIC CLINIC BARRINGTON URGENT CARE	1, 153, 112 7, 982, 440 652, 359 51, 078	12, 429 197, 595 28, 945 228	1, 140, 683 7, 784, 845 623, 414 50, 850	1, 243 19, 760 2, 895 23	451, 521 36, 158 2, 949	7, 511, 159 613, 306 48, 106
61 62 63		EMERGENCY OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS SUBTOTAL	8, 427, 529 1, 035, 005 966, 307 95, 034, 471	118, 157 24, 750 70, 847 3, 824, 375	8, 309, 372 1, 010, 255 895, 460 91, 210, 096	11, 816 2, 475 7, 085 382, 441	58, 595 51, 937	973, 935 907, 285
102 103		LESS OBSERVATION BEDS TOTAL	1, 035, 005 93, 999, 466	24, 750 3, 799, 625	1, 010, 255 90, 199, 841	2, 475 379, 966	58, 595	973, 935 88, 387, 909

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND **NOT A CMS WORKSHEET ** (09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

CHARGE RATIOS NET OF REDUCTIONS I FROM 10/ 1/2008 I WORKSHEET C

SPECIAL TITLE XIX WORKSHEET I I TO 9/30/2009 I PART II

WKST		COST CENTER DESCRIPTION			I/P PT B COST TO CHRG RATIO
LINE	NO.		7	8	9
37 37 39	01	ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROO	26, 868, 328 4, 308, 729 1, 406, 161	. 383109 . 284570	
40	01	ULTRASOUND	8, 034, 098	. 088200	. 093490
41 42		RADI OLOGY-DI AGNOSTI C	10, 613, 651 17, 538, 287	. 459980	. 486017 . 100423
42 43		MAGNETIC RESONANCE IMAGIN RADIOISOTOPE	9, 061, 199 2, 761, 703	. 103396 . 281270	. 109174 . 298427
44 47		LABORATORY BLOOD STORING, PROCESSING	65, 839, 741 2, 020, 591	. 203596 . 891320	. 215772 . 945950
49 50		RESPIRATORY THERAPY PHYSICAL THERAPY	7, 716, 224 10, 416, 085	. 274941	. 528699 . 291250
51 52 53		OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY	5, 100, 740 2, 565, 258	. 467850	. 295316 . 496397
54 55		ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED	5, 564, 691 1, 481, 708 19, 430, 979	. 462449	
56		DRUGS CHARGED TO PATIENTS	29, 298, 749	. 348821	. 370175
59 59	02	CARDI AC CATHERI ZATI ON LAB MEDI CAL REHAB	802, 509	. 872864	. 915501
59 59		NOTRE DAME OCCUPATIONAL M INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	546, 386		. 554152
60	01	CLINIC NOTRE DAME AMBULATORY CLI	1, 016, 150		2. 860663
60 60		FAMILY CARE CLINIC	1, 292, 640 3, 385, 740	. 839916 2. 218469	. 891098 2. 351829
60	03	PEDIATRIC CLINIC	1, 786, 133	. 343371	. 363615
60	05	BARRINGTON URGENT CARE	9, 282		
61 62		EMERGENCY OBSERVATION BEDS (NON-DIS	17, 070, 516 1, 523, 230		
63		O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	1, 541, 181	. 588695	
101 102 103		SUBTOTAL LESS OBSERVATION BEDS TOTAL	259, 000, 689 1, 523, 230 257, 477, 459		

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | 41-0001 | FROM 10/ 1/2008 | WORKSHEET D

TITLE NAME OF A PROPERTY OF A P

TITLE XVIII, PART A PP

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II)	OLD CAPITAL SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, III)	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST
	INPAT ROUTINE SRVC CNTRS	'	2	3	7	3	6
25	ADULTS & PEDIATRICS				609, 935		609, 935
26	INTENSIVE CARE UNIT				129, 454		129, 454
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	l					
31	SUBPROVI DER				93, 275		93, 275
33	NURSERY				41, 395		41, 395
101	TOTAL				874, 059		874, 059

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:

ERVICE CAPITAL COSTS | 41-0001 MCRI F32 Health Financial Systems

IN LIEU OF FORM CMS-2552-96(09/1997)

10: | PERIOD: | PREPARED 4/12/2010

1 FROM 10/ 1/2008 | WORKSHEET D

1 TO 9/30/2009 | PART | APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATI ENT DAYS 7	I NPATI ENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	25, 827	10, 198			23. 62	240, 877
26	INTENSIVE CARE UNIT	4, 031	1, 906			32. 11	61, 202
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVI DER	3, 386	1, 385			27. 55	38, 157
33	NURSERY	1, 009				41.03	
101	TOTAL	34, 253	13, 489				340, 236

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:
ERVICE CAPITAL COSTS I 41-0001
I COMPONENT NO: IN LIEU OF FORM CMS-2552-96(09/1996)

NO: | PERIOD: | PREPARED 4/12/2010
| FROM 10/ 1/2008 | WORKSHEET D

NO: | TO 9/30/2009 | PART || MCRI F32 Health Financial Systems

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

41-0001

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WKST LI NE		COST CENTER DESCRIPTION	RELATED COST	NEW CAPITAL RELATED COST	CHARGES	CHARGES	OLD CAPI CST/CHRG RATIO	COSTS	
		ANOLI LADV CDVO COCT ONTDO			3	4	5	6	
0.7		ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROO ULTRASOUND RADIOLOGY-DIAGNOSTIC CT SCAN MAGNETIC RESONANCE IMAGIN RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSING RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLO		/07 000	0/ 0/0 000	0 070 007			
37	0.4	UPERATING ROUM		627, 239	26, 868, 328	2, 973, 807			
37	ΟI	ENDOSCOPY		143, 002	4, 308, 729	556, 562			
39	0.4	DELIVERY ROOM & LABOR ROO		17, 364	1, 406, 161	2,879			
40	ΟI	ULTRASOUND		20, 329	8, 034, 098	556, 562 2, 879 242, 446 2, 012, 424			
41	01	RADI OLOGY - DI AGNOSTI C		437, 687	10, 613, 651	2, 012, 424			
42	01	CI SCAN		1/1, 100	17, 538, 287				
42	02	MAGNETIC RESUNANCE IMAGIN		96, 165	9, 061, 199				
43		RADI UI SUTUPE		8,011	2, 761, 703				
44		LABURATURY		427, 126	65, 839, 741	15, 122, 314			
47		BLUUD STURTING, PRUCESSTING		9, 121	2, 020, 591				
49		RESPIRATURY THERAPY		444, 416	7, 716, 224				
50		PHYSICAL THERAPY		116, 401	10, 416, 085				
51		CDEECH DATHOLOGY		68, 176 12, 001	5, 100, 740				
52		SPEECH PATHULUGY		12,001	2, 565, 258				
53		ELECTROCARDI ULUGI		304, 455	5, 504, 691	1, 121, 976			
54 55		MEDICAL CURRENCE CHARGER		12, 439	1, 481, 708				
55		DDUCE CHARGED TO DATIENTS		89, 490 45, 210	19, 430, 979				
56	01	CARRIAG CATHERIZATION LAR		140,020	29, 298, 749				
59 59	01	MEDICAL REHAB		100, 839	802, 509	233, 026			
59 59	02	NOTRE DAME OCCUPATIONAL M							
59 59		INPATIENT RENAL DIALYSIS		579	546, 386	262, 968			
39	04	OUTPAT SERVICE COST CNTRS		3/9	340, 300	202, 900			
60				140, 174	1, 016, 150				
		NOTRE DAME AMBULATORY CLI		12, 429	1, 292, 640				
60		FAMILY CARE CLINIC		197, 595	3, 385, 740				
60		PEDIATRIC CLINIC		28, 945	1, 786, 133				
60		BARRINGTON URGENT CARE		20, 943	9, 282				
61		EMEDGENCY		118, 157					
62		EMERGENCY OBSERVATION BEDS (NON-DIS		24, 750	1, 523, 230				
63		O/P CHEMO & IV PROCEDURES		70 847	1, 541, 181				
03		OTHER REIMBURS COST CNTRS		70, 647	1, 341, 101				
101		TOTAL		3 824 375	259, 000, 689	41, 944, 462			
101		TOTAL		5, 524, 575	257, 000, 009	71, 744, 402			

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:
RVICE CAPITAL COSTS I 41-0001
I COMPONENT NO: IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

IO: | PERIOD: | PREPARED 4/12/2010

I FROM 10/ 1/2008 | WORKSHEET D

NO: | TO 9/30/2009 | PART || MCRI F32 Health Financial Systems

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

41-0001

TITLE XVIII, PART A HOSPI TAL

WKST LINE		COST CENTER DESCRIPTION	NEW CAPITA	
LINE	NO.		7	8
		ANCILLARY SRVC COST CNTRS	•	O
37		OPERATING ROOM	. 023345	69, 424
37	01	ENDOSCOPY	. 033189	18, 472
39		DELIVERY ROOM & LABOR ROO		36
40	01	ULTRASOUND	. 002530	613
41		RADI OLOGY-DI AGNOSTI C	. 041238	
42		CT SCAN	. 009756	
42	02	MAGNETIC RESONANCE I MAGIN		10, 791
43		RADI OI SOTOPE	. 002901	945
44		LABORATORY	. 006487	
47		BLOOD STORING, PROCESSING	. 004514	1, 928
49 50		RESPIRATURY THERAPY	. 057595	175, 818
51		OCCUPATIONAL THERAPY	. 011175 . 013366	7, 717
52		BLOUD STOKING, PROCESSING RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS CARDIAC CATHERIZATION LAE	. 004678	4, 369 1, 501
53		ELECTROCARDI OLOGY	. 054712	61, 386
54		ELECTROCARDI OLOGI ELECTROENCEPHALOGRAPHY	. 008395	384
55		MEDICAL SUPPLIES CHARGED	. 004606	23, 542
56		DRUGS CHARGED TO PATIENTS	. 002229	11, 566
59	01	CARDIAC CATHERIZATION LAE	. 200420	46, 703
59	02	MEDICAL REHAB		
59		NOTRE DAME OCCUPATIONAL N		
59	04	INPATIENT RENAL DIALYSIS	. 001060	279
		OUTPAT SERVICE COST CNTRS		
60	01	CLINIC	. 137946	
60		NOTRE DAME AMBULATORY CLI	. 009615	
60 60		FAMILY CARE CLINIC PEDIATRIC CLINIC	. 058361 . 016205	
60	05	BARRINGTON URGENT CARE	. 010203	
61	03	EMEDCENCY/	00/022	1, 435
		OBSERVATION BEDS (NON-DIS	. 016248	1, 455
		O/P CHEMO & IV PROCEDURES	. 045969	
50		OTHER REIMBURS COST CNTRS		
101		TOTAL		644, 359

Health Financial Systems MCRI F32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XVIII, PART A

NONPHYSICIAN MED ED NRS MED ED ALLIED MED ED ALL
ANESTHETIST SCHOOL COST HEALTH COST OTHER COSTS
1 2 2.01 2.02 WKST A COST CENTER DESCRIPTION SWING BED TOTAL LINE NO. OTHER COSTS ADJ AMOUNT COSTS 4

INPAT ROUTINE SRVC CNTRS
ADULTS & PEDIATRICS
INTENSIVE CARE UNIT
CORONARY CARE UNIT
BURN INTENSIVE CARE UNIT
SURGICAL INTENSIVE CARE U
SUBPROVI DER
NILDSEDV 25 26 27 28 29 31

33 NURSERY 101

IN LIEU OF FORM CMS-2552-96(11/1998)
NO: I PERIOD: I PREPARED 4/12/2010
I FROM 10/ 1/2008 I WORKSHEET D
I TO 9/30/2009 I PART III FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO: MCRI F32 Health Financial Systems

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

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG INPAT PROG DAYS PASS THRU COST
		5	6	7 8
25	ADULTS & PEDIATRICS	25, 827		10, 198
26	INTENSIVE CARE UNIT	4, 031		1, 906
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE U			
31	SUBPROVI DER	3, 386		1, 385
33	NURSERY	1, 009		
101	TOTAL	34, 253		13, 489

Health Financial Systems MCRIF32 FOR MEM APPORTIONMENT OF INPATIENT ANCILLARY SERVICE FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(07/2009) PROVI DER NO: I PERIOD: I PREPARED 4/12/2010 I FROM 10/ 1/2008 OTHER PASS THROUGH COSTS WORKSHEET D 41-0001 COMPONENT NO: 9/30/2009 PART IV I TO 41-0001 TITLE XVIII, PART A HOSPI TAL WKST A COST CENTER DESCRIPTION NONPHYSI CI AN MED ED NRS MED ED ALLIED MED ED ALL BLOOD CLOT FOR LINE NO. ANESTHETI ST SCHOOL COST HEALTH COST OTHER COSTS HEMOPHILIACS 1.01 2.01 2.02 ANCILLARY SRVC COST CNTRS OPERATING ROOM 37 646, 546 37 01 ENDOSCOPY DELIVERY ROOM & LABOR ROO 39 O1 ULTRASOUND 40 41 RADI OLOGY-DI AGNOSTI C 42 01 CT SCAN 42 02 MAGNETIC RESONANCE IMAGIN 43 RADI OI SOTOPE 44 LABORATORY 47 BLOOD STORING, PROCESSING RESPIRATORY THERAPY
PHYSI CAL THERAPY
OCCUPATIONAL THERAPY
SPEECH PATHOLOGY
ELECTROCARDIOLOGY 49 50 51 52 53 ELECTROENCEPHALOGRAPHY
MEDICAL SUPPLIES CHARGED
DRUGS CHARGED TO PATIENTS 54 55 56 59 O1 CARDIAC CATHERIZATION LAB 59 02 MEDICAL REHAB O3 NOTRE DAME OCCUPATIONAL M 04 INPATIENT RENAL DIALYSIS
OUTPAT SERVICE COST CNTRS 59 CLINIC

O1 NOTRE DAME AMBULATORY CLI

O2 FAMILY CARE CLINIC

O3 PEDIATRIC CLINIC

O5 BARRINGTON URGENT CARE 60

61

62

63 101 **EMERGENCY**

TOTAL

OBSERVATION BEDS (NON-DIS

O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS

646, 546

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO:
OTHER PASS THROUGH COSTS I 41-0001
I COMPONENT NO:

IN LIEU OF FORM CMS-2552-96(07/2009) CONTD

IO: | PERIOD: | PREPARED 4/12/2010

I FROM 10/ 1/2008 | WORKSHEET D

NO: | TO 9/30/2009 | PART IV

41-0001 HOSPI TAL TITLE XVIII, PART A

WKST /	NO.	NTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST O/F TO CHARGES CST 5		I NPAT PROG CHARGE 6	I NPAT PROG PASS THRU COST 7
37 37 39 40 41 42 42 43 44	OPERATI O1 ENDOSCO DELIVER O1 ULTRASO RADIOLO O1 CT SCAN O2 MAGNETI RADIOIS LABORAT BLOOD S	IRY SRVC COST CNTRS NG ROOM PY Y ROOM & LABOR ROO UND OGY-DI AGNOSTI C C RESONANCE I MAGI N OTOPE ORY STORI NG, PROCESSI NG	646, 546	646, 546	26, 868, 328 4, 308, 729 1, 406, 161 8, 034, 098 10, 613, 651 17, 538, 287 9, 061, 199 2, 761, 703 65, 839, 741 2, 020, 591	. 024063	. 024063	2, 973, 807 556, 562 2, 879 242, 446 2, 012, 424 2, 702, 336 1, 016, 728 325, 900 15, 122, 314 427, 177	
49 50 51 52 53 54 55 56 59 59	PHYSI CA OCCUPAT SPEECH ELECTRO ELECTRO MEDI CAL DRUGS C O1 CARDI AC 02 MEDI CAL	ITORY THERAPY LL THERAPY TONAL THERAPY PATHOLOGY PATHOLOGY DENCEPHALOGRAPHY L SUPPLIES CHARGED CHARGED TO PATIENTS CHATERIZATION LAB L REHAB DAME OCCUPATIONAL M			7, 716, 224 10, 416, 085 5, 100, 740 2, 565, 258 5, 564, 691 1, 481, 708 19, 430, 979 29, 298, 749 802, 509			3, 052, 653 690, 540 326, 858 320, 918 1, 121, 976 45, 720 5, 111, 130 5, 188, 761 233, 026	
60 60 60 60 60	O4 INPATIE OUTPAT CLINIC O1 NOTRE D O2 FAMILY O3 PEDIATR	INT RENAL DIALYSIS SERVICE COST CNTRS DAME AMBULATORY CLI CARE CLINIC			546, 386 1, 016, 150 1, 292, 640 3, 385, 740 1, 786, 133 9, 282			262, 968	
61 62 63	EMERGEN OBSERVA O/P CHE		646, 546	646, 546	17, 070, 516 1, 523, 230 1, 541, 181 259, 000, 689			207, 339 41, 944, 462	

