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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 41-0005	PERIOD FROM 10/ 1/2007 TO 9/30/2008	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 3/ 3/2009 TIME 9:11

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)

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:
ST. JOSEPH HLTH SERV OF RHODE ISLAN 41-0005
FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 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)

CFO
TITLE

3/27/09
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	321,600	367,117	0
2	SUBPROVIDER	0	211,761	8	0
2 .01	SUBPROVIDER II	0	299,476	39,734	0
5	HOSPITAL-BASED SNF	0	33,138	0	0
100	TOTAL	0	865,975	406,859	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.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 41-0005
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 3/ 3/2009
WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 200 HIGH SERVICE AVENUE P.O. BOX:
1.01 CITY: NORTH PROVIDENCE STATE: RI ZIP CODE: 02904- COUNTY: PROVIDENCE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
	0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	ST. JOSEPH HLTH SERV OF RHODE ISLAN	41-0005		7/ 1/1967	N	P	N
03.00	SUBPROVIDER	ST.JOSEPH HLTH SERV - PSYCH	41-S005		10/ 1/1987	N	T	N
03.01	SUBPROVIDER 2	ST JOSEPH HLTH SERV - REHAB	41-T005		10/ 1/1989	O	P	O
06.00	HOSPITAL-BASED SNF	ST JOSEPH HLTH SERV SUBACUTE	41-5122		11/ 1/1996	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2007 TO: 9/30/2008

		1	2
18	TYPE OF CONTROL	1	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	4
20.01	SUBPROVIDER II	5

OTHER INFORMATION

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

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N / /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N

		1	2	3	4
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	100	1.0783	1.0783	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	1	1	

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

		%	Y/N
28.03	STAFFING	100.00%	Y
28.04	RECRUITMENT	0.00%	N
28.05	RETENTION	0.00%	N
28.06	TRAINING	0.00%	N

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	

MISCELLANEOUS COST REPORT INFORMATION

32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?			

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 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) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET S-3 I PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS / TRIPS TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	217	79,422			16,708		3,132
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	217	79,422			16,708		3,132
6	INTENSIVE CARE UNIT	15	5,490			1,867		179
12	TOTAL	232	84,912			18,575		3,311
13	RPCH VISITS							
14	SUBPROVIDER	77	28,182			9,877		5,580
14 01	SUBPROVIDER II	50	18,300			2,416		541
15	SKILLED NURSING FACILITY	27	9,882			1,824		
18	HOME HEALTH AGENCY							
23 10	CMHC							
23 20	OUTPATIENT PHYSICAL THERAPY							
23 30	OUTPATIENT OCCUPATIONAL THER							
23 40	OUTPATIENT SPEECH PATHOLOGY							
24	RHC							
24 10	FQHC							
25	TOTAL	386						
26	OBSERVATION BED DAYS							64
26 01	OBSERVATION BED DAYS-SUB I							
26 02	OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED 5.01	NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			37,942				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			37,942				
6	INTENSIVE CARE UNIT			4,106				
12	TOTAL			42,048				
13	RPCH VISITS							
14	SUBPROVIDER			23,873				
14 01	SUBPROVIDER II			6,114				
15	SKILLED NURSING FACILITY			4,368				
18	HOME HEALTH AGENCY							
23 10	CMHC							
23 20	OUTPATIENT PHYSICAL THERAPY							
23 30	OUTPATIENT OCCUPATIONAL THER							
23 40	OUTPATIENT SPEECH PATHOLOGY							
24	RHC							
24 10	FQHC							
25	TOTAL							
26	OBSERVATION BED DAYS	7	57	1,297	138	1,159		
26 01	OBSERVATION BED DAYS-SUB I							
26 02	OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I & R FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					3,030	573	7,633
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
12	TOTAL		1,313.00			3,030	573	7,633
13	RPCH VISITS							
14	SUBPROVIDER		140.00			763	486	2,096
14 01	SUBPROVIDER II		33.00			185	35	379
15	SKILLED NURSING FACILITY		19.00					
18	HOME HEALTH AGENCY							
23 10	CMHC							
23 20	OUTPATIENT PHYSICAL THERAPY							
23 30	OUTPATIENT OCCUPATIONAL THER							
23 40	OUTPATIENT SPEECH PATHOLOGY							
24	RHC							

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 41-0005
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 3/ 3/2009
WORKSHEET S-3
PART I