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO:
OTHER PASS THROUGH COSTS I 41-0001
I COMPONENT NO: IN LIEU OF FORM CMS-2552-96(07/2009) CONTD

IO: | PERIOD: | PREPARED 4/12/2010

I FROM 10/ 1/2008 | WORKSHEET D

NO: | TO 9/30/2009 | PART IV

41-0001

TITLE XVIII, PART A HOSPI TAL

WKST . LINE		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37 37	01	ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY	778, 308 149, 413			18, 728	55, 032	
39 40	01	DELIVERY ROOM & LABOR ROO ULTRASOUND	97, 438	286, 315				
41	٠.	RADI OLOGY-DI AGNOSTI C	345, 958					
42	01	CT SCAN	610, 760					
42	02	MAGNETIC RESONANCE IMAGIN	330, 903	972, 342				
43		RADI OI SOTOPE	119, 614	351, 479				
44		LABORATORY	98, 537	289, 546				
47		BLOOD STORING, PROCESSING	58, 382	171, 552				
49		RESPI RATORY THERAPY	56, 894					
50		PHYSI CAL THERAPY	29, 250	85, 949				
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY	13, 664					
53		ELECTROCARDI OLOGY	162, 260					
54		ELECTROENCEPHALOGRAPHY	45, 164					
55		MEDICAL SUPPLIES CHARGED	497, 278					
56		DRUGS CHARGED TO PATIENTS	1, 079, 305					
59		CARDIAC CATHERIZATION LAB	35, 535	104, 418				
59		MEDICAL REHAB						
59		NOTRE DAME OCCUPATIONAL M						
59	04	INPATIENT RENAL DIALYSIS						
60		OUTPAT SERVICE COST CNTRS	199, 142	585. 168				
	Ω1	NOTRE DAME AMBULATORY CLI	199, 142	303, 100				
60		FAMILY CARE CLINIC						
60		PEDIATRIC CLINIC						
60		BARRINGTON URGENT CARE						
61	00	EMERGENCY	467, 816	1, 374, 654				
62		OBSERVATION BEDS (NON-DIS	47, 951	140, 900				
63		O/P CHEMO & I V PROCEDURES	21, 163					
		OTHER REIMBURS COST CNTRS	, .00	,,				
101		TOTAL	5, 244, 735	15, 411, 368		18, 728	55, 032	

IN LIEU OF FORM CMS-2552-96(05/2004)
IN LIEU OF FORM CMS-2552-96(05/2004)
IN PREPARED 4/12/2010
IN FROM 10/ 1/2008 I WORKSHEET D Health Financial Systems MCRI F32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND

PROVI DER NO: 41-0001 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS COMPONENT NO: 9/30/2009 I I TO

TITLE XVIII, PART B HOSPI TAL

Cost/Charge Ratio (C, Pt I, col. 9) Cost/Charge Ratio (C, Pt II, col. 9) Outpati ent Outpati ent 0ther Ambulatory Surgical Ctr Outpatient Diagnostic Radi al ogy

41-0001

PART V

			col. 9)	11, col. 9)	Surgical Ctr		DI agnosti c
		Cost Center Description	1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROOM ULTRASOUND RADIOLOGY-DIAGNOSTIC CT SCAN MAGNETIC RESONANCE IMAGING(MRI) RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPECH PATHOLOGY ELECTROCARDIOLOGY					
37		OPERATING ROOM	. 400817	. 400817			
37	01	FNDOSCOPY	303570	303570			
39	٠.	DELIVERY ROOM & LABOR ROOM	. 182862	. 182862			
40	01	UI TRASOUND	093743	093743			
41	٠.	RADI OLOGY-DI AGNOSTI C	488556	488556			
42	01	CT SCAN	101399	101399			
42	02	MAGNETIC RESONANCE LMAGING(MRL)	110235	110235			
43		RADI OI SOTOPE	298717	298717			
44		LABORATORY	209154	209154			
47		BLOOD STORING PROCESSING & TRANS	946401	946401			
49		RESPIRATORY THERAPY	521457	521457			
50		PHYSI CAL THERAPY	292368	292368			
51		OCCUPATIONAL THERAPY	296652	296652			
52		SPEECH PATHOLOGY	496865	496865			
53		ELECTROCARDI OLOGY	369858	369858			
54		FI FCTROFNCEPHALOGRAPHY	392342	392342			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	450838	450838			
56		DRUGS CHARGED TO PATIENTS	370398	370398			
59	01	CARDLAC CATHERIZATION LABORATORY	935543	935543			
59	02	MEDI CAL REHAB	. 700010	. 7000.0			
59	0.3	NOTRE DAME OCCUPATIONAL MEDICINE					
59	04	INPATIENT RENAL DIALYSIS	. 554258	. 554258			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	1 460099	1. 460099			
60	01	MEDICAL REHAB NOTRE DAME OCCUPATIONAL MEDICINE INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC PEDIATRIC CLINIC BARRINGTON URGENT CARE EMERGENCY DSSERVATION BEDS (NON-DISTINCT PART)	. 880120	. 880120			
60	02	FAMILY CARE CLINIC	1 333236	1. 333236			
60	03	PEDLATRIC CLINIC	. 365235	. 365235			
60	05	BARRINGTON URGENT CARE	5. 502909	5. 502909			
61	-	FMFRGFNCY	. 456611	. 456611			
62		OBSERVATION BEDS (NON-DISTINCT PART) 0/P CHEMO & IV PROCEDURES	. 679480	. 679480			
63		O/P CHEMO & LV PROCEDURES	. 626991	. 626991			
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-					
		PROGRAM ONLY CHARGES					
104		NET CHARGES					

¹⁰⁴ NET CHARGES

MCRI F32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Health Financial Systems PROVI DER NO: I PERIOD: I PREPARED 4/12/2010 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I FROM 10/ 1/2008 WORKSHEET D 41-0001 COMPONENT NO: 9/30/2009 I TO PART V

41-0001

1

TITLE XVIII, PART B

HOSPI TAL All Other (1) PPS Services Non-PPS PPS Services Outpati ent FYB to 12/31 Servi ces 1/1 to FYE Ambul atory Surgical Ctr Cost Center Description 5 5.01 5.02 5.03 6 ANCILLARY SRVC COST CNTRS OPERATING ROOM (A) 37 778, 308 2, 287, 016 37 01 ENDOSCOPY 149, 413 439, 044 39 DELIVERY ROOM & LABOR ROOM 286, 315 1, 016, 578 40 01 ULTRASOUND 97, 438 41 RADI OLOGY-DI AGNOSTI C 345, 958 42 01 CT SCAN 610,760 1, 794, 685 02 MAGNETIC RESONANCE IMAGING(MRI) 42 330, 903 972, 342 43 RADI OI SOTOPE 119,614 351, 479 289, 546 44 LABORATORY 98, 537 8.515 BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY PHYSICAL THERAPY 171, 552 167, 179 47 58, 382 49 56, 894 50 29, 250 85, 949 OCCUPATIONAL THERAPY SPEECH PATHOLOGY 51 52 40, 149 13, 664 162, 260 45, 164 476, 791 132, 712 53 ELECTROCARDI OLOGY 54 ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS 497, 278 1, 079, 305 55 17 1, 461, 224 56 3,609 3, 171, 480 01 CARDI AC CATHERI ZATI ON LABORATORY 02 MEDI CAL REHAB 35, 535 104, 418 59 59 03 NOTRE DAME OCCUPATIONAL MEDICINE 04 INPATIENT RENAL DIALYSIS 59 OUTPAT SERVICE COST CNTRS CLI NI C 60 199, 142 585, 168 O1 NOTRE DAME AMBULATORY CLINIC
O2 FAMILY CARE CLINIC
O3 PEDIATRIC CLINIC 60 60 60 05 BARRINGTON URGENT CARE 60 467, 816 1, 374, 654 61 **EMERGENCY** OBSERVATION BEDS (NON-DISTINCT PART) 47, 951 140, 900 62 63 O/P CHEMO & IV PROCEDURES 21, 163 62, 187 101 **SUBTOTAL** 5, 244, 735 12, 261 15, 411, 368 CRNA CHARGES 102

5, 244, 735

12, 261

15, 411, 368

LESS PBP CLINIC LAB SVCS-

PROGRAM ONLY CHARGES

NET CHARGES

103

104

⁽A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I 41-0001 I FROM 10/ 1/2008 I WORKSHEET D

I COMPONENT NO: I TO 9/30/2009 I PART V

HOSPI TAL

41-0001

TITLE XVIII, PART B

Outpati ent 0ther All Other PPS Services Non-PPS Outpati ent FYB to 12/31 Servi ces Radi al ogy Di agnosti c Cost Center Description 7 8 9 9.01 9.02 (A) 37 ANCILLARY SRVC COST CNTRS OPERATING ROOM 311, 959 37 01 ENDOSCOPY 45, 357 39 DELIVERY ROOM & LABOR ROOM 40 01 ULTRASOUND 9, 134 41 RADI OLOGY-DI AGNOSTI C 169, 020 59 42 01 CT SCAN 61, 930 02 MAGNETIC RESONANCE IMAGING(MRI) 42 36, 477 43 RADI OI SOTOPE 35, 731 44 LABORATORY 20, 609 1, 781 BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY PHYSICAL THERAPY 47 55, 253 49 29, 668 50 8, 552 OCCUPATIONAL THERAPY SPEECH PATHOLOGY 51 52 6.789 53 ELECTROCARDI OLOGY 60.013 54 **ELECTROENCEPHALOGRAPHY** 17, 720 MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS 55 224, 192 8 56 399, 772 1, 337 01 CARDI AC CATHERI ZATI ON LABORATORY 02 MEDI CAL REHAB 33, 245 59 59 03 NOTRE DAME OCCUPATIONAL MEDICINE 04 INPATIENT RENAL DIALYSIS 59 OUTPAT SERVICE COST CNTRS CLI NI C 290, 767 60 O1 NOTRE DAME AMBULATORY CLINIC
O2 FAMILY CARE CLINIC
O3 PEDIATRIC CLINIC 60 60 60 05 BARRINGTON URGENT CARE 60 213, 610 61 **EMERGENCY** OBSERVATION BEDS (NON-DISTINCT PART) 32, 582 62 63 O/P CHEMO & IV PROCEDURES 13, 269 101 **SUBTOTAL** 2, 075, 649 3, 185 102 CRNA CHARGES LESS PBP CLINIC LAB SVCS-103 PROGRAM ONLY CHARGES 104 **NET CHARGES** 2, 075, 649 3, 185

⁽A) WORKSHEET A LINE NUMBERS

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

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

NO: | PERIOD: | PREPARED 4/12/2010

| FROM 10/ 1/2008 | WORKSHEET D

NO: | TO 9/30/2009 | PART V Health Financial Systems MCRI F32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND PROVIDER NO: 41-0001 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS COMPONENT NO:

41-0001

TITLE XVIII, PART B

HOSPI TAL

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9. 03	10	11
(A) ANCI LLARY SRVC COST CNTRS 37 OPERATI NG ROOM 37 O1 ENDOSCOPY 39 DELI VERY ROOM & LABOR ROOM 40 O1 ULTRASOUND 41 RADI OLOGY-DI AGNOSTI C 42 O1 CT SCAN 42 O2 MAGNETI C RESONANCE I MAGI NG (MRI) 43 RADI OI SOTOPE 44 LABORATORY 47 BLOOD STORI NG, PROCESSI NG & TRANS. 49 RESPI RATORY THERAPY 50 PHYSI CAL THERAPY 51 OCCUPATI ONAL THERAPY 52 SPEECH PATHOLOGY	916, 675 133, 281 26, 840 496, 655 181, 979 107, 186 104, 993 60, 560 162, 357 87, 177 25, 129		
53 ELECTROCARDI OLOGY 54 ELECTROENCEPHALOGRAPHY 55 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	176, 345 52, 068 658, 775		
56 DRUGS CHARGED TO PATIENTS 59 01 CARDIAC CATHERIZATION LABORATORY 59 02 MEDICAL REHAB 59 03 NOTRE DAME OCCUPATIONAL MEDICINE 59 04 INPATIENT RENAL DIALYSIS	1, 174, 710 97, 688		
OUTPAT SERVICE COST CNTRS CLINIC OUTPAT SERVICE COST CNTRS CLINIC OUTPAT SERVICE COST CNTRS	854, 403		
61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT PART) 63 O/P CHEMO & IV PROCEDURES 101 SUBTOTAL 102 CRNA CHARGES 103 LESS PBP CLINIC LAB SVCS-	627, 682 95, 739 38, 991 6, 099, 182		
PROGRAM ONLY CHARGES 104 NET CHARGES	6, 099, 182		

MCRI F32 Health Financial Systems

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:
RVICE CAPITAL COSTS I 41-0001
I COMPONENT NO: IN LIEU OF FORM CMS-2552-96(09/1996)

IO: I PERIOD: I PREPARED 4/12/2010

I FROM 10/ 1/2008 I WORKSHEET D

NO: I TO 9/30/2009 I PART II 41-T001

TITLE XVIII, PART A SUBPROVI DER 1

WKST LI NE		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2		I NPAT PROGRAM CHARGES 4	OLD CAPI CST/CHRG RATIO 5	TAL COSTS 6
37 37 39 40 41 42 42	01 01 01	ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROO ULTRASOUND RADIOLOGY-DIAGNOSTIC CT SCAN MAGNETIC RESONANCE IMAGIN RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSING RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOL		627, 239 143, 002 17, 364 20, 329 437, 687 171, 100 96, 165	26, 868, 328 4, 308, 729 1, 406, 161 8, 034, 098 10, 613, 651 17, 538, 287 9, 061, 199	14, 599 6, 570 50, 856 32, 044		
42 43 44 47 49	02	RADIOI SOTOPE LABORATORY BLOOD STORING, PROCESSING RESPIRATORY THERAPY		96, 165 8, 011 427, 126 9, 121 444, 416	2, 761, 793 2, 761, 703 65, 839, 741 2, 020, 591 7, 716, 224	456, 615 11, 586		
50 51 52 53		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY		116, 401 68, 176 12, 001 304, 455	10, 416, 085 5, 100, 740 2, 565, 258	750, 122 639, 869		
54 55 56 59 59	01	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS CARDIAC CALLERIZATION LAB		12, 439 89, 490 65, 310 160, 839		963 72, 896 188, 786		
59 59 59	03	MEDICAL REHAB NOTRE DAME OCCUPATIONAL M INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC		579 140, 174	546, 386 1, 016, 150	3, 748		
60 60 60	02 03	NOTRE DAME AMBULATORY CLI FAMILY CARE CLINIC PEDIATRIC CLINIC BARRINGTON URGENT CARE EMERGENCY		12, 429 197, 595 28, 945 228	1, 292, 640 3, 385, 740 1, 786, 133 9, 282			
61 62 63		OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS TOTAL		118, 157 24, 750 70, 847 3, 824, 375	17, 070, 516 1, 523, 230 1, 541, 181 259, 000, 689	2, 455, 400		

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:
ERVICE CAPITAL COSTS I 41-0001
I COMPONENT NO: IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