	COMPONENT	I & R FTES NET	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
24	10 FQHC							
25	TOTAL		1,505.00					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	84,629,099	82,188	84,711,287	2,934,793.00	28.86	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	500,065		500,065	5,269.00	94.91	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,011,866	94,854	1,106,720	36,463.00	30.35	
8.01 EXCLUDED AREA SALARIES	15,859,682	-39,613	15,820,069	518,163.00	30.53	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	637,718		637,718	9,183.00	69.45	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	23,770,116		23,770,116			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,476,393		4,476,393			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	35,238		35,238			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,422,820	25,969	1,448,789	37,293.00	38.85	
22 ADMINISTRATIVE & GENERAL	11,075,721	-1,211,388	9,864,333	306,582.00	32.18	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,435,005		1,435,005	45,512.00	31.53	
24 OPERATION OF PLANT	1,253,679		1,253,679	54,726.00	22.91	
25 LAUNDRY & LINEN SERVICE	448,595		448,595	26,607.00	16.86	
26 HOUSEKEEPING	1,972,016		1,972,016	126,249.00	15.62	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,406,416	-1,417,448	988,968	58,909.00	16.79	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,417,448	1,417,448	83,699.00	16.94	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,705,053	905,970	2,611,023	49,462.00	52.79	
31 CENTRAL SERVICE AND SUPPLY	308,093		308,093	16,721.00	18.43	
32 PHARMACY	2,153,365		2,153,365	57,982.00	37.14	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	548,954		548,954	35,106.00	15.64	
34 SOCIAL SERVICE		274,249	274,249	6,825.00	40.18	
35 OTHER GENERAL SERVICE	383,165		383,165	27,193.00	14.09	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	84,629,099	82,188	84,711,287	2,934,793.00	28.86	
2 EXCLUDED AREA SALARIES	16,871,548	55,241	16,926,789	554,626.00	30.52	
3 SUBTOTAL SALARIES	67,757,551	26,947	67,784,498	2,380,167.00	28.48	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	637,718		637,718	9,183.00	69.45	
5 SUBTOTAL WAGE-RELATED COSTS	23,805,354		23,805,354		35.12	
6 TOTAL	92,200,623	26,947	92,227,570	2,389,350.00	38.60	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	25,112,882	-5,200	25,107,682	932,866.00	26.91	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	SERVICES PRIOR TO 10/1 DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	SERVICES ON/AFTER 10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	SRVCS 4/1/01 TO 9/30/01 DAYS 4.03
1		RUC		18				
2		RUB		178				
3		RUA		14				
3	.01	RUX						
3	.02	RUL						
4		RVC		173				
5		RVB		894				
6		RVA		63				
6	.01	RVX		48				
6	.02	RVL		190				
7		RHC		13				
8		RHB		94				
9		RHA		25				
9	.01	RHX						
9	.02	RHL						
10		RMC		3				
11		RMB		1				
12		RMA						
12	.01	RMX		48				
12	.02	RML		23				
13		RLB						
14		RLA						
14	.01	RLX						
15		SE3						
16		SE2		2				
17		SE1						
18		SSC						
19		SSB						
20		SSA						
21		CC2						
22		CC1						
23		CB2						
24		CB1						
25		CA2						
26		CA1		1				
27		IB2						
28		IB1						
29		IA2						
30		IA1						
31		BB2						
32		BB1						
33		BA2						
34		BA1						
35		PE2						
36		PE1						
37		PD2						
38		PD1						
39		PC2						
40		PC1						
41		PB2						
42		PB1						
43		PA2						
44		PA1						
45		AAA		36				
46		TOTAL		1,824				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period :	100% Federal
Wage Index Factor (before 10/01):	1.0783
Wage Index Factor (after 10/01) :	1.0783
SNF Facility Specific Rate :	0.00
Urban/Rural Designation :	URBAN
SNF MSA Code :	1
SNF CBSA Code :	NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 41-0005
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 3/ 3/2009
WORKSHEET S-7

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
	1	2	4.05	4.06	5
1		RUC			
2		RUB			
3		RUA			
3	.01	RUX			
3	.02	RUL			
4		RVC			
5		RVB			
6		RVA			
6	.01	RVX			
6	.02	RVL			
7		RHC			
8		RHB			
9		RHA			
9	.01	RHX			
9	.02	RHL			
10		RMC			
11		RMB			
12		RMA			
12	.01	RMX			
12	.02	RML			
13		RLB			
14		RLA			
14	.01	RLX			
15		SE3			
16		SE2			
17		SE1			
18		SSC			
19		SSB			
20		SSA			
21		CC2			
22		CC1			
23		CB2			
24		CB1			
25		CA2			
26		CA1			
27		IB2			
28		IB1			
29		IA2			
30		IA1			
31		BB2			
32		BB1			
33		BA2			
34		BA1			
35		PE2			
36		PE1			
37		PD2			
38		PD1			
39		PC2			
40		PC1			
41		PB2			
42		PB1			
43		PA2			
44		PA1			
45		AAA			
46		TOTAL			

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period :	100% Federal
Wage Index Factor (before 10/01):	1.0783
Wage Index Factor (after 10/01) :	1.0783
SNF Facility Specific Rate :	0.00
Urban/Rural Designation :	URBAN
SNF MSA Code :	1
SNF CBSA Code :	NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET S-10
	TO 9/30/2008	

	DESCRIPTION	
	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.328658
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 41-0005
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 3/ 3/2009
WORKSHEET S-10