NO: | PERIOD: | PREPARED 4/12/2010

| FROM 10/ 1/2008 | WORKSHEET D

NO: | TO 9/30/2009 | PART | | MCRI F32 Health Financial Systems

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

41-T001

TITLE XVIII, PART A SUBPROVI DER 1

VKST _I NE		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	L COSTS 8
37 37 39 40 41 42 43 44 47 49	01 01 02	ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROO ULTRASOUND RADIOLOGY-DIAGNOSTIC CT SCAN MAGNETIC RESONANCE IMAGIN RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSING RESPIRATORY THERAPY PHYSICAL THERAPY	. 023345 . 033189 0 . 012349 . 002530 . 041238 . 009756 N . 010613 . 002901	199 485 17 2, 097 313 388 2, 962 52 1, 660 8, 383
51 52 53 54 55 56 59 59	01 02	LABORATORY BLOOD STORING, PROCESSING RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS CARDIAC CATHERIZATION LAE MEDICAL REHAB NOTRE DAME OCCUPATIONAL N INPATIENT RENAL DIALYSIS	. 004606 6 . 002229 3 . 200420	8, 552 668 548 8 336 421
60 60 60 60 61 62 63	01 02 03 05	OUTPAT SERVICE COST CNTRS CLINIC NOTRE DAME AMBULATORY CLI FAMILY CARE CLINIC PEDIATRIC CLINIC BARRINGTON URGENT CARE EMERGENCY OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	. 137946 . 009615 . 058361 . 016205 . 024564 . 006922 . 016248 . 045969	
101		TOTAL		27, 093

Health Financial Systems MCRIF32 FOR MEM APPORTIONMENT OF INPATIENT ANCILLARY SERVICE FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(07/2009) PROVI DER NO: I PERIOD: I PREPARED 4/12/2010 I FROM 10/ 1/2008 OTHER PASS THROUGH COSTS WORKSHEET D 41-0001 COMPONENT NO: 9/30/2009 PART IV I TO 41-T001 TITLE XVIII, PART A SUBPROVI DER 1 WKST A COST CENTER DESCRIPTION NONPHYSI CI AN MED ED NRS MED ED ALLIED MED ED ALL BLOOD CLOT FOR LINE NO. ANESTHETI ST SCHOOL COST HEALTH COST OTHER COSTS HEMOPHILIACS 1.01 2.01 2.02 ANCILLARY SRVC COST CNTRS OPERATING ROOM 37 646, 546 37 01 ENDOSCOPY DELIVERY ROOM & LABOR ROO 39 O1 ULTRASOUND 40 41 RADI OLOGY-DI AGNOSTI C 42 01 CT SCAN 42 02 MAGNETIC RESONANCE IMAGIN 43 RADI OI SOTOPE 44 LABORATORY BLOOD STORING, PROCESSING 47 RESPIRATORY THERAPY
PHYSI CAL THERAPY
OCCUPATIONAL THERAPY
SPEECH PATHOLOGY
ELECTROCARDIOLOGY 49 50 51 52 53 ELECTROENCEPHALOGRAPHY
MEDICAL SUPPLIES CHARGED
DRUGS CHARGED TO PATIENTS 54 55 56 59 O1 CARDIAC CATHERIZATION LAB 59 02 MEDICAL REHAB O3 NOTRE DAME OCCUPATIONAL M 04 INPATIENT RENAL DIALYSIS
OUTPAT SERVICE COST CNTRS 59 CLINIC

O1 NOTRE DAME AMBULATORY CLI

O2 FAMILY CARE CLINIC

O3 PEDIATRIC CLINIC

O5 BARRINGTON URGENT CARE 60 60

646, 546

60 60 60

61

62

63 101 **EMERGENCY**

TOTAL

OBSERVATION BEDS (NON-DIS

O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO:
OTHER PASS THROUGH COSTS I 41-0001
I COMPONENT NO:

IN LIEU OF FORM CMS-2552-96(07/2009) CONTD

IO: | PERIOD: | PREPARED 4/12/2010

I FROM 10/ 1/2008 | WORKSHEET D

NO: | TO 9/30/2009 | PART IV 41-T001

SUBPROVI DER 1 TITLE XVIII, PART A

			005	NOTI DEN					
WKST /		COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST O/P TO CHARGES CST T 5			INPAT PROG PASS THRU COST 7
37 37	01	ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY	646, 546	646, 546	26, 868, 328 4, 308, 729		. 024063	8, 533 14, 599	
39 40	Λ1	DELIVERY ROOM & LABOR ROO ULTRASOUND			1, 406, 161 8, 034, 098			6, 570	
41		RADI OLOGY-DI AGNOSTI C			10, 613, 651			50, 856	
42 42		CT SCAN MAGNETIC RESONANCE IMAGIN			17, 538, 287 9, 061, 199			32, 044 36, 518	
43	-	RADI OI SOTOPE			2, 761, 703			•	
44 47		LABORATORY BLOOD STORING, PROCESSING			65, 839, 741 2, 020, 591			456, 615 11, 586	
49 50		RESPI RATORY THERAPY PHYSI CAL THERAPY			7, 716, 224 10, 416, 085			28, 816 750, 122	
51		OCCUPATIONAL THERAPY			5, 100, 740			639, 869	
52 53		SPEECH PATHOLOGY ELECTROCARDI OLOGY			2, 565, 258 5, 564, 691			142, 859 10, 020	
54 55		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED			1, 481, 708 19, 430, 979			963 72, 896	
56		DRUGS CHARGED TO PATIENTS			29, 298, 749			188, 786	
59 59		CARDI AC CATHERI ZATI ON LAB MEDI CAL REHAB			802, 509				
59 59		NOTRE DAME OCCUPATIONAL M INPATIENT RENAL DIALYSIS			546, 386			3, 748	
	04	OUTPAT SERVICE COST CNTRS						3, 740	
60 60	01	CLINIC NOTRE DAME AMBULATORY CLI			1, 016, 150 1, 292, 640				
		FAMILY CARE CLINIC			3, 385, 740				
		PEDIATRIC CLINIC BARRINGTON URGENT CARE			1, 786, 133 9, 282				
61 62		EMERGENCY OBSERVATION BEDS (NON-DIS			17, 070, 516 1, 523, 230				
63		O/P CHEMO & IV PROCEDURES			1, 541, 181				
101		OTHER REIMBURS COST CNTRS TOTAL	646, 546	646, 546	259, 000, 689			2, 455, 400	205

Health Financial Systems MCRIF32	FOR MEMORIAL	HOSPITAL 0	F RHODE	ISLAND	ΙN	LIE	J OF	FORM (CMS-25	52-9	96(07/2009)	CONTD
APPORTIONMENT OF INPATIENT ANCILLARY	SERVI CE		- 1	PROVI DER	NO:	- 1	PERI	OD:		- 1	PREPARED	4/12/2010
OTHER PASS THROUGH COSTS				41-0001		- 1	FROM	10/ 1	1/2008	- 1	WORKSHE	ET D
			I	COMPONENT	NO:	- 1	T0	9/30	0/2009	- 1	PART	IV
			I	41-T001		- 1				- 1		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

	==,							
WKST A		OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02	
39	ANCILLARY SRVC COST CNTRS OPERATING ROOM O1 ENDOSCOPY DELIVERY ROOM & LABOR ROO O1 ULTRASOUND							
41	RADI OLOGY-DI AGNOSTI C O1 CT SCAN	303 377	889					
	O2 MAGNETIC RESONANCE IMAGIN RADIOISOTOPE	1, 099						
44 47 49	LABORATORY BLOOD STORING, PROCESSING RESPIRATORY THERAPY							
50 51	PHYSI CAL THERAPY OCCUPATIONAL THERAPY							
52 53	SPEECH PATHOLOGY ELECTROCARDI OLOGY	21	62					
54 55 56	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS							
59	O1 CARDIAC CATHERIZATION LAB							
	O2 MEDICAL REHAB O3 NOTRE DAME OCCUPATIONAL M							
59	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS							
60 60	CLINIC O1 NOTRE DAME AMBULATORY CLI							
	02 FAMILY CARE CLINIC							
60 60	O3 PEDIATRIC CLINIC O5 BARRINGTON URGENT CARE							
61	EMERGENCY							
62 63	OBSERVATION BEDS (NON-DIS O/P CHEMO & IV PROCEDURES							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	1, 800	5, 286					

IN LIEU OF FORM CMS-2552-96(05/2004)
NO: I PERIOD: I PREPARED 4/12/2010
I FROM 10/ 1/2008 I WORKSHEET D
NO: I TO 9/30/2009 I PART V Health Financial Systems MCRI F32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 41-0001 COMPONENT NO:

41-T001

TITLE XVIII, PART B

SUBPROVI DER 1

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpati ent Radi al ogy	Other Outpatient Di agnostic
	Cost Center Description	1	1. 02	2	3	4
(A) 37 39 40 41 42 43 44 47 49 50 51 52 53 54 55	ANCILLARY SRVC COST CNTRS OPERATI NG ROOM 01 ENDOSCOPY DELIVERY ROOM & LABOR ROOM 01 ULTRASOUND RADI OLOGY-DI AGNOSTI C 01 CT SCAN 02 MAGNETI C RESONANCE IMAGING (MRI) RADI OI SOTOPE LABORATORY BLOOD STORI NG, PROCESSI NG & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS DRUGS CHARGED TO PATI ENTS	. 400817 .303570 .182862 .093743 .488556 .101399 .110235 .298717 .209154 .946401 .521457 .292368 .296652 .496865 .369858 .392342 .450838 .370398	. 400817 .303570 .182862 .093743 .488556 .101399 .110235 .298717 .209154 .946401 .521457 .292368 .296652 .496865 .369858 .392342 .450838 .370398			
59 59	O1 CARDI AC CATHERI ZATI ON LABORATORY O2 MEDI CAL REHAB	. 935543	. 935543			
59 59 59	03 NOTRE DAME OCCUPATIONAL MEDICINE 04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	. 554258	. 554258			
60 60 60 60 61 62 63 101 102 103	CLINIC O1 NOTRE DAME AMBULATORY CLINIC O2 FAMILY CARE CLINIC O3 PEDIATRIC CLINIC O5 BARRINGTON URGENT CARE EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) O/P CHEMO & IV PROCEDURES SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES NET CHARGES	1. 460099 . 880120 1. 333236 . 365235 5. 502909 . 456611 . 679480 . 626991	1. 460099 . 880120 1. 333236 . 365235 5. 502909 . 456611 . 679480 . 626991			

Heal	th Financial Systems MCRIF32 FC		I	I SLAND PROVI DER N 41-0001	NO: I PERIO		05/2004) CONTD REPARED 4/12/2010 WORKSHEET D
	AFFORTIONWENT OF WEDICAL, OTHER HEALTH S	ERVICES & VACCINE	I	COMPONENT 41-T001		9/30/2009 I	PART V
	TITLE XVIII, PART B	UBPROVI DER 1	·		•	·	
		All Other (1)	PPS Serv FYB to 1		Non-PPS Servi ces	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5	. 01	5. 02	5. 03	6
(A) 37 37 39 40	ANCILLARY SRVC COST CNTRS OPERATING ROOM 01 ENDOSCOPY DELIVERY ROOM & LABOR ROOM 01 ULTRASOUND						
41	RADI OLOGY-DI AGNOSTI C			303		889	
42 42 43 44 47 49 50 51 52	01 CT SCAN 02 MAGNETIC RESONANCE IMAGING(MRI) RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY			377 1, 099		1, 107 3, 228	
53 54 55 56 59 59	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLIES CHARGED TO PATI ENTS DRUGS CHARGED TO PATI ENTS O1 CARDI AC CATHERI ZATI ON LABORATORY O2 MEDI CAL REHAB O3 NOTRE DAME OCCUPATI ONAL MEDI CI NE			21		62	
59 60 60 60 60 60	04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC 01 NOTRE DAME AMBULATORY CLINIC 02 FAMILY CARE CLINIC 03 PEDIATRIC CLINIC 05 BARRINGTON URGENT CARE						
61 62 63 101 102 103	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) O/P CHEMO & IV PROCEDURES SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS-			1, 800		5, 286	
104	PROGRAM ONLY CHARGES NET CHARGES			1, 800		5, 286	

Heal	th Financial Systems MCRIF32 F	OR MEMORIAL HOSPITAL	. OF RHODE ISLAND I PROVID		FORM CMS-2552-96(0!	5/2004) CONTD EPARED 4/12/2010
	APPORTIONMENT OF MEDICAL, OTHER HEALTH	SERVICES & VACCINE C	OSTS I 41-000	1 I FROM ENT NO: I TO		WORKSHEET D PART V
	TITLE XVIII, PART B	SUBPROVI DER 1	1 41 100		·	
		Outpati ent Radi al ogy	Other Outpati ent Di agnosti c	All Other	PPS Services FYB to 12/31	Non-PPS Servi ces
	Cost Center Description	7	8	9	9. 01	9. 02
(A) 37 37 39 40 41 42 43 44 47 49 50 51 52 53 54 55 56 59 59 59 60 60 60 60	ANCILLARY SRVC COST CNTRS OPERATING ROOM 01 ENDOSCOPY DELIVERY ROOM & LABOR ROOM 01 ULTRASOUND RADIOLOGY-DIAGNOSTIC 01 CT SCAN 02 MAGNETIC RESONANCE IMAGING(MRI) RADIOISOTOPE LABORATORY BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY OCCUPATIONAL THERAPY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS 01 CARDIAC CATHERIZATION LABORATORY 02 MEDICAL REHAB 03 NOTRE DAME OCCUPATIONAL MEDICINE 04 INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC 01 NOTRE DAME AMBULATORY CLINIC 02 FAMILY CARE CLINIC				148 38 121	
60 61 62 63	05 BARRINGTON URGENT CARE EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) O/P CHEMO & IV PROCEDURES					
101 102 103	SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS-				315	
104	PROGRAM ONLY CHARGES NET CHARGES				315	

TITLE XVIII, PART B SUBPROVIDER 1

PPS Services Hospital I/P Hospital I/P

41-T001

1/1 to FYE Part B Charges Part B Costs Cost Center Description 9.03 10 11 ANCILLARY SRVC COST CNTRS OPERATING ROOM (A) 37 37 39 01 ENDOSCOPY DELIVERY ROOM & LABOR ROOM 40 01 ULTRASOUND 41 RADI OLOGY-DI AGNOSTI C 434 42 01 CT SCAN 112 02 MAGNETIC RESONANCE IMAGING(MRI) 42 43 RADI OI SOTOPE 44 LABORATORY BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY PHYSICAL THERAPY 47 49 50 OCCUPATIONAL THERAPY SPEECH PATHOLOGY 51 52 53 ELECTROCARDI OLOGY 23 54 ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS 55 56 O1 CARDI AC CATHERI ZATI ON LABORATORY
O2 MEDI CAL REHAB 59 59 03 NOTRE DAME OCCUPATIONAL MEDICINE 04 INPATIENT RENAL DIALYSIS 59 OUTPAT SERVICE COST CNTRS 60 CLINIC O1 NOTRE DAME AMBULATORY CLINIC
O2 FAMILY CARE CLINIC
O3 PEDIATRIC CLINIC 60 60 60 05 BARRINGTON URGENT CARE 60 **EMERGENCY** 61 62 OBSERVATION BEDS (NON-DISTINCT PART) 63 O/P CHEMO & IV PROCEDURES 101 **SUBTOTAL** 925 102 CRNA CHARGES LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES 103

925

104

NET CHARGES

Health Financial Systems MCRI F32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(05/2004) I PERIOD: PROVI DER NO: I PREPARED 4/12/2010

COMPUTATION OF INPATIENT OPERATING COST

I FROM 10/ 1/2008 41-0001 COMPONENT NO: 9/30/2009 I I TO 41-0001

PPS

WORKSHEET D-1 PART I

1

25, 506, 799

TITLE XVIII PART A HOSPI TAL

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	
1 2	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	25, 827 25, 827
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25, 627
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25, 827
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10, 198
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER O ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NE-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	

SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE)

PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM

- MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)
 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
 NURSERY DAYS (TITLE V OR XIX ONLY) 14
- 15