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS-IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101	DEPREC. MAIN BUILDING		8,223	8,223		8,223
1.02	0102	DEPREC. PAVILION BUILDING		1,313	1,313		1,313
1.03	0103	DEPREC. MARIAN HALL1					
1.04	0104	DEPREC WEST BUILDING		16,263	16,263		16,263
1.05	0105	DEPREC STANG BUILDING					
1.06	0106	DEPREC BINGHAM BUILDING		27,099	27,099		27,099
1.07	0107	DEPREC LIVING CENTER		32,354	32,354		32,354
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		3,474	3,474		3,474
3	0300	NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301	DEPREC MAIN BUILDING		732,913	732,913		732,913
3.02	0302	DEPREC PAVILION BUILDING		524,905	524,905		524,905
3.03	0303	DEPREC MARIAN HALL		53,291	53,291		53,291
3.04	0304	DEPREC WEST BUILDING		316,567	316,567		316,567
3.05	0305	DEPREC STANG BUILDING		57,894	57,894		57,894
3.06	0306	DEPREC BINGHAM BUILDING		75,121	75,121		75,121
3.07	0307	DEPREC LIVING CENTER		55,863	55,863		55,863
3.08	0308	LEASED BUILDINGS				624,415	624,415
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		4,168,153	4,168,153		4,168,153
5	0500	EMPLOYEE BENEFITS	1,422,820	24,364,782	25,787,602	2,218,144	28,005,746
6	0600	ADMINISTRATIVE & GENERAL	11,075,721	30,300,969	41,376,690	-1,937,955	39,438,735
7	0700	MAINTENANCE & REPAIRS					
7.01	0701	FATIMA MAINTENANCE & REPAIRS	1,085,029	716,238	1,801,267		1,801,267
7.02	0702	PROVIDENCE MAINTENANCE & REPAIRS	349,976	238,381	588,357		588,357
8	0800	OPERATION OF PLANT					
8.01	0801	FATIMA OPERATION OF PLANT	979,848	2,521,684	3,501,532	12,326	3,513,858
8.02	0802	PROVIDENCE OPERATION OF PLANT	273,831	1,216,181	1,490,012		1,490,012
9	0900	LAUNDRY & LINEN SERVICE	448,595	191,470	640,065		640,065
10	1000	HOUSEKEEPING					
10.01	1001	FATIMA HOUSEKEEPING	1,387,323	425,551	1,812,874		1,812,874
10.02	1002	PROVIDENCE HOUSKEEPING	584,693	136,967	721,660		721,660
11	1100	DIETARY					
11.01	1101	FATIMA DIETARY	1,596,355	919,980	2,516,335	-1,548,581	967,754
11.02	1102	PROVIDENCE DIETARY	810,061	393,720	1,203,781	-629,711	574,070
12	1200	CAFETERIA					
12.01	1201	FATIMA CAFETERIA				1,548,581	1,548,581
12.02	1202	PROVIDENCE CAFETERIA				629,711	629,711
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	1,705,053	12,887	1,717,940	905,970	2,623,910
15	1500	CENTRAL SERVICES & SUPPLY	308,093	138,214	446,307	-26,633	419,674
16	1600	PHARMACY	2,153,365	5,963,520	8,116,885	-6,110,006	2,006,879
17	1700	MEDICAL RECORDS & LIBRARY	548,954	593,511	1,142,465		1,142,465
18	1800	SOCIAL SERVICE				274,249	274,249
19	1950	PATIENT TRANSPORTATION	383,165	160,370	543,535		543,535
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL	1,056,675	124,211	1,180,886	-20,811	1,160,075
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM-(SPECIFY)					
24.01	2401	PARAMEDICAL EDUCATION MED TECH		6,220	6,220	95,354	101,574
24.02	2402	PARAMEDICAL EDUCATION CYTOLOGY				3,290	3,290
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	13,323,413	1,171,881	14,495,294	-61,053	14,434,241
26	2600	INTENSIVE CARE UNIT	2,505,933	607,635	3,113,568	-15,194	3,098,374
31	3100	SUBPROVIDER	8,743,243	749,870	9,493,113	-688	9,492,425
31.01	3101	SUBPROVIDER II	2,178,760	1,273,914	3,452,674	-211,555	3,241,119
34	3400	SKILLED NURSING FACILITY	1,011,866	257,661	1,269,527	74,493	1,344,020
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	2,052,921	9,810,438	11,863,359	-7,256,021	4,607,338
37.01	3701	ENDOSCOPY	1,233,075	1,423,369	2,656,444	4,587	2,661,031
38	3800	RECOVERY ROOM	777,838	61,422	839,260	-20	839,240
41	4100	RADIOLOGY-DIAGNOSTIC	2,483,889	1,124,100	3,607,989	-16,455	3,591,534
41.01	4101	DIAGNOSTIC ULTRASOUND	408,975	44,480	453,455	82,188	535,643
43	4300	RADIOISOTOPE	298,146	375,802	673,948	-82,188	591,760
44	4400	LABORATORY	6,157,310	4,909,335	11,066,645	-801,366	10,265,279
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	4700	BLOOD STORING, PROCESSING & TRANS.		1,200,010	1,200,010	280,399	1,480,409
49	4900	RESPIRATORY THERAPY	846,181	155,419	1,001,600		1,001,600
50	5000	PHYSICAL THERAPY	1,453,558	185,880	1,639,438	-81,346	1,558,092
51	5100	OCCUPATIONAL THERAPY	746,894	14,904	761,798	-77	761,721
52	5200	SPEECH PATHOLOGY	294,820	3,241	298,061		298,061
53	5300	ELECTROCARDIOLOGY	127,940	188,023	315,963		315,963
54	5400	ELECTROENCEPHALOGRAPHY	211,539	162,112	373,651		373,651
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	179,927		179,927	7,418,305	7,598,232
56	5600	DRUGS CHARGED TO PATIENTS				6,055,609	6,055,609
58	5800	ASC (NON-DISTINCT PART)	1,424,290	1,157,988	2,582,278	72,160	2,654,438
59	3950	OTHER ANCILLARY					
59.01	3560	PULMONARY MEDICINE	52,350	120,940	173,290	-5,360	167,930
59.02	3951	HEMODIALYSIS		22,411	22,411		22,411
59.03	3650	VASCULAR LABORATORY	230,652	103,948	334,600		334,600
59.04	3230	CT SCAN	524,273	401,670	925,943		925,943
59.05	3320	ECT					
59.06	3430	MRI	295,471	336,748	632,219		632,219
59.07	3480	ONCOLOGY	269,699	41,075	310,774		310,774
59.08	3952	HYPERBARIC MEDICINE		350,098	350,098		350,098
59.09	3550	PSYCHIATRIC PARTIAL PROGRAM	143,077	90	143,167		143,167

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 3/ 3/2009
I 41-0005 I FROM 10/ 1/2007 I WORKSHEET A
I I TO 9/30/2008 I