36 37

COST DIFFERENTIAL

16

	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICALD RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICALD RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21 22	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	25, 506, 799
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26 27	TOTAL SWING-BED COST (SEE INSTRUCTIONS) GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25, 506, 799
21		23, 300, 177
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28 29	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46, 682, 924
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46, 682, 924
31 32	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO AVERAGE PRIVATE ROOM PER DIEM CHARGE	. 546384
33 34 35 36	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL PRIVATE ROOM COST DIFFERENTIAL AD JUSTMENT	1, 807. 52

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Health Financial Systems MCRLF32 PROVI DER NO: I PERIOD: I PREPARED 4/12/2010 COMPUTATION OF INPATIENT OPERATING COST I FROM 10/ 1/2008 WORKSHEET D-1 41-0001 COMPONENT NO: 9/30/2009 PART II I TO

41-0001

PPS

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HOSPI TAL

TITLE XVIII PART A PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						
41	TOTAL PROGRAM GENERAL INPATIENT RO			1		10, 071, 545
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 44 45 46 47	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE	6, 626, 510	4, 031	1, 643. 89	1, 906	3, 133, 254
48 49	PROGRAM INPATIENT ANCILLARY SERVIOR TOTAL PROGRAM INPATIENT COSTS	CE COST				1 13, 586, 969 26, 791, 768
		PASS THROUGH	COST ADJUSTMEN	ITS		
50 51 52 53	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES TOTAL PROGRAM EXCLUDABLE COST					

TARGET AMOUNT AND LIMIT COMPUTATION

- PROGRAM DI SCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- 58 BONIIS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET **BASKET**
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
- 59. 02 PROGRAM DI SCHARGES PRI OR TO JULY 1
 59. 03 PROGRAM DI SCHARGES AFTER JULY 1

- 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59. 06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
- (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

- MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 60
- 61
- REPORTING PERIOD (SEE INSTRUCTIONS)
 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 62
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE 64 COST REPORTING PERIOD
- TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS 65

MCRLF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Health Financial Systems PROVI DER NO: I PERIOD: I PREPARED 4/12/2010 COMPUTATION OF INPATIENT OPERATING COST I FROM 10/ 1/2008 WORKSHEET D-1 41-0001 COMPONENT NO: 9/30/2009 PART III I TO 41-0001

TITLE XVIII PART A HOSPI TAL PPS

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

SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE 66 SERVICE COST

67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68

PROGRAM ROUTINE SERVICE COST
MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM 69

70

TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

PER DIEM CAPITAL-RELATED COSTS PROGRAM CAPITAL-RELATED COSTS

74 75

PROGRAM CAPITAL-RELATED COSTS
INPATIENT ROUTINE SERVICE COST
AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
INPATIENT ROUTINE SERVICE COST LIMITATION
REASONABLE INPATIENT ROUTINE SERVICE COSTS
PROGRAM INPATIENT ANCILLARY SERVICES
UTILIZATION REVIEW - PHYSICIAN COMPENSATION
TOTAL PROCEDAM INPATIENT OPERATING COSTS 76

77

78

79

80

81 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

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

987.60 1, 035, 005

1,048

1

OBSERVATION BED COST 85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTI NE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATI ON BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		25, 506, 799		1, 035, 005	
87	NEW CAPITAL-RELATED COST	609, 935	25, 506, 799	. 023913	1, 035, 005	24, 750
88	NON PHYSICIAN ANESTHETIST		25, 506, 799		1, 035, 005	
89	MEDICAL EDUCATION		25, 506, 799		1, 035, 005	
89. 01	MEDICAL EDUCATION - ALLIED HEA		25, 506, 799		1, 035, 005	
89. 02	MEDICAL EDUCATION - ALL OTHER		25, 506, 799		1, 035, 005	

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

PROVI DER NO: I PERIOD: I FROM 10/ 1/2008 41-0001 COMPONENT NO: I TO

I PREPARED 4/12/2010 WORKSHEET D-1

41-T001

PPS

9/30/2009

1

1.385

PART I

PART I - ALL PROVIDER COMPONENTS

SUBPROVI DER I

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3, 386
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3, 386
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3, 386
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IE CALENDAR YEAR ENTER O ON THIS LINE)	

7

TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
AFTER
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE)
TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM 8 (EXCLUDING SWING-BED AND NEWBORN DAYS)

10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING

PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING 11 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR

YEAR, ENTER O ON THIS LINE)

SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD

SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING COST DEPORTING PERIOD) 12

13 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE)

MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM 14

(EXCLUDING SWING-BED DAYS)
TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
NURSERY DAYS (TITLE V OR XIX ONLY) 15

16

SWING-BED ADJUSTMENT

17	MEDI CARE	RATE FOR SWING	-BED SNF SERVICES	APPLI CABLE TO	SERVICES THROUGH
	DECEMBER	31 OF THE COST	REPORTING PERIOD		

18

MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 19

MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 20

TOTAL GENERAL INPATIENT ROUTINE SERVICE COST SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST 3, 490, 044 22

REPORTING PERIOD 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST

REPORTING PERIOD 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST

SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST 25 REPORTING PERIOD

TOTAL SWING-BED COST (SEE INSTRUCTIONS) 26

REPORTING PERIOD

GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 3, 490, 044

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3, 994, 325
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3, 994, 325
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	. 873751
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1, 179. 66
2.4	AVEDACE DED DIEM DDIVATE DOOM CHADCE DIEEEDENTIAL	

AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL 35 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT 36

GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM 37 3, 490, 044 COST DIFFERENTIAL

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD MCRLF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND Health Financial Systems PROVI DER NO: I PERIOD: I PREPARED 4/12/2010 COMPUTATION OF INPATIENT OPERATING COST I FROM 10/ 1/2008 WORKSHEET D-1 41-0001 COMPONENT NO: 9/30/2009 I TO PART II 41-T001 TITLE XVIII PART A SUBPROVI DER I PPS PART II - HOSPITAL AND SUBPROVIDERS ONLY 1 PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1, 030, 73 38 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1, 427, 561 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1, 427, 561 TOTAL TOTAL **AVERAGE PROGRAM PROGRAM** I/P COST I/P DAYS PER DIEM DAYS COST 1 3 4 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT 42 HOSPITAL UNITS INTENSIVE CARE UNIT 43 CORONARY CARE UNIT 44 BURN INTENSIVE CARE UNIT 45 SURGICAL INTENSIVE CARE UNIT 46 OTHER SPECIAL CARE 48 PROGRAM INPATIENT ANCILLARY SERVICE COST 751, 156 TOTAL PROGRAM INPATIENT COSTS 2, 178, 717 49 PASS THROUGH COST ADJUSTMENTS PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 50 38, 157 27, 298 51 65, 455 TOTAL PROGRAM EXCLUDABLE COST 52 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN 53 2, 113, 262 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

- PROGRAM DI SCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- 58 BONIIS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET **BASKET**
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
- 59. 02 PROGRAM DI SCHARGES PRI OR TO JULY 1
 59. 03 PROGRAM DI SCHARGES AFTER JULY 1

- 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59. 06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
- (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

- MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 60
- 61 REPORTING PERIOD (SEE INSTRUCTIONS)
 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
- 62
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE 64 COST REPORTING PERIOD
- TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS 65

MCRLF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Health Financial Systems PROVI DER NO: I PERIOD: I PREPARED 4/12/2010 COMPUTATION OF INPATIENT OPERATING COST I FROM 10/ 1/2008 WORKSHEET D-1 41-0001 COMPONENT NO: 9/30/2009 PART III I TO 41-T001

TITLE XVIII PART A SUBPROVI DER I PPS

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

1 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE 66

SERVICE COST 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68

PROGRAM ROUTINE SERVICE COST
MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM 69

70

TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

PER DIEM CAPITAL-RELATED COSTS PROGRAM CAPITAL-RELATED COSTS

74 75 76

PROGRAM CAPITAL-RELATED COSTS
INPATIENT ROUTINE SERVICE COST
AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
INPATIENT ROUTINE SERVICE COST LIMITATION
REASONABLE INPATIENT ROUTINE SERVICE COSTS
PROGRAM INPATIENT ANCILLARY SERVICES
UTILIZATION REVIEW - PHYSICIAN COMPENSATION
TOTAL PROCEDAM INPATIENT OPERATING COSTS

77

78

79

80

81 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

1,030.73

	COST	ROUTI NE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATI ON BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COS	T	3, 490, 044			
87 NEW CAPITAL-RELATED COS	T 93, 275	3, 490, 044	. 026726		
88 NON PHYSICIAN ANESTHETI	ST	3, 490, 044			
89 MEDICAL EDUCATION		3, 490, 044			
89.01 MEDICAL EDUCATION - ALL	LED HEA	3, 490, 044			
89.02 MEDICAL EDUCATION - ALL	OTHER	3, 490, 044			

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:
RTIONMENT I 41-0001
I COMPONENT NO: MCRI F32 Health Financial Systems

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(07/2009)

10: | PERIOD: | PREPARED 4/12/2010

1 FROM 10/ 1/2008 | WORKSHEET D-4

NO: | TO 9/30/2009 |

41-0001

TITLE XVIII, PART A	HOSPI TAL	PPS
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WKST LI NE		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	I NPATI ENT CHARGES 2	I NPATI ENT COST 3
25 26 27 28 29 31		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER		13, 633, 284 5, 645, 923	
37 37 39		ANCILLARY SRVC COST CNTRS OPERATING ROOM ENDOSCOPY DELIVERY ROOM & LABOR ROOM	. 400817 . 303570 . 182862	2, 973, 807 556, 562 2, 879	1, 191, 952 168, 956 526
40 41 42 42	01	ULTRASOUND RADIOLOGY-DIAGNOSTIC CT SCAN MAGNETIC RESONANCE IMAGING(MRI)	. 093743 . 488556 . 101399 . 110235	242, 446 2, 012, 424 2, 702, 336 1, 016, 728	22, 728 983, 182 274, 014 112, 079
43 44 47	UZ.	RADI OI SOTOPE LABORATORY BLOOD STORI NG, PROCESSI NG & TRANS.	. 298717 . 209154 . 946401	325, 900 15, 122, 314 427, 177	97, 352 3, 162, 892 404, 281
49 50 51 52		RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY	. 521805 . 292368 . 296652 . 496865	3, 052, 653 690, 540 326, 858 320, 918	1, 592, 890 201, 892 96, 963 159, 453
53 54 55		ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	. 369858 . 392342 . 450838	1, 121, 976 45, 720 5, 111, 130	414, 972 17, 938 2, 304, 292
56 59 59 59	02	DRUGS CHARGED TO PATIENTS CARDIAC CATHERIZATION LABORATORY MEDICAL REHAB NOTRE DAME OCCUPATIONAL MEDICINE	. 370398 . 935543	5, 188, 761 233, 026	1, 921, 907 218, 006
59 60		INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC	. 554258 1. 460099	262, 968	145, 752
60 60 60	02 03	NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC PEDIATRIC CLINIC BARRINGTON URGENT CARE	. 880120 1. 333236 . 365235 5. 502909		
61 62 63	03	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) O/P CHEMO & IV PROCEDURES	. 457905 . 679480 . 626991	207, 339	94, 942
101 102		OTHER REIMBURS COST CNTRS TOTAL LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		41, 944, 462	13, 586, 969
103		NET CHARGES		41, 944, 462	

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:
RTIONMENT I 41-0001
I COMPONENT NO: MCRI F32 Health Financial Systems

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(07/2009)

10: | PERIOD: | PREPARED 4/12/2010

1 FROM 10/ 1/2008 | WORKSHEET D-4

NO: | TO 9/30/2009 |

41-T001

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST LI NE		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	I NPATI ENT CHARGES 2	I NPATI ENT COST 3
25 26 27 28		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT		_	-
29 31		SURGICAL INTENSIVE CARE UNIT SUBPROVIDER ANCILLARY SRVC COST CNTRS		1, 613, 896	
37 37	01	OPERATI NG ROOM ENDOSCOPY	. 400817 . 303570	8, 533 14, 599	3, 420 4, 432
39 40		DELIVERY ROOM & LABOR ROOM ULTRASOUND	. 182862 . 093743	6, 570	616
41 42		RADI OLOGY-DI AGNOSTI C CT SCAN	. 488556 . 101399	50, 856 32, 044	24, 846 3, 249
42 43		MAGNETIC RESONANCE I MAGI NG (MRI) RADI OI SOTOPE	. 110235 . 298717	36, 518	4, 026
44 47		LABORATORY BLOOD STORING, PROCESSING & TRANS.	. 209154 . 946401	456, 615 11, 586	95, 503 10, 965
49 50		RESPI RATORY THERAPY PHYSI CAL THERAPY	. 521805 . 292368	28, 816 750, 122	15, 036 219, 312
51 52 53		OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY	. 296652 . 496865 . 369858	639, 869 142, 859 10, 020	189, 818 70, 982 3, 706
54 55		ELECTROGRIDOUGH ELECTROGRICEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	. 392342 . 450838	963 72, 896	378 32, 864
56 59	01	DRUGS CHARGED TO PATIENTS CARDIAC CATHERIZATION LABORATORY	. 370398 . 935543	188, 786	69, 926
59 59	03	MEDICAL REHAB NOTRE DAME OCCUPATIONAL MEDICINE			
59	04	INPATIENT RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	. 554258	3, 748	2, 077
60 60 60		CLINIC NOTRE DAME AMBULATORY CLINIC FAMILY CARE CLINIC	1. 460099 . 880120 1. 333236		
60 60	03	PEDIATRIC CLINIC BARRINGTON URGENT CARE	. 365235 5. 502909		
61 62 63		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) O/P CHEMO & IV PROCEDURES OTHER REIMBURS COST CNTRS	. 457905 . 679480 . 626991		
101 102		TOTAL LESS PBP CLINIC LABORATORY SERVICES -		2, 455, 400	751, 156
103		PROGRAM ONLY CHARGES NET CHARGES		2, 455, 400	

FOR MEMORIAL HOSPITAL OF RHODE ISLAND Health Financial Systems MCRIF32

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (12/2008)
NO: I PERIOD: I PREPARED 4/12/2010
I FROM 10/ 1/2008 I WORKSHET E PROVI DER NO: 41-0001 COMPONENT NO:

41-0001

PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPI TAL

DESCRIPTION

DESCRI PTI ON			1	1. 01
DRG AMOUNT 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1			·	1.01
1. 01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			4, 033, 030	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1			12, 759, 039	
MANAGED CARE PATIENTS 1. 03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST 1. 04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 1. 05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1 1. 06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR) 1. 07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.			1, 968, 027 6, 325, 361	
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97				
2. 01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)			2, 017, 143	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD INDIRECT MEDICAL EDUCATION ADJUSTMENT			129. 28	
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.			66. 87	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)				
3. 06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)				
1000(U)(3)(B)(VIII)	FOR CR PERIODS AFTER 7/			
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	E-3 PT 6 LN 15	PLUS LN 3.06	66. 87	
3. 08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS 3. 09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1. 3. 10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTEI THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1. 3. 11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3. 09 3. 12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3. 10			67. 50	
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			3. 00 69. 87	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			69. 87	
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			69. 87	
BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE 3. 17 SUM OF LINES 3. 14 THRU 3. 16 DIVIDED BY THE NUMBER OF			69. 87	
THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3). 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS).	1		. 540455	
3. 20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3. 18 OR 3. 19 (SEE INST) 3. 21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			. 476799 . 476799	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			1, 385, 740	
3. 23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	SUM OF LINES	PLUS E-3, PT	4, 406, 893	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	3. 21 - 3. 23 5, 792, 633	VI, LINE 23 32,636	5, 825, 269	
DISPROPORTIONATE SHARE ADJUSTMENT 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A			10. 78	
PATIENT DAYS (SEE INSTRUCTIONS) 4.01 PERCENTAGE OF MEDICALD PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S 2 DADT I			18. 20	
ON WORKSHEET S-3, PART I 4.02 SUM OF LINES 4 AND 4.01 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)			28. 98 13. 12	
4. 04 DI SPROPORTI ONATE SHARE ADJUSTMENT (SEE I NSTRUCTI ONS)			2, 203, 119	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY I TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)	DI SCHARGES			

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPI TAL

DESCRIPTION

DESCRI PTI ON		
	1	1. 01
5. 01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317		
OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS) 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT		
QUALIFY FOR ADJUSTMENT) 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316,		
317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS) 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) 5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS) 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND	26, 837, 600	
MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND		
MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	26, 837, 600	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	1, 890, 950	
(WORKSHEET L, PART IV, SEE INSTRUCTIONS) 11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM	4, 366, 661	
WORKSHEET E-3, PART IV, SEE INSTRUCTIONS) 11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES 12 NET ORGAN ACQUISITION COST 13 COST OF TEACHING PHYSICIANS		
14 ROUTI NE SERVI CE OTHER PASS THROUGH COSTS		
14 NOUTING SERVICE OTHER FASS THROUGH COSTS 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	71, 559	
16 TOTAL	33, 166, 770	
17 PRIMARY PAYER PAYMENTS	309, 227	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	32, 857, 543	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1, 647, 908	
20 COLNSURANCE BILLED TO PROGRAM BENEFICIARIES	166, 637	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	229, 263	
	160, 484	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	134, 193	
22 SUBTOTAL 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER	31, 203, 482	
TERMINATION OR A DECREASE IN PROGRAM UTILIZATION 24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES 24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVI DER 27 SEQUESTRATI ON ADJUSTMENT	31, 203, 482	
28 INTERIM PAYMENTS 28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	31, 232, 460	
29 BALANCE DUE PROVIDER (PROGRAM) 30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT LITEMS) IN	-28, 978	
ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. FI ONLY OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SÈE INSTRUCTIONS) 54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS) 56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN
I PROVIDER NO:
T SETTLEMENT I 41-0001 Health Financial Systems MCRIF32

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (07/2009)

NO: | PERIOD: | PREPARED 4/12/2010

I FROM 10/ 1/2008 | WORKSHEET E

NO: | TO 9/30/2009 | PART B COMPONENT NO:

41-0001

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPI TAL

HUSPI TAL		
1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3, 185 2, 056, 921	6, 044, 150
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. 1.04 LINE 1.01 TIMES LINE 1.03. 1.05 LINE 1.02 DIVIDED BY LINE 1.04. 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	1, 847, 758	5, 429, 537
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101. 2 INTERNS AND RESIDENTS 3 ORGAN ACQUISITIONS 4 COST OF TEACHING PHYSICIANS	73, 760	
, , , , , , , , , , , , , , , , , , , ,	3, 185	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES 6 ANCILLARY SERVICE CHARGES 7 INTERNS AND RESIDENTS SERVICE CHARGES 8 ORGAN ACQUISITION CHARGES	12, 261	
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. 10 TOTAL REASONABLE CHARGES	12, 261	
CUSTOMARY CHARGES 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
PAYMENT FOR SERVICES ON A CHARGE BASIS 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). 13 RATIO OF LINE 11 TO LINE 12		
14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12, 261 9, 076	
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3, 185	
17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7, 351, 055	
COMPUTATION OF REIMBURSEMENT SETTLEMENT 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	139	
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1, 700, 093	
19 SUBTOTAL (SÈE INSTRUCTIONS) 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	5, 654, 008	
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS 22 ESRD DIRECT MEDICAL EDUCATION COSTS	1, 245, 689	
23 SUBTOTAL 24 PRIMARY PAYER PAYMENTS	6, 899, 697 5, 124	
25 SUBTOTAL	6, 894, 573	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 26 COMPOSITE RATE ESRD		
27 BAD DEBTS (SEE INSTRUCTIONS) 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	492, 484 344, 739	
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 28 SUBTOTAL	423, 155 7, 239, 312	
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	7, 237, 312	
30 OTHER ADJUSTMENTS (SPECIFY) 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32 SUBTOTAL 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	7, 239, 312	
34 INTERIM PAYMENTS 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	7, 042, 113	
35 BALANCE DUE PROVIDER/PROGRAM 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	197, 199	
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY TIME VALUE OF MONEY (SEE INSTRUCTIONS) TOTAL (SUM OF LINES 51 AND 53)		

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (07/2009) Health Financial Systems MCRLF32 PROVI DER NO: I PERLOD: I PREPARED 4/12/2010 CALCULATION OF REIMBURSEMENT SETTLEMENT I FROM 10/ 1/2008 WORKSHEET E 41-0001 COMPONENT NO: 9/30/2009 I TO PART B 41-T001 PART B - MEDICAL AND OTHER HEALTH SERVICES SUBPROVI DER 1 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 315 925 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AP
2001 (SEE INSTRUCTIONS).
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
1.04 LINE 1.01 TIMES LINE 1.03.
1.05 LINE 1.02 DIVIDED BY LINE 1.04.
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101. INTERNS AND RESIDENTS 3 ORGAN ACQUISITIONS COST OF TEACHING PHYSICIANS 5 TOTAL COST (SEE INSTRUCTIONS) COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES ANCILLARY SERVICE CHARGES 6 INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES 8 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. 10 TOTAL REASONABLE CHARGES CUSTOMARY CHARGES 11 12

719

-719

AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS

AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).

RATIO OF LINE 11 TO LINE 12 13

TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)

EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST

EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES

LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)

TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)

18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)

19 SUBTOTAL (SEE INSTRUCTIONS)

SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) 20

21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS

22 ESRD DIRECT MEDICAL EDUCATION COSTS

SUBTOTAL

PRIMARY PAYER PAYMENTS

25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD

27 BAD DEBTS (SEE INSTRUCTIONS)
27. 01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
27. 02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES

SUBTOTAL

29

RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.

30 OTHER ADJUSTMENTS (SPECIFY)
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING

FROM DISPOSITION OF DEPRECIABLE ASSETS.

32 **SUBTOTAL**

SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) 33 INTERIM PAYMENTS 34

TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
BALANCE DUE PROVIDER/PROGRAM 34.01

35 36

PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) 51

THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY TIME VALUE OF MONEY (SEE INSTRUCTIONS) TOTAL (SUM OF LINES 51 AND 53)

53

54

FOR MEMORIAL HOSPITAL OF RHODE ISLAND

PROVI DER NO:

41-0001 COMPONENT NO:

IN LIEU OF FORM CMS-2552-96 (11/1998)

9/30/2009

I FROM 10/ 1/2008

I PREPARED 4/12/2010

WORKSHEET E-1

I PERIOD:

I TO

MCRLF32

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Health Financial Systems

DATE: ___/___

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

FOR MEMORIAL HOSPITAL OF RHODE ISLAND

PROVI DER NO:

41-0001 COMPONENT NO:

IN LIEU OF FORM CMS-2552-96 (11/1998)

9/30/2009

I FROM 10/ 1/2008

I PREPARED 4/12/2010

WORKSHEET E-1

I PERIOD:

I TO

MCRLF32

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Health Financial Systems

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

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN I PROVIDER NO:
T SETTLEMENT I 41-0001 Health Financial Systems MCRIF32

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
NO: | PERIOD: | PREPARED 4/12/2010
| FROM 10/ 1/2008 | WORKSHEET E-3
| NO: | TO 9/30/2009 | PART | COMPONENT NO: 41-T001

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

1. 02 1. 03 1. 04 1. 05 1. 06	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) ENTER FROM THE PS&R, THE IRF PPS PAYMENT MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS) OUTLIER PAYMENTS TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	1, 719, 300 . 0494 168, 476 31, 186 1, 918, 962
1. 09 1. 10 1. 11 1. 12 1. 13 1. 14 1. 15 1. 16 1. 17 1. 18 1. 19 1. 20 1. 21 1. 22	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS) NET IPF PPS OUTLIER PAYMENTS NET IPF PPS ECT PAYMENTS NET IPF PPS ECT PAYMENTS UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17). ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) ADJUSTED NET IPF PRORUMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE) STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19	
1. 36 1. 37 1. 38	AND 1.22) INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL	. 48
1. 41	EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	9. 276712
11. 02 12 13	ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL DEDUCTIBLES SUBTOTAL COINSURANCE SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)	1, 918, 962 7, 446 1, 911, 516 19, 004 1, 892, 512 10, 782 1, 881, 730 1, 881, 730

MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96-E-3 (05/2008) Health Financial Systems I PERIOD: I I FROM 10/ 1/2008 I I PREPARED 4/12/2010 PROVI DER NO: CALCULATION OF REIMBURSEMENT SETTLEMENT 41-0001 WORKSHEET E-3 COMPONENT NO: 9/30/2009 I I TO PART I 41-T001

11,870

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

15.99 OUTLIER RECONCILIATION ADJUSTMENT
AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)
SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)

1, 881, 935

INTERIM PAYMENTS 1, 870, 065 19 19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)

20 BALANCE DUE PROVI DER/PROGRAM

PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

---- FI ONLY -----

ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) 50 OR 1.09 (IPF)

51

OR 1.09 (IPF).

ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
ENTER THE TIME VALUE OF MONEY. 52

53

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

DIRECT GRADUATE MEDICAL EDUCATION (GME) I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

& ESRD OUTPATIENT DIRECT MEDICAL | 1 41-0001 | 1 FROM 10/ 1/2008 | 1 WORKSHEET E-3

EDUCATION COSTS | 1 FROM 10/ 1/2008 | 1 PART IV

TITLE XVIII

ITTLE XVIII	
COMPUTATION OF TOTAL DIRECT GME AMOUNT	
1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1. 01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY 2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3 AGGREGATE APPROVED AMOUNT	
3. O1 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	75. 56
PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	
3. 02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	
PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3. 03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	
PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3,	
3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	75. 09
3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	67. 12
3. 06 ENTER THE LESSER OF LINE 3. 04 OR LINE 3. 05.	67.12
3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN	60. 52
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN	
COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3. 08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN	6. 98
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN	3.70
COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS	
IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	(7.50
3.09 ENTER THE SUM OF LINES 3.07 AND 3.08. 3.10 SEE INSTRUCTIONS	67. 50 67. 50
3. 11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR	3.00
IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS	
IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	2.22
3.12 SEE INSTRUCTIONS 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE	9. 98 11. 31
RESIDENTS FOR THE PRIOR COST REPORTING YEAR	11.31
(SEE INSTRUCTIONS)	
3. 14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE	11. 46
RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
(SEE INSTRUCTIONS)	
3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS 10.92
3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF	RES INIT YEARS 10. 92 10. 92
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW	
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	10. 92
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	10. 92 125, 458. 30
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	10. 92
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3.18 SEE INSTRUCTIONS 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	10. 92 125, 458. 30 1, 370, 005 61. 39
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3.18 SEE INSTRUCTIONS 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND 0B/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND	10. 92 125, 458. 30 1, 370, 005
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3.18 SEE INSTRUCTIONS 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	10. 92 125, 458. 30 1, 370, 005 61. 39 59. 22
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3.18 SEE INSTRUCTIONS 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND 0B/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND	10. 92 125, 458. 30 1, 370, 005 61. 39
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3.18 SEE INSTRUCTIONS 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS	10. 92 125, 458. 30 1, 370, 005 61. 39 59. 22 RES INIT YEARS 60. 38
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3.18 SEE INSTRUCTIONS 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	10. 92 125, 458. 30 1, 370, 005 61. 39 59. 22 RES INIT YEARS 60. 38 60. 38 132, 335. 91
3. 16 ENTER THE SUM OF LINE 3. 15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3. 17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3. 18 SEE INSTRUCTIONS 3. 19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3. 20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3. 21 SEE INSTRUCTIONS 3. 22 SEE INSTRUCTIONS 3. 23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS	10. 92 125, 458. 30 1, 370, 005 61. 39 59. 22 RES INIT YEARS 60. 38 60. 38
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3. 16 ENTER THE SUM OF LINE 3. 15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3. 17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3. 18 SEE INSTRUCTIONS 3. 19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3. 20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3. 21 SEE INSTRUCTIONS 3. 22 SEE INSTRUCTIONS 3. 23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 26 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 27 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 28 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 29 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 20 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 4 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 6. 03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 6. 04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 6. 05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST RE	10. 92 125, 458. 30 1, 370, 005 61. 39 59. 22 RES INIT YEARS 60. 38 60. 38 132, 335. 91 7, 990, 442 9, 360, 447 13, 489 32, 196 418965 3, 921, 700 6, 772 32, 196 100. 00
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3. 16 ENTER THE SUM OF LINE 3. 15 PLUS THE WEIGHTED NUMBER OF NONPRI MARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3. 17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3. 18 SEE INSTRUCTIONS 3. 19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3. 20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3. 21 SEE INSTRUCTIONS 3. 22 SEE INSTRUCTIONS 3. 23 SEE INSTRUCTIONS 3. 24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 26 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 5. SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT DAYS 5. TOTAL INPATIENT DAYS 6. O2 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 6. O3 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 6. O4 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD. 6. O5 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD. 6. O6 PROGRAM MANAGED CARE DAYS OCCURING BEFORE JAN 1 OF THIS COST REPORTING PERIOD. 6. O7 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA	10. 92 125, 458. 30 1, 370, 005 61. 39 59. 22 RES INIT YEARS 60. 38 60. 38 132, 335. 91 7, 990, 442 9, 360, 447 13, 489 32, 196 418965 3, 921, 700 6, 772 32, 196 100. 00 1, 690, 650
3. 16 ENTER THE SUM OF LINE 3. 15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3. 17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3. 18 SEE INSTRUCTIONS 3. 19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3. 20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3. 21 SEE INSTRUCTIONS 3. 22 SEE INSTRUCTIONS 3. 23 SEE INSTRUCTIONS 3. 24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 26 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 5. SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT DAYS 5. TOTTAL INPATIENT DAYS 6. RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 6. 01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6. 02 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 05 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 6. 03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 6. 04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 6. 05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD. 6. 06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS) 6. 07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA	10. 92 125, 458. 30 1, 370, 005 61. 39 59. 22 RES INIT YEARS 60. 38 60. 38 132, 335. 91 7, 990, 442 9, 360, 447 13, 489 32, 196 418965 3, 921, 700 6, 772 32, 196 100. 00 1, 690, 650
3. 16 ENTER THE SUM OF LINE 3. 15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3. 17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT. 3. 18 SEE INSTRUCTIONS 3. 19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3. 20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3. 21 SEE INSTRUCTIONS 3. 22 SEE INSTRUCTIONS 3. 23 SEE INSTRUCTIONS 3. 23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3. 25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 6 COTAL INPATIENT DAYS 6 COTAL INPATIENT DAYS 6. 0.1 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6. 0.2 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 6. 0.3 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 6. 0.4 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 6. 0.5 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD. 6. 0.6 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS) 6. 0.7 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	10. 92 125, 458. 30 1, 370, 005 61. 39 59. 22 RES INIT YEARS 60. 38 60. 38 132, 335. 91 7, 990, 442 9, 360, 447 13, 489 32, 196 418965 3, 921, 700 6, 772 32, 196 100. 00 1, 690, 650

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND DIRECT GRADUATE MEDICAL EDUCATION (GME) I PROVIDE & ESRD OUTPATIENT DIRECT MEDICAL I 41-0001

	XVΙ	

28, 970, 485
316, 673 28, 653, 812
8, 179, 256 5, 124 8, 174, 132 36, 827, 944 . 778045 . 221955
5, 612, 350 4, 366, 661 1, 245, 689

TITLE XVIII

CALCUL	ATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA	COLUMN 1	COLUMN 1 01
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.		COLUMN 1.01
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS) UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	75. 09 75. 56	
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	75. 09	
5	ATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4) 1 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY) DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEEINSTRUCTIONS) ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS) MULTIPLY LINE 7 TIMES LINE 8 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6. DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10) DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		
CALCULA 13	ATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA REDUCED IME FTE CAP (SEE INSTRUCTIONS)		
14 15	UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05 PRORATED REDUCED ALLOWABLE IME FTE CAP		
CALCULA 16	ATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP	5. 91	
	SLOTS UNDER 42 SEC. 412.105(f)(I)(Iv)(C).		
17 18	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) IF THE AMOUNT ON LINE 17 IS GREATER THAN -O-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS	. 63 . 63	
19 20 21	STRADDLING 7/1/2005) RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A) IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS) DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	. 004873 . 001301 16, 792, 069	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	8, 293, 388	
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	32, 636	

Health Financial Systems MCRI F32

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (06/2003)