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS-IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		ANCILLARY SRVC COST CNTRS					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	1,072,925	49,088	1,122,013		1,122,013
60.01	6001	OCCUP HLTH/CORP CARE CLINIC	597,727	86,779	684,506		684,506
60.02	6002	GYN/PRENATAL CLINIC	630,851	147,791	778,642	-19,669	758,973
60.03	6003	PEDIATRIC CLINIC	665,121	42,561	707,682		707,682
60.04	6004	WOUND CARE CLINIC	297,566	362,000	659,566	-58,108	601,458
61	6100	EMERGENCY	3,338,308	1,333,976	4,672,284	-312	4,671,972
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC					
63.60	6320	FQHC					
		OTHER REIMBURS COST CNTRS					
69.10	6910	CMHC					
69.20	6920	OUTPATIENT PHYSICAL THERAPY					
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940	OUTPATIENT SPEECH PATHOLOGY					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
85.01	8510	PANCREAS ACQUISITION		1,407,216	1,407,216	-1,407,216	
85.02	8520	INTESTINAL ACQUISITION		104,182,164	184,930,259	9,456	184,939,715
88	8800	INTEREST EXPENSE	80,748,095				
95		SUBTOTALS					
		NONREIMBURS COST CENTERS	27,192	44,263	71,455		71,455
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,194,389	219,344	1,413,733	-29,828	1,383,905
97	9700	RESEARCH					
98.01	9801	PRIVATE PHYSICIANS OFFICES					
98.02	9802	HOUSE OFFICERS	114,214	2,983	117,197		117,197
98.03	9803	PSYCHIATRY PRIVATE OFFICES	1,473,208	385,853	1,859,061	-28,239	1,830,822
98.04	9804	DENTAL CLINIC					
99	9900	NONPAID WORKERS					
100	7950	OTHER NON REIMBURSABLE					
100.01	7951	WARBURTON MANAGEMENT	165,014	33,513	198,527	48,611	247,138
100.02	7952	DEVELOPMENT					
100.03	7953	TELEVISION					
100.04	7954	SPACE RENTAL UHP					
100.05	7955	SPACE RENTAL OTHER	717,801	408,331	1,126,132		1,126,132
100.06	7956	ST JOSEPH LIVING CENTER					
100.07	7957	SPACE RENTAL SSTAR					
100.08	7958	RESPIRATORY SNF					
100.09	7959	PT/OT/ST SNF					
100.10	7960	SPACE RENTAL SECHRIST					
100.11	7961	PHYSICIAN BILLING	189,186	4,597	193,783		193,783
100.12	7962	OP SOCIAL SERVICES					
100.13	7963	BARBER & BEAUTY	84,629,099	105,281,048	189,910,147	-0-	189,910,147
101		TOTAL					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01	0101	DEPREC. MAIN BUILDING		8,223
1.02	0102	DEPREC. PAVILION BUILDING		1,313
1.03	0103	DEPREC. MARIAN HALL1		
1.04	0104	DEPREC WEST BUILDING		16,263
1.05	0105	DEPREC STANG BUILDING		
1.06	0106	DEPREC BINGHAM BUILDING		27,099
1.07	0107	DEPREC LIVING CENTER		32,354
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		3,474
3	0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301	DEPREC MAIN BUILDING		732,913
3.02	0302	DEPREC PAVILION BUILDING		524,905
3.03	0303	DEPREC MARIAN HALL		53,291
3.04	0304	DEPREC WEST BUILDING		316,567
3.05	0305	DEPREC STANG BUILDING		57,894
3.06	0306	DEPREC BINGHAM BUILDING		75,121
3.07	0307	DEPREC LIVING CENTER		55,863
3.08	0308	LEASED BUILDINGS		624,415
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		4,168,153
5	0500	EMPLOYEE BENEFITS		28,005,746
6	0600	ADMINISTRATIVE & GENERAL	-14,415,220	25,023,515
7	0700	MAINTENANCE & REPAIRS		
7.01	0701	FATIMA MAINTENANCE & REPAIRS	-375	1,800,892
7.02	0702	PROVIDENCE MAINTENANCE & REPAIRS		588,357
8	0800	OPERATION OF PLANT		
8.01	0801	FATIMA OPERATION OF PLANT	-95,861	3,417,997
8.02	0802	PROVIDENCE OPERATION OF PLANT	-1,632	1,488,380
9	0900	LAUNDRY & LINEN SERVICE		640,065
10	1000	HOUSEKEEPING		
10.01	1001	FATIMA HOUSEKEEPING		1,812,874
10.02	1002	PROVIDENCE HOUSKEEPING		721,660
11	1100	DIETARY		
11.01	1101	FATIMA DIETARY	-503,804	463,950
11.02	1102	PROVIDENCE DIETARY	-146,166	427,904
12	1200	CAFETERIA		
12.01	1201	FATIMA CAFETERIA		1,548,581
12.02	1202	PROVIDENCE CAFETERIA		629,711
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION		2,623,910
15	1500	CENTRAL SERVICES & SUPPLY		419,674
16	1600	PHARMACY	-335,889	1,670,990
17	1700	MEDICAL RECORDS & LIBRARY	-17,560	1,124,905
18	1800	SOCIAL SERVICE		274,249
19	1950	PATIENT TRANSPORTATION		543,535
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL	-664,812	495,263
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400	PARAMED ED PRGM-(SPECIFY)		
24.01	2401	PARAMEDICAL EDUCATION MED TECH	-41,250	60,324
24.02	2402	PARAMEDICAL EDUCATION CYTOLOGY		3,290
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-826,804	13,607,437
26	2600	INTENSIVE CARE UNIT	-64,876	3,033,498
31	3100	SUBPROVIDER	-383	9,492,042
31.01	3101	SUBPROVIDER II	-1,933,913	1,307,206
34	3400	SKILLED NURSING FACILITY	-619,596	724,424
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-171,584	4,435,754
37.01	3701	ENDOSCOPY		2,661,031
38	3800	RECOVERY ROOM		839,240
41	4100	RADIOLOGY-DIAGNOSTIC	-238,144	3,353,390
41.01	4101	DIAGNOSTIC ULTRASOUND		535,643
43	4300	RADIOISOTOPE	-40,454	551,306
44	4400	LABORATORY	-899,756	9,365,523
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		1,480,409
49	4900	RESPIRATORY THERAPY		1,001,600
50	5000	PHYSICAL THERAPY		1,558,092
51	5100	OCCUPATIONAL THERAPY		761,721
52	5200	SPEECH PATHOLOGY		298,061
53	5300	ELECTROCARDIOLOGY	-369,228	-53,265
54	5400	ELECTROENCEPHALOGRAPHY	-134,829	238,822
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,598,232
56	5600	DRUGS CHARGED TO PATIENTS		6,055,609
58	5800	ASC (NON-DISTINCT PART)	-9,250	2,645,188
59	3950	OTHER ANCILLARY		
59.01	3560	PULMONARY MEDICINE	-107,407	60,523
59.02	3951	HEMODIALYSIS		22,411
59.03	3650	VASCULAR LABORATORY	-107,796	226,804
59.04	3230	CT SCAN		925,943
59.05	3320	ECT		
59.06	3430	MRI		632,219
59.07	3480	ONCOLOGY		310,774
59.08	3952	HYPERBARIC MEDICINE		350,098
59.09	3550	PSYCHIATRIC PARTIAL PROGRAM		143,167