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

I FROM 10/ 1/2008 I
I TO 9/30/2009 I WORKSHEET G BALANCE SHEET

		GENERAL	SPECI FI	^ ENDO	WMENT	PLANT
		FUND	PURPOSI		UND	FUND
	ASSETS	. 0.15	FUND		0.15	. 0.15
		1	2		3	4
4	CURRENT ASSETS	E00 440	0 (50 040	4 000 700	44 450 045	
1 2	CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS	588, 412	3, 652, 318	1, 280, 783 2, 388, 866	11, 453, 045	
3	NOTES RECEIVABLE			2, 300, 000		
4	ACCOUNTS RECEIVABLE	36, 135, 566				
5	OTHER RECEI VABLES		591, 675	292, 947	2, 150	
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS					
-	RECEI VABLE	750 400				
7 8	I NVENTORY PREPAI D EXPENSES	752, 439 1, 081, 771				
9	OTHER CURRENT ASSETS	285, 753				
10	DUE FROM OTHER FUNDS	-53, 402				
11	TOTAL CURRENT ASSETS	38, 790, 539	4, 243, 993	3, 962, 596	11, 455, 195	
	FIXED ASSETS					
12	LAND				1, 822, 002	
12. 01 13	LAND IMPROVEMENTS				1, 539, 572	
	LESS ACCUMULATED DEPRECIATION				-1, 428, 793	
14	BUI LDI NGS				47, 162, 356	
14.01	LESS ACCUMULATED DEPRECIATION				-27, 248, 717	
15	LEASEHOLD IMPROVEMENTS					
	LESS ACCUMULATED DEPRECIATION				44 /0/ 054	
16	FIXED EQUIPMENT LESS ACCUMULATED DEPRECIATION				14, 606, 254 -10, 255, 187	
17	AUTOMOBILES AND TRUCKS				-10, 200, 107	
	LESS ACCUMULATED DEPRECIATION					
18	MAJOR MOVABLE EQUIPMENT				41, 175, 790	
	LESS ACCUMULATED DEPRECIATION				-33, 451, 662	
19	MI NOR EQUI PMENT DEPRECI ABLE					
	LESS ACCUMULATED DEPRECIATION					
20 21	MINOR EQUIPMENT-NONDEPRECIABLE TOTAL FIXED ASSETS				33, 921, 615	
Z I	OTHER ASSETS				33, 721, 013	
22	INVESTMENTS		713, 798	22, 992, 449		
23	DEPOSITS ON LEASES					
24	DUE FROM OWNERS/OFFICERS					
25	OTHER ASSETS		402, 984	434, 197	1, 468, 910	
26 27	TOTAL ASSETS	38, 790, 539	1, 116, 782 5, 360, 775	23, 426, 646	1, 468, 910	
21	TOTAL ASSETS	36, 190, 539	o, 300, 775	27, 389, 242	46, 845, 720	

Health Financial Systems

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (06/2003)

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

I FROM 10/ 1/2008 I

I TO 9/30/2009 I WORKSHEET G MCRIF32

BALANCE SHEET

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFI PURPOS FUND		WMENT UND	PLANT FUND
		1	2	;	3	4
28 29	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE	14, 480, 125 3, 490, 459			32, 022	
30 31 32	PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME	305, 581 18, 175, 000			174, 984	
33 34	ACCELERATED PAYMENTS DUE TO OTHER FUNDS			473, 836		
35	OTHER CURRENT LIABILITIES	4, 306, 073	1, 060, 227	473, 030	94, 525	
36	TOTAL CURRENT LIABILITIES	40, 757, 238	1, 060, 227	473, 836	301, 531	
	LONG TERM LIABILITIES			·	•	
37	MORTGAGE PAYABLE					
38	NOTES PAYABLE				15, 858, 253	
39	UNSECURED LOANS					
40. 01						
40. 02						
41 42	OTHER LONG TERM LIABILITIES TOTAL LONG-TERM LIABILITIES				15, 858, 253	
42	TOTAL LIABILITIES	40, 757, 238	1, 060, 227	473, 836	16, 159, 784	
43	CAPITAL ACCOUNTS	40, 737, 230	1,000,227	473,030	10, 137, 704	
44	GENERAL FUND BALANCE	-1, 966, 699				
45	SPECIFIC PURPOSE FUND	1,700,077	4, 300, 548			
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED		.,,	3, 124, 158		
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT					
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE			23, 791, 248		
49	PLANT FUND BALANCE-INVESTED IN PLANT				30, 685, 936	
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT,					
	REPLACEMENT AND EXPANSION					
51	TOTAL FUND BALANCES	-1, 966, 699	4, 300, 548			
52	TOTAL LIABILITIES AND FUND BALANCES	38, 790, 539	5, 360, 775	27, 389, 242	46, 845, 720	

Health Financial Sys	stems MCRIF32	FOR MEMORIAL	HOSPITAL OF	RHODE	ISLAND	IN LIEU	OF FORM	CMS-2552-	96 (09/1996)	
STATEMENT OF CH	HANGES IN FUND BALANCES			 	PROVI DER 41-0001	NO: I		0/ 1/2008 9/30/2009	I PREPARED I WORKSHI	4/12/2010 EET G-1

		GENERAL FUND 1 2	SPECIFIC PURPOSE FUND 3 4
1	FUND BALANCE AT BEGINNING OF PERIOD	-767, 904	5, 424, 372
2 3	NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS)	-4, 898, 796 -5, 666, 700 (SPECLEY)	5, 424, 372
4 5 6	CASH RECEIPTS SEE DETAIL	3, 700, 001	1, 563, 659
7 8			
9 10 11	TOTAL ADDITIONS SUBTOTAL	3, 700, 001 -1, 966, 699	1, 563, 659 6, 988, 031
12 13	DEDUCTIONS (DEBIT ADJUSTMENTS) SEE DETAIL	(SPECIFY)	2, 687, 483
14 15			
16 17 18	TOTAL DEDUCTIONS		2, 687, 483
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-1, 966, 699	4, 300, 548
		ENDOWMENT FUND	PLANT FUND
1	FUND BALANCE AT BEGINNING	ENDOWMENT FUND 5 6 33, 526, 026	PLANT FUND 7 8 28, 905, 803
1 2 3	OF PERIOD NET INCOME (LOSS) TOTAL	5 6 33, 526, 026 33, 526, 026	7 8
2 3 4	OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS) CASH RECEIPTS	5 6 33, 526, 026 33, 526, 026 (SPECI FY)	7 8 28, 905, 803 28, 905, 803
2 3 4 5 6 7	OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS)	5 6 33, 526, 026 33, 526, 026	7 8 28, 905, 803
2 3 4 5 6 7 8 9	OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS) CASH RECEIPTS SEE DETAIL TOTAL ADDITIONS	5 6 33, 526, 026 33, 526, 026 (SPECI FY) 83, 394	7 8 28, 905, 803 28, 905, 803 1, 780, 133
2 3 4 5 6 7 8 9 10	OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS) CASH RECEIPTS SEE DETAIL TOTAL ADDITIONS SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS)	5 6 33, 526, 026 33, 526, 026 (SPECI FY) 83, 394 83, 394 33, 609, 420 (SPECI FY)	7 8 28, 905, 803 28, 905, 803 1, 780, 133
2 3 4 5 6 7 8 9 10 11 12 13	OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS) CASH RECEIPTS SEE DETAIL TOTAL ADDITIONS SUBTOTAL	5 6 33, 526, 026 33, 526, 026 (SPECI FY) 83, 394 83, 394 33, 609, 420	7 8 28, 905, 803 28, 905, 803 1, 780, 133
2 3 4 5 6 7 8 9 10 11	OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS) CASH RECEIPTS SEE DETAIL TOTAL ADDITIONS SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS)	5 6 33, 526, 026 33, 526, 026 (SPECI FY) 83, 394 83, 394 33, 609, 420 (SPECI FY)	7 8 28, 905, 803 28, 905, 803 1, 780, 133

Health Financial Systems	MCRI F32	FOR MEMORIA	L HOSPITAL	0F	RHODE	ISLAND	ΙN	LI EU	OF FOR	RM CMS-2552-	-96	(09/1996)	
					- 1	PROVI DER	NO:	- 1	PERI (DD:	- 1	PREPARED	4/12/2010
STATEMENT OF PAT	LENT REVENUES AN	D OPERATING	EXPENSES		- 1	41-0001		- 1	FROM	10/ 1/2008	- 1	WORKSHE	ET G-2
					- 1			- 1	T0	9/30/2009	- 1	PARTS I	& II

PART I - PATIENT REVENUES

	REVENUE CENTER	I NPATI ENT 1	OUTPATI ENT 2	TOTAL 3
1 2 4 5	GENERAL INPATIENT ROUTINE CARE SERVICES OO HOSPITAL OO SUBPROVIDER OO SWING BED - SNF OO SWING BED - NF	34, 649, 987 3, 994, 325		34, 649, 987 3, 994, 325
9	OO TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	38, 644, 312		38, 644, 312
10 11 12 13	OO INTENSIVE CARE UNIT OO CORONARY CARE UNIT OO BURN INTENSIVE CARE UNIT OO SURGICAL INTENSIVE CARE UNIT	12, 032, 936		12, 032, 936
15	OO TOTAL INTENSIVE CARE TYPE INPAT HOSP	12, 032, 936		12, 032, 936
16 17 18 19 24	OO TOTAL INPATIENT ROUTINE CARE SERVICE OO ANCILLARY SERVICES OO OUTPATIENT SERVICES OO HOME HEALTH AGENCY OO PHYSICIAN	50, 677, 248 105, 585, 535 2, 793, 745		
25	00 TOTAL PATIENT REVENUES	159, 056, 528	183, 992, 606	343, 049, 134
	PART II-0	OPERATING EXPENSES		
Α	OO OPERATING EXPENSES DD (SPECIFY) OO ADD (SPECIFY)		166, 133, 799	
	00 BAD DEBT 00 00 00 00	12, 654, 073		
	OO TOTAL ADDITIONS EDUCT (SPECIFY) OO DEDUCT (SPECIFY) OO OO OO		12, 654, 073	
39 40	00 TOTAL DEDUCTIONS 00 TOTAL OPERATING EXPENSES		178, 787, 872	

DESCRIPTION

1 2 3 4 5	TOTAL PATIENT REVENUES LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS NET PATIENT REVENUES LESS: TOTAL OPERATING EXPENSES NET INCOME FROM SERVICE TO PATIENTS OTHER INCOME	343, 049, 134 175, 289, 858 167, 759, 276 178, 787, 872 -11, 028, 596
6 7 8	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. INCOME FROM INVESTMENTS REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	7, 422 25, 469
9 10 11	REVENUE FROM TELEVISION AND RADIO SERVICE PURCHASE DISCOUNTS REBATES AND REFUNDS OF EXPENSES	
12 13	PARKING LOT RECEIPTS REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	953, 885
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	46, 542
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19 20	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	11, 700
22	RENTAL OF HOSPITAL SPACE	11, 700
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	5, 084, 782
25	TOTAL ÒTHER INCOME	6, 129, 800
26	TOTAL	-4, 898, 796
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28 29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-4, 898, 796

Health Financial Systems M ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS MCRIF32 HHA 1

		SALARI ES	EMPLOYEE BENEFITS	TRANSPORTATI ON	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATI ON						
5	ADMIN & GENERAL	979, 740		201, 458	64, 759	170, 839	1, 416, 796
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	2, 464, 502					2, 464, 502
7	PHYSI CAL THERAPY	663, 316					663, 316
8	OCCUPATIONAL THERAPY	139, 445					139, 445
9	SPEECH PATHOLOGY	71, 348					71, 348
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE	520, 556					520, 556
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREI MBURSABLE SERVI CES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPI RATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER						
23. 50	TELEMEDICINE			004 450	===	470.000	- 07- 0/0
24	TOTAL (SUM OF LINES 1-23)	4, 838, 907		201, 458	64, 759	170, 839	5, 275, 963

		RECLASSI FI -	RECLASSI FI ED		NET EXPENSES
		CATI ONS	TRIAL BALANCE	ADJUSTMENTS	FOR ALLOCATION
		7	8	9	10
	GENERAL SERVICE COST CENT	ERS			
1	CAP-REL COST-BLDG & FIX				
2	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL		1, 416, 796		1, 416, 796
,	HHA REIMBURSABLE SERVICES	i	0 4/4 500		0 4/4 500
6	SKILLED NURSING CARE		2, 464, 502		2, 464, 502
7	PHYSI CAL THERAPY		663, 316		663, 316
8	OCCUPATIONAL THERAPY		139, 445		139, 445
9	SPEECH PATHOLOGY		71, 348		71, 348
10 11	MEDICAL SOCIAL SERVICES HOME HEALTH AIDE		E20 EE/		E20 EE/
12	SUPPLIES		520, 556		520, 556
13	DRUGS				
13. 20	COST ADMINISTERING DRUGS				
13. 20	DME				
14	HHA NONREI MBURSABLE SERVI	CES			
15	HOME DIALYSIS ALDE SVCS	CLS			
16	RESPIRATORY THERAPY				
17	PRI VATE DUTY NURSI NG				
18	CLINIC				
19	HEALTH PROM ACTIVITIES				
20	DAY CARE PROGRAM				
21	HOME DEL MEALS PROGRAM				
22	HOMEMAKER SERVICE				
23	ALL OTHER				
23.50	TELEMEDI CI NE				
24	TOTAL (SUM OF LINES 1-23)		5, 275, 963		5, 275, 963

Health Financial Systems	MCRI F32	FOR	MEMORI AL	HOSPI T	AL OF	RHODE	LSLAND	ΙN	LLEU	OF FOR	M CMS-255	2-96	(05/2007)		
COST ALLOCATION -						I	PROVI DER			PERI OD			PREPARED	4/12/2010	
HHA GENERAL SERVICE COST						1	41-0001		- 1	FROM 1	0/ 1/2008	- 1	WORKSHEET	H-4	
						- 1	HHA NO:		- 1	TO	9/30/2009	- 1	PART I		
						1	41-7025		- 1			- 1			

HHA	1
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		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION		ADMINISTRATIV E & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CE	INTERS						
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3 4	PLANT OPER & MAINT TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	1 /14 704					1 /14 704	1 /14 704
Э	HHA REIMBURSABLE SERVIC						1, 416, 796	
6	SKILLED NURSING CARE	2, 464, 502					2, 464, 502	
7	PHYSI CAL THERAPY	663, 316					663, 316	
8	OCCUPATI ONAL THERAPY	139, 445					139, 445	
9	SPEECH PATHOLOGY	71, 348					71, 348	26, 194
10	MEDICAL SOCIAL SERVICES	F20 FF/					E20 EE/	101 100
11	HOME HEALTH AIDE	520, 556					520, 556	191, 109
12 13	SUPPLI ES DRUGS							
13, 20	COST ADMINISTERING DRUGS							
13. 20	DMF							
14	HHA NONREI MBURSABLE SER	NI CES						
15	HOME DIALYSIS AIDE SVCS	WICES						
16	RESPIRATORY THERAPY							
17	PRI VATE DUTY NURSI NG							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS							
23. 50	TELEMEDI CI NE							
24	TOTAL (SUM OF LINES 1-23)	5, 275, 963					5, 275, 963	

TOTAL

			6
	GENERAL SERVICE COST CENTERS	5	
1	CAP-REL COST-BLDG & FIX		
2	CAP-REL COST-MOV EQUIP		
3	PLANT OPER & MAINT		
4	TRANSPORTATION		
5	ADMINISTRATIVE & GENERAL HHA REIMBURSABLE SERVICES		
6	SKILLED NURSING CARE	3,	369, 281
7	PHYSI CAL THERAPY		906, 836
8	OCCUPATIONAL THERAPY		190, 639
9	SPEECH PATHOLOGY		97, 542
10	MEDICAL SOCIAL SERVICES		
11	HOME HEALTH AIDE		711, 665
12 13	SUPPLI ES DRUGS		
13, 20			
13. 20	DMF		
14	HHA NONREI MBURSABLE SERVI CES		
15	HOME DIALYSIS ALDE SVCS	,	
16	RESPIRATORY THERAPY		
17	PRIVATE DUTY NURSING		
18	CLINIC		
19	HEALTH PROM ACTIVITIES		
20	DAY CARE PROGRAM		
21	HOME DEL MEALS PROGRAM		
22	HOMEMAKER SERVICE		
23	ALL OTHERS		
	TELEMEDICINE	_	075 070
24	TOTAL (SUM OF LINES 1-23)	5,	275, 963