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		ANCILLARY SRVC COST CNTRS		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-557,808	564,205
60.01	6001	OCCUP HLTH/CORP CARE CLINIC	-346,887	337,619
60.02	6002	GYN/PRENATAL CLINIC	-120,195	638,778
60.03	6003	PEDIATRIC CLINIC	-468,160	239,522
60.04	6004	WOUND CARE CLINIC	-223,415	378,043
61	6100	EMERGENCY	-528,000	4,143,972
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310	RHC		
63.60	6320	FQHC		
		OTHER REIMBURS COST CNTRS		
69.10	6910	CMHC		
69.20	6920	OUTPATIENT PHYSICAL THERAPY		
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940	OUTPATIENT SPEECH PATHOLOGY		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
85.01	8510	PANCREAS ACQUISITION		
85.02	8520	INTESTINAL ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
95		SUBTOTALS	-23,991,054	160,948,661
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		71,455
97	9700	RESEARCH		1,383,905
98.01	9801	PRIVATE PHYSICIANS OFFICES		
98.02	9802	HOUSE OFFICERS		
98.03	9803	PSYCHIATRY PRIVATE OFFICES	-382	116,815
98.04	9804	DENTAL CLINIC		1,830,822
99	9900	NONPAID WORKERS		
100	7950	OTHER NON REIMBURSABLE		
100.01	7951	WARBURTON MANAGEMENT		
100.02	7952	DEVELOPMENT		247,138
100.03	7953	TELEVISION		
100.04	7954	SPACE RENTAL UHP		
100.05	7955	SPACE RENTAL OTHER		
100.06	7956	ST JOSEPH LIVING CENTER		1,126,132
100.07	7957	SPACE RENTAL SSTAR		
100.08	7958	RESPIRATORY SNF		
100.09	7959	PT/OT/ST SNF		
100.10	7960	SPACE RENTAL SECHRIST		
100.11	7961	PHYSICIAN BILLING		
100.12	7962	OP SOCIAL SERVICES		193,783
100.13	7963	BARBER & BEAUTY		
101		TOTAL	-23,991,436	165,918,711

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	DEPREC. MAIN BUILDING	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	DEPREC. PAVILION BUILDING	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	DEPREC. MARIAN HALL1	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	DEPREC WEST BUILDING	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	DEPREC STANG BUILDING	0105	OLD CAP REL COSTS-BLDG & FIXT
1.06	DEPREC BINGHAM BUILDING	0106	OLD CAP REL COSTS-BLDG & FIXT
1.07	DEPREC LIVING CENTER	0107	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	DEPREC MAIN BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	DEPREC PAVILION BUILDING	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	DEPREC MARIAN HALL	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	DEPREC WEST BUILDING	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	DEPREC STANG BUILDING	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	DEPREC BINGHAM BUILDING	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	DEPREC LIVING CENTER	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	LEASED BUILDINGS	0308	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	FATIMA MAINTENANCE & REPAIRS	0701	MAINTENANCE & REPAIRS
7.02	PROVIDENCE MAINTENANCE & REPAIRS	0702	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
8.01	FATIMA OPERATION OF PLANT	0801	OPERATION OF PLANT
8.02	PROVIDENCE OPERATION OF PLANT	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	FATIMA HOUSEKEEPING	1001	HOUSEKEEPING
10.02	PROVIDENCE HOUSKEEPING	1002	HOUSEKEEPING
11	DIETARY	1100	
11.01	FATIMA DIETARY	1101	DIETARY
11.02	PROVIDENCE DIETARY	1102	DIETARY
12	CAFETERIA	1200	
12.01	FATIMA CAFETERIA	1201	CAFETERIA
12.02	PROVIDENCE CAFETERIA	1202	CAFETERIA
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PATIENT TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	PARAMEDICAL EDUCATION MED TECH	2401	PARAMED ED PRGM
24.02	PARAMEDICAL EDUCATION CYTOLOGY	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	DIAGNOSTIC ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	OTHER ANCILLARY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	PULMONARY MEDICINE	3560	PULMONARY FUNCTION TESTING
59.02	HEMODIALYSIS	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	VASCULAR LABORATORY	3650	VASCULAR LAB
59.04	CT SCAN	3230	CAT SCAN
59.05	ECT	3320	ELECTROSHOCK THERAPY
59.06	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
59.07	ONCOLOGY	3480	ONCOLOGY
59.08	HYPERBARIC MEDICINE	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.09	PSYCHIATRIC PARTIAL PROGRAM	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
60.01	OCCUP HLTH/CORP CARE CLINIC	6001	CLINIC
60.02	GYN/PRENATAL CLINIC	6002	CLINIC
60.03	PEDIATRIC CLINIC	6003	CLINIC
60.04	WOUND CARE CLINIC	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98.01	PRIVATE PHYSICIANS OFFICES	9801	PHYSICIANS' PRIVATE OFFICES
98.02	HOUSE OFFICERS	9802	PHYSICIANS' PRIVATE OFFICES
98.03	PSYCHIATRY PRIVATE OFFICES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	DENTAL CLINIC	9804	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NON REIMBURSABLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	WARBURTON MANAGEMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	DEVELOPMENT	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	TELEVISION	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SPACE RENTAL UHP	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SPACE RENTAL OTHER	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	ST JOSEPH LIVING CENTER	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	SPACE RENTAL SSTAR	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	RESPIRATORY SNF	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	PT/OT/ST SNF	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	SPACE RENTAL SECHRIST	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	PHYSICIAN BILLING	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	OP SOCIAL SERVICES	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	BARBER & BEAUTY	7963	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	RECLASS PHARMACY TO DRUG TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		6,110,006
2	OR MED SUPPLIES TO TO PATIENTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,178,381
3	M&S BILLABLE TO PATIENTS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		239,924
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	ULTRASOUND COSTS	D	DIAGNOSTIC ULTRASOUND	41.01	82,188	
18	INTEREST EXPENSE	E	ADMINISTRATIVE & GENERAL	6		1,407,216
19	DIETARY TO CAFETERIA	F	FATIMA CAFETERIA	12.01	990,557	558,024
20			PROVIDENCE CAFETERIA	12.02	426,891	202,820
21	ALLOCATE RIH REHAB	G	ADMINISTRATIVE & GENERAL	6	43,411	
22			SKILLED NURSING FACILITY	34	94,854	
23			PHYSICAL THERAPY	50	48,603	
24	BLOOD BANK SALARY	H	BLOOD STORING, PROCESSING & TRANS.	47	280,399	
25	SCHOOL OF NURSING BOOKS TO ADMIN	I	ADMINISTRATIVE & GENERAL	6		10,811
26	CONFIDENTIAL PAYROLL RECLASS	J	EMPLOYEE BENEFITS	5	25,969	
27			NURSING ADMINISTRATION	14	94,412	
28			DEVELOPMENT	100.02	48,611	
29	LEASED SPACE	K	LEASED BUILDINGS	3.08		624,415
30						
31						
32						
33						
34						
35						
1	INSURANCE RECLASS TO BENEFITS	L	EMPLOYEE BENEFITS	5		2,119,026
2	BILLABLE SUPPLIES	M	OPERATING ROOM	37		1,736
3	ADMIN UTILITIES TO OP PLANT	N	FATIMA OPERATION OF PLANT	8.01		12,326
4	AUDIT FEES TO A&G	P	ADMINISTRATIVE & GENERAL	6		19,000
5						
6						
7	OR SALARY	R	ENDOSCOPY	37.01	4,587	
8			ASC (NON-DISTINCT PART)	58	73,937	
9	CASE MGT ALLOCATION	S	NURSING ADMINISTRATION	14	1,085,807	
10			SOCIAL SERVICE	18	274,249	
11	EMPLOYEE REVENUE	U	EMPLOYEE BENEFITS	5		73,149
12						
13						
14	RECLASS LAB SALARIES TO ED PROGRAMS	V	PARAMEDICAL EDUCATION MED TECH	24.01	95,354	
15			PARAMEDICAL EDUCATION CYTOLOGY	24.02	3,290	
36	TOTAL RECLASSIFICATIONS				3,673,119	18,556,834