Health Financial Systems COST ALLOCATION - HHA STATISTICAL BASIS	MCRIF32	FOR MEMORIAL HOSPI	TAL OF RHODE I I I	ISLAND IN PROVIDER NO: 41-0001 HHA NO: 41-7025	I LIEU OF FORM CMS-2552 I PERIOD: I FROM 10/ 1/2008 I TO 9/30/2009	-96 (05/2007) PREPARED 4/12/2010 WORKSHEET H-4 PART
		HHA 1				
	CAD D	EL CAD DEL	DLANT ODED	TDANCDODTA	TIO DECONCLITATIO ADMI	NI CTDATI V

		CAP-REL COST-BLDG & FLX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI (O RECONCILIATIO N	ADMINISTRATIV E & GENERAL
		(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(MI LEAGE)	((ACCUM.
1 2 3 4	GENERAL SERVICE COST CI CAP-REL COST-BLDG & FIX CAP-REL COST-MOV EQUIP PLANT OPER & MAINT TRANSPORTATION	1 ENTERS	2	3	4	5A	5
5	ADMINISTRATIVE & GENERAL HHA REIMBURSABLE SERVIO	CES				-1, 416, 796	3, 859, 167
6 7 8 9 10	SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES	525					2, 464, 502 663, 316 139, 445 71, 348
11 12	HOME HEALTH AIDE SUPPLIES						520, 556
13 13. 20 14	DRUGS COST ADMI NI STERI NG DRUGS DME HHA NONREI MBURSABLE SEI	RVICES					
15 16 17 18	HOME DI ALYSIS AT DE SVCS RESPIRATORY THERAPY PRI VATE DUTY NURSING CLINIC	626					
19 20 21 22 23	HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHERS						
23. 50 24 25 26	TELEMEDICINE TOTAL (SUM OF LINES 1-23) COST TO BE ALLOCATED UNIT COST MULIPLIER)				-1, 416, 796	3, 859, 167 1, 416, 796 . 367125

Heal th	Fi nanci	al	Syst	ems	MCRIF32
ALLO	CATI ON	OF	GENE	RAL	SERVI CE
COST	S TO HE	IA (COST	CENT	ERS

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

I 41-0001 I FROM 10/ 1/2008 I WORKSHEET H-5

I HHA NO: I TO 9/30/2009 I PART I

I 41-7025 I I I

41-7025

ННА	COST CENTER	HHA TRIAL BALANCE (1) O	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01	NEW CAP REL COSTS-MACCOL 3.02
1 2 3 4 4 5 6 6 7 8 9 9. 20 10 11 12 13 14 15 16 17 18 19	ADMIN & GENERAL SKI LLED NURSING CARE PHYSI CAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST ADMINISTERING DRUGS DME HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER	3, 369, 281 906, 836 190, 639 97, 542 711, 665		2		3.01	3.02
19. 50 20 21	TELEMEDICINE TOTAL (SUM OF 1-19) (2) UNIT COST MULIPLIER	5, 275, 963					

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

		NEW CAP REL	NEW CAP REL	NEW CAP REL	NEW CAP REL	NEW CAP REL	NEW CAP REL
ННА	COST CENTER	COSTS-RI CHAR 3. 03	COSTS-WOOD 3.04	COSTS-HODGSO 3. 05	COSTS-OPD 3.06	COSTS-GARAGE 3. 07	COSTS-ABC 3.08
1 2 3 4 5 6	ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE	59, 972					
8 9 9. 20 10	SUPPLIES DRUGS COST ADMINISTERING DRUGS DME						
10 11 12 13 14	HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC						
15 16 17	HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM						
18 19 19. 50	HOMEMAKER SERVICE ALL OTHER TELEMEDICINE						
20 21	TOTAL (SUM OF 1-19) (2) UNIT COST MULIPLIER	59, 972					

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

Health Financial Systems MCRI ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS MCRIF32

IN LIEU OF FORM CMS-2552-96 (05/2007) FOR MEMORIAL HOSPITAL OF RHODE ISLAND PROVI DER NO: PREPARED 4/12/2010 WORKSHEET H-5 I PERIOD: I FROM 10/ 1/2008 41-0001 9/30/2009 HHA NO: I TO PART I 41-7025

	NEW CAP REL	NEW CAP REL	NEW CAP REL	NEW CAP REL	NEW CAP REL	NEW CAP REL
	COSTS-AMBULA	COSTS-SAYLES	COSTS-NOTRE	COSTS-PRIMAR	555 PROSPECT	COSTS - PLAI
HHA COST CENTER	3. 09	3. 10	3. 11	3. 12	3. 13	3. 14

- ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY 1 2 3
- 4
- OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES 6 7
 - HOME HEALTH AIDE
- SUPPLI ES
- DRUGS 9. 20 COST ADMINISTERING DRUGS
- 10 DME
- HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING 11 12 13 14 15

- CLINIC HEALTH PROM ACTIVITIES
- 16 17 DAY CARE PROGRAM
 HOME DEL MEALS PROGRAM
- 18 HOMEMAKER SERVICE
- ALL OTHER
- 19.50 TELEMEDI CI NE
- TOTAL (SUM OF 1-19) 20 21 UNIT COST MULIPLIER

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

ННА	COST CENTER	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	COMMUNI CATI O NS 6. 01	I NFORMATI ON SERVI CES 6. 02	PURCHASING R ECEIVING AND 6.03	ADMITTING 6.04
1 2 3 4 5 5 6 7 8 9 9 20 10 11 12 13 14 15 16 17	ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST ADMINISTERING DRUGS DME HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM	22, 799	313, 081 862, 194 262, 803 49, 626 25, 391 182, 250		J. 02	16, 284	3.31
18 19 19. 50 20 21	HOMEMAKER SERVICE ALL OTHER TELEMEDICINE TOTAL (SUM OF 1-19) (2) UNIT COST MULIPLIER	22, 799	1, 695, 345			16, 284	

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

Health Financial Systems MCRI ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS MCRIF32

IN LIEU OF FORM CMS-2552-96 (05/2007)
NO: | PERIOD: | PREPARED 4/12/2010
| FROM 10/ 1/2008 | WORKSHEET H-5 FOR MEMORIAL HOSPITAL OF RHODE ISLAND EU OF FUNN .
I PERIOD: 1
I FROM 10/ 1/2008 I
I TO 9/30/2009 I
I I PROVI DER NO: 41-0001 HHA NO: PART I 41-7025

		BUSINESS OFF	SUBTOTAL	OTHER ADMINI STRATIVE AND	GRANTS ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT
ННА	COST CENTER	6. 05	6A. 05	6. 06	6. 07	7	8
1	ADMIN & GENERAL		395, 852	57, 551		45, 823	139, 178
2	SKILLED NURSING CARE		4, 247, 759	617, 560			
3	PHYSI CAL THERAPY		1, 169, 639	170, 048			
4 5	OCCUPATIONAL THERAPY SPEECH PATHOLOGY		240, 265 122, 933	34, 931			
6	MEDICAL SOCIAL SERVICES		122, 933	17, 873			
7	HOME HEALTH AIDE		893, 915	129, 962			
8	SUPPLIES		070, 710	127, 702			
9	DRUGS						
9. 20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPI RATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16 17	DAY CARE PROGRAM HOME DEL MEALS PROGRAM						
17	HOMEMAKER SERVICE						
19	ALL OTHER						
19. 50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)		7, 070, 363	1, 027, 925		45, 823	139, 178
21	UNIT COST MULIPLIER		.,,	.,, /20		, 525	, . , .

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

		LAUNDRY & LI NEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE OF PERSONNEL	NURSING ADMI
ННА	COST CENTER	9	10	11	12	13	14
1 2 3 4 5 6 7 8 9 9. 20 10 11 12	ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST ADMINISTERING DRUGS DME HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY		39, 758		34, 833 55, 946 18, 889 4, 046 2, 023 28, 984		357, 387
13 14 15 16 17 18 19 19. 50 20 21	PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER TELEMEDICINE TOTAL (SUM OF 1-19) (2) UNIT COST MULIPLIER		39, 758		144, 721		357, 387

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

Health Financial Systems MCRI ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS MCRI F32

IN LIEU OF FORM CMS-2552-96 (05/2007)
NO: I PERIOD: I PREPARED 4/12/2010
I FROM 10/ 1/2008 I WORKSHEET H-5 FOR MEMORIAL HOSPITAL OF RHODE ISLAND EU UF 1 5.....
I PERIOD:
I FROM 10/ 1/2008 |
I TO 9/30/2009 | PROVIDER NO: 41-0001 HHA NO: PART I 41-7025

HHA 1

	CE	DEPARTMENT O	DEPARTMENT O F CARDIOLOGY
17	18	19	19. 01
	RDS & LI BRAR 17		

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

		DEPARTMENT O F SURGERY	DEPARTMENT O F FAMILY CAR	NONPHYSI CI AN ANESTHETI ST	NURSING SCHO OL	I&R SERVICES -SALARY & FR	
ННА	COST CENTER	19. 02	19. 03	20	21	22	23
1 2	ADMIN & GENERAL SKILLED NURSING CARE						
3	PHYSI CAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
8	HOME HEALTH AIDE SUPPLIES						
9	DRUGS						
9. 20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPI RATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16 17	DAY CARE PROGRAM HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19. 50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)						
21	UNIT COST MULIPLIER						

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

Heal th	Fi nand	ci al	Syst	ems	MCRI F32	
ALL0	CATI Of	V OF	GENE	RAL	SERVI CE	
COST	S TO F	HHA (COST	CENT	ΓERS	

IN LIEU OF FORM CMS-2552-96 (05/2007)
NO: | | PERIOD: | | PREPARED | 4/12/2010
| | FROM 10/ 1/2008 | | WORKSHEET | H-5
| | TO 9/30/2009 | PART | FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN PROVIDER NO:
| 41-0001 | HHA NO: | FUND | 41-7025

HHA 1

ННА	COST CENTER	PARAMED ED P RGM-(SPECIFY 24	PSYCHOLOGY I NTERNS PARAM 24.01	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 2 3 4 5 6 7 8 9 9.20 10 11 12 13 14 15	ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST ADMINISTERING DRUGS DME HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES			727, 003 5, 278, 652 1, 358, 576 279, 242 142, 829 1, 052, 861		727, 003 5, 278, 652 1, 358, 576 279, 242 142, 829 1, 052, 861	473, 068 121, 754 25, 025 12, 800 94, 356
16 17 18 19 19. 50 20	DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER TELEMEDICINE TOTAL (SUM OF 1-19) (2) UNIT COST MULIPLIER			8, 839, 163		8, 839, 163	727, 003 0. 089619

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

ННА	COST CENTER	TOTAL HHA COSTS 29
1 2 3 4 5 6 7 8	ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS	5, 751, 720 1, 480, 330 304, 267 155, 629 1, 147, 217
9. 20 10 11		
12 13 14 15		
16 17 18	DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE	
19 19. 50 20 21	ALL OTHER TELEMEDICINE TOTAL (SUM OF 1-19) (2) UNIT COST MULIPLIER	8, 839, 163

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

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (05/2007) I PROVIDER NO: I PERIOD: I PREPARED 4/7 I 41-0001 I FROM 10/ 1/2008 I WORKSHEET H I HHA NO: I TO 9/30/2009 I PART II I 41-7025 I I	
	HHA 1	
HHA COST CENTER	OLD CAP REL COSTS-BLDG & COSTS-MVBLE COSTS-BLDG & COSTS-BLDG & COSTS-BLDG & COSTS-MACCOL COSTS-RICH/ (SOUARE FEE (ACQUISITIO (SOUARE FEE (SOUARE FEE (SOUARE FEE (SOUARE FEE (SOUARE FEE)) N COST OLD) T) T) OLL NEW) ARDSON NEW 1 2 3 3 3.01 3.02 3.03	AR)
1 ADMIN & GENERAL 2 SKI LLED NURSI NG CARE 3 PHYSI CAL THERAPY 4 OCCUPATI ONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDI CAL SOCI AL SERVI CES 7 HOME HEALTH AIDE 8 SUPPLI ES 9 DRUGS 9. 20 COST ADMINI STERI NG DRUGS 10 DME 11 HOME DI ALYSI S AIDE SVCS 12 RESPI RATORY THERAPY 13 PRI VATE DUTY NURSI NG 14 CLI NI C 15 HEALTH PROM ACTI VI TI ES 16 DAY CARE PROGRAM 17 HOME DEL MEALS PROGRAM 18 HOMEMAKER SERVI CE 19 ALL OTHER	8,900	
20 TOTAL (SUM OF 1-19) 21 COST TO BE ALLOCATED 22 UNIT COST MULIPLIER	8, 900 59, 972 6. 738427	
HHA COST CENTER	NEW CAP REL COSTS-WOOD COSTS-HODGSO COSTS-OPD COSTS-GARAGE COSTS-ABC COSTS-AMBUL (SQ FT WOOD NEW) NEW CAP REL NEW CAP R	LA
1 ADMIN & GENERAL 2 SKI LLED NURSI NG CARE 3 PHYSI CAL THERAPY 4 OCCUPATI ONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDI CAL SOCI AL SERVI CES 7 HOME HEALTH AIDE 8 SUPPLI ES 9 DRUGS 9 20 COST ADMINI STERI NG DRUGS 10 DME 11 HOME DI ALYSI S AI DE SVCS 12 RESPIRATORY THERAPY 13 PRI VATE DUTY NURSI NG 14 CLI NI C 15 HEALTH PROM ACTI VI TI ES 16 DAY CARE PROGRAM 17 HOME DEL MEALS PROGRAM 18 HOMEMAKER SERVI CE 19 ALL OTHER 19 50 TELEMEDI CI NE 20 TOTAL (SUM OF 1-19) 21 COST TO BE ALLOCATED 22 UNI T COST MULI PLI ER		

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	FOR MEMORIAL HOSPITAL OF	RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (05/2007) I PROVIDER NO: I PERIOD: I PREPARED 4/12/20 I 41-0001 I FROM 10/ 1/2008 I WORKSHEET H-5 I HHA NO: I TO 9/30/2009 I PART II I 41-7025 I I	10
	NEW CAP REL NEW CAP REL COSTS-SAYLES COSTS-NOTRE	NEW CAP REL NEW CAP REL NEW CAP REL COSTS-PRIMAR 555 PROSPECT COSTS - PLAI COSTS-MVBLE	
HHA COST CENTER	(SQ FT SAYL (SQ FT NOTR ES NEW) E DAME NEW 3.10 3.11	(SQ FT PRIM (TOTAL SQUA (SQ FT PLAI (ACQUISITIO)) CARE NEW) RE FEET) NVILLE) N COST NEW) 3. 12 3. 13 3. 14 4	
1 ADMIN & GENERAL 2 SKILLED NURSING CARE 3 PHYSICAL THERAPY 4 OCCUPATIONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDICAL SOCIAL SERVICES 7 HOME HEALTH AIDE 8 SUPPLIES 9 DRUGS 9. 20 COST ADMINISTERING DRUGS 10 DME 11 HOME DIALYSIS AIDE SVCS 12 RESPIRATORY THERAPY 13 PRIVATE DUTY NURSING 14 CLINIC 15 HEALTH PROM ACTIVITIES 16 DAY CARE PROGRAM 17 HOME DEL MEALS PROGRAM 18 HOMEMAKER SERVICE 19 ALL OTHER 19. 50 TELEMEDICINE 20 TOTAL (SUM OF 1-19) 21 COST TO BE ALLOCATED 22 UNIT COST MULIPLIER		372, 459 22, 799 0. 061212	
HHA COST CENTER	EMPLOYEE BEN COMMUNICATION EFITS NS (GROSS SALA (NUMBER OF RIES) EXTENSIONS 5 6.01	INFORMATION PURCHASING R ADMITTING BUSINESS OFF SERVICES ECEIVING AND ICE (PROCESSING (COSTED REQ (REVENUE IN (REVENUE TO) TIME) UISITIONS) PATIENT) TAL) 6.02 6.03 6.04 6.05	
1 ADMIN & GENERAL 2 SKI LLED NURSI NG CARE 3 PHYSI CAL THERAPY 4 OCCUPATI ONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDI CAL SOCI AL SERVI CES 7 HOME HEALTH AIDE 8 SUPPLI ES 9 DRUGS 9.20 COST ADMINI STERI NG DRUGS 10 DME 11 HOME DI ALYSI S AIDE SVCS 12 RESPIRATORY THERAPY 13 PRI VATE DUTY NURSI NG 14 CLI NI C 15 HEALTH PROM ACTI VI TI ES 16 DAY CARE PROGRAM 17 HOME DEL MEALS PROGRAM 18 HOMEMAKER SERVI CE 19 ALL OTHER	893, 605 2, 460, 902 750, 102 141, 643 72, 473 520, 183	359, 875	
20 TOTAL (SUM OF 1-19) 21 COST TO BE ALLOCATED 22 UNIT COST MULIPLIER	4, 838, 908 1, 695, 345 0. 350357	359, 875 16, 284 0. 045249	

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (05/2007) | PROVIDER NO: | PERIOD: | PREPARED 4/12/2010 | | 41-0001 | FROM 10/ 1/2008 | WORKSHEET H-5 | | HHA NO: | TO 9/30/2009 | PART | FROM 10/ 1/2008 | PART | PART | FROM 10/ 1/2008 | PART |

		IIIA					
ННА	COST CENTER	RECONCI LI ATI ON 6A. 06	OTHER ADMINI STRATIVE AND (ACCUM. COST 6.06	GRANTS ADMIN ISTRATION (GRANT EXPE) NSES 6. 07	MAI NTENANCE & REPAI RS (TOTAL SQ F) T MAI NT 7	OPERATION OF PLANT (TOTAL SQ F) T MAINT 8	LAUNDRY & LI NEN SERVICE (LBS OF LAU) NDRY)
1 2 3 4 5 6 7 8 9 9.20 10 11 12 13 14 15 16 17 18 19 19.50 20	ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST ADMINISTERING DRUGS DME HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER TELEMEDICINE TOTAL (SUM OF 1-19)		395, 852 4, 247, 759 1, 169, 639 240, 265 122, 933 893, 915		8, 900	8, 900	
21 22	COST TO BE ALLOCATED UNIT COST MULIPLIER		1, 027, 925 0. 145385		45, 823 5. 148652	139, 178 15. 637978	
		HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE OF PERSONNEL	NURSING ADMI	CENTRAL SERV I CES & SUPPL
ННА	COST CENTER	HOUSEKEEPING (HOURS OF S ERVICE 10	DI ETARY (MEALS SERV) ED 11	CAFETERI A (FTE' S) 12	MAI NTENANCE		
HHA 1 2 3 4 5 6 7 8 9 9.20 10 11 12 13 14 15 16 17 18 19 19.50	ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST ADMINISTERING DRUGS DME HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER TELEMEDICINE TOTAL (SUM OF 1-19)	(HOURS OF S ERVICE	(MEALS SERV) ED	(FTE' S)	MAI NTENANCE OF PERSONNEL (NUMBER HOU) SED	NISTRATION (DIRECT NUR) SING HOURS	I CES & SUPPL (SUPPLY EXP) ENSES)

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (05/2007) I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010 I 41-0001 I FROM 10/ 1/2008 I WORKSHEET H-5 I HHA NO: I TO 9/30/2009 I PART II I 41-7025 I I
	HHA 1
	PHARMACY MEDICAL RECO SOCIAL SERVI DEPARTMENT O DEPARTMENT O DEPARTMENT O
	RDS & LIBRAR CE F MEDICINE F CARDIOLOGY F SURGERY (PHARMACY C (TIME SPENT (SOCIAL SER (MEDICINE M (CARDIOLOGY (SURGERY M. OSTED REGS) VICE TIME) .D. TIME) M.D. TIME) D. TIME)
HHA COST CENTER	OSTED REGS)
1 ADMIN & GENERAL 2 SKILLED NURSING CARE 3 PHYSICAL THERAPY 4 OCCUPATIONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDICAL SOCIAL SERVICES 7 HOME HEALTH AIDE 8 SUPPLIES 9 DRUGS 9 20 COST ADMINISTERING DRUGS 10 DME 11 HOME DIALYSIS AIDE SVCS 12 RESPIRATORY THERAPY 13 PRIVATE DUTY NURSING 14 CLINIC 15 HEALTH PROM ACTIVITIES 16 DAY CARE PROGRAM 17 HOME DEL MEALS PROGRAM 18 HOMEMAKER SERVICE 19 ALL OTHER 19 50 TELEMEDICINE 20 TOTAL (SUM OF 1-19) 21 COST TO BE ALLOCATED 22 UNIT COST MULIPLIER	11, 666 11, 666 3, 719 0. 318790
HHA COST CENTER	DEPARTMENT O NONPHYSICIAN NURSING SCHO I&R SERVICES I&R SERVICES PARAMED ED P F FAMILY CAR ANESTHETIST OL -SALARY & FR -OTHER PRGM RGM-(SPECIFY (FAMILY MED (ASSIGNED T (ASSIGNED T (I & R ASSI (I & R ASSI (ANES. ASSI M.D. TIME) IME) IME) GNED TIME) GNED TIME) 19.03 20 21 22 23 24
1 ADMIN & GENERAL 2 SKILLED NURSING CARE 3 PHYSICAL THERAPY 4 OCCUPATIONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDICAL SOCIAL SERVICES 7 HOME HEALTH AIDE 8 SUPPLIES 9 DRUGS 9. 20 COST ADMINISTERING DRUGS 10 DME 11 HOME DIALYSIS AIDE SVCS 12 RESPIRATORY THERAPY 13 PRIVATE DUTY NURSING 14 CLINIC 15 HEALTH PROM ACTIVITIES 16 DAY CARE PROGRAM 17 HOME DEL MEALS PROGRAM 18 HOMEMAKER SERVICE 19 ALL OTHER 19. 50 TELEMEDICINE 20 TOTAL (SUM OF 1-19) 21 COST TO BE ALLOCATED 22 UNIT COST MULIPLIER	

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (05/2007)

PROVIDER NO:	PERIOD:	PREPARED 4/12/2010
41-0001	FROM 10/ 1/2008	WORKSHEET H-5
HHA NO:	TO 9/30/2009	PART II
41-7025	I	

HHA 1

PSYCHOLOGY I NTERNS PARAM (PSYCHOLOGY ASSIGN TM 24.01

HHA COST CENTER

19.50

20 21 22

ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY 2 4 OCCUPATIONAL THERAPY SPEECH PATHOLOGY 6 7 MEDICAL SOCIAL SERVICES HOME HEALTH ALDE 8 9 9. 20 SUPPLI ES DRUGS COST ADMINISTERING DRUGS DME 10 11 12 13 HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING 14 CLI NI C 15 HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM 16 17 18 HOMEMAKER SERVICE 19 ALL OTHER

TELEMEDI CI NE

TOTAL (SUM OF 1-19) COST TO BE ALLOCATED UNIT COST MULIPLIER FOR MEMORIAL HOSPITAL OF RHODE ISLAND

PROVIDER NO: 41-0001

PARTS I II & III

EU OF FORM.
I PERIOD:
I FROM 10/ 1/2008 I
I TO 9/30/2009 I
I HHA NO: 41-7025 HHA 1

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

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

1 2 3 4 5 6 7	COST PER VISIT COMPUTATION PATIENT SERVICES SKILLED NURSING PHYSICAL THERAPY OCCUPATIONAL THERAPY SPECH PATHOLOGY MEDICAL SOCIAL SERVICHOME HEALTH AIDE SERVICAL	FACILITY COSTS (FROM WKST H-5 PART I) 1 5, 751, 720 1, 480, 330 304, 267 155, 629 1, 147, 217 8, 839, 163	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3 5, 751, 720 1, 480, 330 304, 267 155, 629 1, 147, 217 8, 839, 163	TOTAL VI SI TS 4 49, 195 12, 508 2, 564 965 12, 913 78, 145	AVERAGE COST PER VISIT 5 116. 92 118. 35 118. 67 161. 27	PROGRAM VI SI TS PART A 6 10, 449 3, 171 620 244 2, 131 16, 615
1 2 3 4 5 6 7	SKILLED NURSING PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICHOME HEALTH AIDE SERVICHOTAL	PROGRAMPART NOT SUBJECT TO DEDUCT & COI NSUR 7 8, 371 1, 908 302 89 4, 094 14, 764		PART A 9 1, 221, 697 375, 288 73, 575 39, 350 189, 318 1, 899, 228	-COST OF SERVI PART NOT SUBJECT TO DEDUCT & COI NSUR 10 978, 737 225, 812 35, 838 14, 353 363, 711 1, 618, 451		TOTAL PROGRAM COST 12 2, 200, 434 601, 100 109, 413 53, 703 553, 029 3, 517, 679
8 9 10 11 12 13 14	LIMITATION COST COMPUTATION PATIENT SERVICES SKILLED NURSING PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVIC HOME HEALTH AIDE SERV	1	2	3	4	PROGRAM COST LI MI TS 5	PROGRAM VISITS PART A 6
8 9	SKI LLED NURSI NG PHYSI CAL THERAPY	PROGRAMPART NOT SUBJECT TO DEDUCT & COI NSUR 7		PART A	-COST OF SERVI PART NOT SUBJECT TO DEDUCT & COI NSUR 10		TOTAL PROGRAM COST 12

PHYSI CAL THERAPY

OCCUPATIONAL THERAPY SPEECH PATHOLOGY

MEDICAL SOCIAL SERVICES

¹⁰ 11 12 13 14 HOME HEALTH AIDE SERVICE

TOTAL

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

SUPPLIES AND EQUII COST COMPUTATION OTHER PATIENT SER	PART I COL. 29,	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATI O 5	PROGRAM COVERED CHARGES PART A
15 COST OF MEDICAL	L SUPPLIES 8.00				400, 401		72, 481
16 COST OF DRUGS 16. 20 COST OF DRUGS	9. 00 9. 20						

PROGRAM COVERED CHARGES -----COST OF SERVICES----------PART B----------PART B-----SUBJECT SUBJECT NOT SUBJECT NOT SUBJECT TO DEDUCT TO DEDUCT TO DEDUCT TO DEDUCT & COI NSUR & COI NSUR PART A & COI NSUR & COI NSUR 8 10 112, 864

15 COST OF MEDICAL SUPPLIES 16 COST OF DRUGS

16. 20 COST OF DRUGS

PER BENEFICIARY COST
LIMITATION:
NUMBER AMOUNT
1 2

162 PROGRAM UNDUP CENSUS FROM WRKST S-4
17 PER BENE COST LIMITATION (FRM FI)
18 PER BENE COST LIMITATION (LN 17*18)

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

		FROM WKST C PT I. COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCI LLARY COSTS	TRANSFER TO PART I AS INDICATED
		,	1	2	3	4
1	PHYSI CAL THERAPY	50	. 292368			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	. 296652			COL 2, LN 3
3	SPEECH PATHOLOGY	52	. 496865			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	. 450838			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	. 370398			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

				PART B SERVICE	ES SUBJECT TO D	EDUCTI BLES A	AND COLNSURANCE	
		FROM	COST	PROGRAM	VISITS	PROGE	RAM COSTS	PROG VISITS
		PART I,	PER	PRI OR	1/1/1998 TO	PRI OR	1/1/1998 TO	ON OR AFTER
		COL 5	VISIT	1/1/1998	12/31/1998	1/1/1998	12/31/1998	1/1/1999
		1	2	2. 01	3	3. 01	4	5
1	PHYSI CAL THERAPY	2	118. 35					
2	OCCUPATIONAL THERAPY	3	118. 67					
3	SPEECH PATHOLOGY	4	161. 27					
4	TOTAL (SUM OF LINES 1-3)							

FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 H-7 (5/2004) MCRLF32 Health Financial Systems

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVI DER NO: I PREPARED 4/12/2010 I PERIOD: I FROM 10/ 1/2008 WORKSHEET H-7 41-0001 9/30/2009 HHA NO: I TO PARTS I & II 41-7025

TITLE XVIII HHA 1

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

PART B PART B NOT SUBJECT TO SUBJECT TO DED & COINS DED & COINS 1

- REASONABLE COST OF SERVICES
- TOTAL CHARGES
- CUSTOMARY CHARGES
- 3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE

- RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
 TOTAL CUSTOMARY CHARGES
 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST
- 8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- PRIMARY PAYOR AMOUNTS

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A PART B SERVI CES SERVI CES

TOTAL REASONABLE COST 10. 01 TOTAL PPS REIMBURSEMENT-FULL EPI SODES WITHOUT

OUTLI ERS

- 10.02 TOTAL PPS REIMBURSEMENT-FULL EPI SODES WITH OUTLI ERS

- 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES
 10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES
 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE
 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES
- 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH
- **OUTLI ERS** 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES
- 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP **EPI SODE**
- 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES
- 10.11 TOTAL OTHER PAYMENTS
- 10.12 DME PAYMENTS
- 10.13 OXYGEN PAYMENTS
- 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS
 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS
 - (EXCLUDE COINSURANCE)
- 12 SUBTOTAL
- EXCESS REASONABLE COST 13
- SUBTOTAL 14
- COINSURANCE BILLED TO PROGRAM PATIENTS 15
- 16
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE
- 18
- 19
- REIMBURSABLE BAD DEBIS FOR DUAL ELIGIBLE
 BENEFICIARIES (SEE INSTRUCTIONS)
 TOTAL COSTS CURRENT COST REPORTING PERIOD
 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM
 AGENCIES' TERMINATION OR DECREASE IN MEDICARE 20 UTI LI ZATI ON
- 21 OTHER ADJUSTMENTS (SPECIFY)
- SUBTOTAL 22
- SEQUESTRATION ADJUSTMENT
- 24 **SUBTOTAL**
- INTERIM PAYMENTS
- 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 26 BALANCE DUE PROVI DER/PROGRAM
- PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2 27

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL OF RHODE ISLAND IN LIEU OF FORM CMS-2552-96 (2/2006)

CALCULATION OF CAPITAL PAYMENT I PROVIDER NO: I PERIOD: I PREPARED 4/12/2010

I 41-0001 I FROM 10/ 1/2008 I WORKSHEET L

COMPONENT NO: I TO 9/30/2009 I PARTS I-IV

TITLE XVIII, PART A HOSPITAL I 41-0001 I FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	4 004 070
2 3	CAPITAL DRG OTHER THAN OUTLIER CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	1, 384, 279
	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	26, 188
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	78. 93
4 01	IN THE COST REPORTING PERIOD NUMBER OF INTERNS AND RESIDENTS	70. 50
4 .01	(SEE INSTRUCTIONS)	70. 30
	INDIRECT MEDICAL EDUĆATION PERCENTAGE	28. 67
4 . 03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	396, 873
5	(SEE INSTRUCTIONS) PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO	10. 78
J	MEDICARE PART A PATIENT DAYS	10. 70
5 . 01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18. 20
F 00	DAYS REPORTED ON S-3, PART I	20.00
	SUM OF 5 AND 5.01 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	28. 98 6. 04
	DI SPROPORTI ONATE SHARE ADJUSTMENT	83, 610
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1, 890, 950
	- HOLD HARMLESS METHOD	
1 2	NEW CAPITAL OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	. 000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6 7	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III 1	- PAYMENT UNDER REASONABLE COST PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5 DADT 1.V	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CI RCUMSTANCES	
3 4	NET PROGRAM INPATIENT CAPITAL COSTS	00
4 5	APPLICABLE EXCEPTION PERCENTAGE CAPITAL COST FOR COMPARISON TO PAYMENTS	. 00
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	. 00
	CI RCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
8	FOR EXTRAORDINARY CIRCUMSTANCES CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
4.4	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	