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

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	RECLASS PHARMACY TO DRUG TO PATIENTS	A	PHARMACY	16		6,110,006	
2	OR MED SUPPLIES TO TO PATIENTS	B	OPERATING ROOM	37		7,178,381	
3	M&S BILLABLE TO PATIENTS	C	CENTRAL SERVICES & SUPPLY	15		26,633	
4			ADULTS & PEDIATRICS	25		61,053	
5			INTENSIVE CARE UNIT	26		15,194	
6			SUBPROVIDER	31		688	
7			SUBPROVIDER II	31.01		24,687	
8			SKILLED NURSING FACILITY	34		20,361	
9			OPERATING ROOM	37		852	
10			RECOVERY ROOM	38		20	
11			OCCUPATIONAL THERAPY	51		77	
12			ASC (NON-DISTINCT PART)	58		41	
13			WOUND CARE CLINIC	60.04		58,108	
14			EMERGENCY	61		312	
15			RESEARCH	97		3,659	
16			DENTAL CLINIC	98.04		28,239	
17	ULTRASOUND COSTS	D	RADIOISOTOPE	43		82,188	
18	INTEREST EXPENSE	E	INTEREST EXPENSE	88		1,407,216	
19	DIETARY TO CAFETERIA	F	FATIMA DIETARY	11.01	990,557	558,024	
20			PROVIDENCE DIETARY	11.02	426,891	202,820	
21	ALLOCATE RIH REHAB	G	SUBPROVIDER II	31.01	186,868		
22							
23							
24	BLOOD BANK SALARY	H	LABORATORY	44	280,399		
25	SCHOOL OF NURSING BOOKS TO ADMIN	I	NURSING SCHOOL	21		10,811	
26	CONFIDENTIAL PAYROLL RECLASS	J	ADMINISTRATIVE & GENERAL	6	168,992		
27							
28							
29	LEASED SPACE	K	ADMINISTRATIVE & GENERAL	6		29,742	10
30			RADIOLOGY-DIAGNOSTIC	41		13,203	10
31			LABORATORY	44		406,823	10
32			PHYSICAL THERAPY	50		129,949	10
33			PULMONARY MEDICINE	59.01		5,360	10
34			GYN/PRENATAL CLINIC	60.02		19,669	10
35			RESEARCH	97		19,669	10
1	INSURANCE RECLASS TO BENEFITS	L	ADMINISTRATIVE & GENERAL	6		2,119,026	
2	BILLABLE SUPPLIES	M	ASC (NON-DISTINCT PART)	58		1,736	
3	ADMIN UTILITIES TO OP PLANT	N	ADMINISTRATIVE & GENERAL	6		12,326	
4	AUDIT FEES TO A&G	P	NURSING SCHOOL	21		10,000	
5			ADMINISTRATIVE & GENERAL	6		2,500	
6			RESEARCH	97		6,500	
7	OR SALARY	R	OPERATING ROOM	37	78,524		
8							
9	CASE MGT ALLOCATION	S	ADMINISTRATIVE & GENERAL	6	1,085,807		
10			NURSING ADMINISTRATION	14	274,249		
11	EMPLOYEE REVENUE	U	RADIOLOGY-DIAGNOSTIC	41		3,252	
12			LABORATORY	44		15,500	
13			DRUGS CHARGED TO PATIENTS	56		54,397	
14	RECLASS LAB SALARIES TO ED PROGRAMS	V	LABORATORY	44	98,644		
15							
36	TOTAL RECLASSIFICATIONS				3,590,931	18,639,022	

(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.

RECLASS CODE: A
EXPLANATION : RECLASS PHARMACY TO DRUG TO PATIENTS

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	6,110,006	PHARMACY	16	6,110,006
TOTAL RECLASSIFICATIONS FOR CODE A			6,110,006			6,110,006

RECLASS CODE: B
EXPLANATION : OR MED SUPPLIES TO TO PATIENTS

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,178,381	OPERATING ROOM	37	7,178,381
TOTAL RECLASSIFICATIONS FOR CODE B			7,178,381			7,178,381

RECLASS CODE: C
EXPLANATION : M&S BILLABLE TO PATIENTS

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	239,924	CENTRAL SERVICES & SUPPLY	15	26,633
2.00			0	ADULTS & PEDIATRICS	25	61,053
3.00			0	INTENSIVE CARE UNIT	26	15,194
4.00			0	SUBPROVIDER	31	688
5.00			0	SUBPROVIDER II	31.01	24,687
6.00			0	SKILLED NURSING FACILITY	34	20,361
7.00			0	OPERATING ROOM	37	852
8.00			0	RECOVERY ROOM	38	20
9.00			0	OCCUPATIONAL THERAPY	51	77
10.00			0	ASC (NON-DISTINCT PART)	58	41
11.00			0	WOUND CARE CLINIC	60.04	58,108
12.00			0	EMERGENCY	61	312
13.00			0	RESEARCH	97	3,659
14.00			0	DENTAL CLINIC	98.04	28,239
TOTAL RECLASSIFICATIONS FOR CODE C			239,924			239,924

RECLASS CODE: D
EXPLANATION : ULTRASOUND COSTS

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DIAGNOSTIC ULTRASOUND	41.01	82,188	RADIOISOTOPE	43	82,188
TOTAL RECLASSIFICATIONS FOR CODE D			82,188			82,188

RECLASS CODE: E
EXPLANATION : INTEREST EXPENSE

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	1,407,216	INTEREST EXPENSE	88	1,407,216
TOTAL RECLASSIFICATIONS FOR CODE E			1,407,216			1,407,216

RECLASS CODE: F
EXPLANATION : DIETARY TO CAFETERIA

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	FATIMA CAFETERIA	12.01	1,548,581	FATIMA DIETARY	11.01	1,548,581
2.00	PROVIDENCE CAFETERIA	12.02	629,711	PROVIDENCE DIETARY	11.02	629,711
TOTAL RECLASSIFICATIONS FOR CODE F			2,178,292			2,178,292

RECLASS CODE: G
EXPLANATION : ALLOCATE RIH REHAB

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	43,411	SUBPROVIDER II	31.01	186,868
2.00	SKILLED NURSING FACILITY	34	94,854			0
3.00	PHYSICAL THERAPY	50	48,603			0
TOTAL RECLASSIFICATIONS FOR CODE G			186,868			186,868

RECLASS CODE: H
EXPLANATION : BLOOD BANK SALARY

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	BLOOD STORING, PROCESSING & TR	47	280,399	LABORATORY	44	280,399
TOTAL RECLASSIFICATIONS FOR CODE H			280,399			280,399

RECLASS CODE: I
EXPLANATION : SCHOOL OF NURSING BOOKS TO ADMIN

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	10,811	NURSING SCHOOL	21	10,811
TOTAL RECLASSIFICATIONS FOR CODE I			10,811			10,811

RECLASS CODE: J
EXPLANATION : CONFIDENTIAL PAYROLL RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	25,969	ADMINISTRATIVE & GENERAL	6	168,992
2.00	NURSING ADMINISTRATION	14	94,412			0
3.00	DEVELOPMENT	100.02	48,611			0
TOTAL RECLASSIFICATIONS FOR CODE J			168,992			168,992

RECLASS CODE: K
EXPLANATION : LEASED SPACE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LEASED BUILDINGS	3.08	624,415	ADMINISTRATIVE & GENERAL	6	29,742
2.00			0	RADIOLOGY-DIAGNOSTIC	41	13,203
3.00			0	LABORATORY	44	406,823
4.00			0	PHYSICAL THERAPY	50	129,949
5.00			0	PULMONARY MEDICINE	59.01	5,360
6.00			0	GYN/PRENATAL CLINIC	60.02	19,669
7.00			0	RESEARCH	97	19,669
TOTAL RECLASSIFICATIONS FOR CODE K			624,415			624,415

RECLASS CODE: L
EXPLANATION : INSURANCE RECLASS TO BENEFITS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	2,119,026	ADMINISTRATIVE & GENERAL	6	2,119,026
TOTAL RECLASSIFICATIONS FOR CODE L			2,119,026			2,119,026

RECLASS CODE: M
EXPLANATION : BILLABLE SUPPLIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	1,736	ASC (NON-DISTINCT PART)	58	1,736
TOTAL RECLASSIFICATIONS FOR CODE M			1,736			1,736

RECLASS CODE: N
EXPLANATION : ADMIN UTILITIES TO OP PLANT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	FATIMA OPERATION OF PLANT	8.01	12,326	ADMINISTRATIVE & GENERAL	6	12,326
TOTAL RECLASSIFICATIONS FOR CODE N			12,326			12,326

RECLASS CODE: P
EXPLANATION : AUDIT FEES TO A&G

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	19,000	NURSING SCHOOL	21	10,000
2.00			0	ADMINISTRATIVE & GENERAL	6	2,500
3.00			0	RESEARCH	97	6,500
TOTAL RECLASSIFICATIONS FOR CODE P			19,000			19,000

RECLASS CODE: R
EXPLANATION : OR SALARY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ENDOSCOPY	37.01	4,587	OPERATING ROOM	37	78,524
2.00	ASC (NON-DISTINCT PART)	58	73,937			0
TOTAL RECLASSIFICATIONS FOR CODE R			78,524			78,524

RECLASS CODE: S
EXPLANATION : CASE MGT ALLOCATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	1,085,807	ADMINISTRATIVE & GENERAL	6	1,085,807
2.00	SOCIAL SERVICE	18	274,249	NURSING ADMINISTRATION	14	274,249
TOTAL RECLASSIFICATIONS FOR CODE S			1,360,056			1,360,056

RECLASS CODE: U
EXPLANATION : EMPLOYEE REVENUE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	73,149	RADIOLOGY-DIAGNOSTIC	41	3,252
2.00			0	LABORATORY	44	15,500
3.00			0	DRUGS CHARGED TO PATIENTS	56	54,397
TOTAL RECLASSIFICATIONS FOR CODE U			73,149			73,149

RECLASS CODE: V
EXPLANATION : RECLASS LAB SALARIES TO ED PROGRAMS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMEDICAL EDUCATION MED TECH	24.01	95,354	LABORATORY	44	98,644
2.00	PARAMEDICAL EDUCATION CYTOLOGY	24.02	3,290			0
TOTAL RECLASSIFICATIONS FOR CODE V			98,644			98,644

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(09/1996)

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS	PROVIDER NO: 41-0005	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 3/ 3/2009 WORKSHEET A-7 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 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

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,654,911	2,801		2,801		1,657,712	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	62,597,749	1,250,265		1,250,265		63,848,014	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	61,050,895	1,156,277		1,156,277		62,207,172	
7	SUBTOTAL	125,303,555	2,409,343		2,409,343		127,712,898	
8	RECONCILING ITEMS							
9	TOTAL	125,303,555	2,409,343		2,409,343		127,712,898	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS GROSS ASSETS 1	CAPITLIZED GROSS ASSETS LEASES 2	FOR RATIO 3	RATIO 4	ALLOCATION OF OTHER CAPITAL INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	TOTAL 8
1	OLD CAP REL COSTS-BL								
1 01	DEPREC. MAIN BUILDIN								
1 02	DEPREC. PAVILION BUI								
1 03	DEPREC. MARIAN HALL1								
1 04	DEPREC WEST BUILDING								
1 05	DEPREC STANG BUILDIN								
1 06	DEPREC BINGHAM BUILD								
1 07	DEPREC LIVING CENTER								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	65,505,726		65,505,726	.512914				
3 01	DEPREC MAIN BUILDING								
3 02	DEPREC PAVILION BUIL								
3 03	DEPREC MARIAN HALL								
3 04	DEPREC WEST BUILDING								
3 05	DEPREC STANG BUILDIN								
3 06	DEPREC BINGHAM BUILD								
3 07	DEPREC LIVING CENTER								
3 08	LEASED BUILDINGS								
4	NEW CAP REL COSTS-MV	62,207,172		62,207,172	.487086				
5	TOTAL	127,712,898		127,712,898	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
1 01	DEPREC. MAIN BUILDIN	8,223						8,223
1 02	DEPREC. PAVILION BUI	1,313						1,313
1 03	DEPREC. MARIAN HALL1							
1 04	DEPREC WEST BUILDING	16,263						16,263
1 05	DEPREC STANG BUILDIN							
1 06	DEPREC BINGHAM BUILD	27,099						27,099
1 07	DEPREC LIVING CENTER	32,354						32,354
2	OLD CAP REL COSTS-MV	3,474						3,474
3	NEW CAP REL COSTS-BL							
3 01	DEPREC MAIN BUILDING	732,913						732,913
3 02	DEPREC PAVILION BUIL	524,905						524,905
3 03	DEPREC MARIAN HALL	53,291						53,291
3 04	DEPREC WEST BUILDING	316,567						316,567
3 05	DEPREC STANG BUILDIN	57,894						57,894
3 06	DEPREC BINGHAM BUILD	75,121						75,121
3 07	DEPREC LIVING CENTER	55,863						55,863
3 08	LEASED BUILDINGS		624,415					624,415
4	NEW CAP REL COSTS-MV	4,168,153						4,168,153
5	TOTAL	6,073,433	624,415					6,697,848

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
1 01	DEPREC. MAIN BUILDIN	8,223						8,223
1 02	DEPREC. PAVILION BUI	1,313						1,313
1 03	DEPREC. MARIAN HALL1							
1 04	DEPREC WEST BUILDING	16,263						16,263
1 05	DEPREC STANG BUILDIN							
1 06	DEPREC BINGHAM BUILD	27,099						27,099
1 07	DEPREC LIVING CENTER	32,354						32,354
2	OLD CAP REL COSTS-MV	3,474						3,474
3	NEW CAP REL COSTS-BL							
3 01	DEPREC MAIN BUILDING	732,913						732,913
3 02	DEPREC PAVILION BUIL	524,905						524,905
3 03	DEPREC MARIAN HALL	53,291						53,291
3 04	DEPREC WEST BUILDING	316,567						316,567
3 05	DEPREC STANG BUILDIN	57,894						57,894
3 06	DEPREC BINGHAM BUILD	75,121						75,121
3 07	DEPREC LIVING CENTER	55,863						55,863
3 08	LEASED BUILDINGS							
4	NEW CAP REL COSTS-MV	4,168,153						4,168,153
5	TOTAL	6,073,433						6,073,433

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

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES	B	-26,006	ADMINISTRATIVE & GENERAL	6	
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,445,644			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-133,167			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-90,165	PHARMACY	16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-17,560	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	-664,812	NURSING SCHOOL	21	
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	LAB INCOME	B	-72,252	OPERATING ROOM	37	
38	LOBBY DISALLOWANCE	B	-137,088	ADMINISTRATIVE & GENERAL	6	
39	OTHER ADJUSTMENTS (SPECIFY)					
40	MISC INCOME	B	-691,141	ADMINISTRATIVE & GENERAL	6	
41	OTHER ADJUSTMENTS (SPECIFY)					
42	CLINICAL ENGINEERING	B	-375	FATIMA MAINTENANCE & REPA	7.01	
43	RENTAL OF SPACE FATIMA	B	-95,861	FATIMA OPERATION OF PLANT	8.01	
44	RENTAL OF SPACE PROVIDENCE	B	-1,632	PROVIDENCE OPERATION OF P	8.02	
45	CAFETERIA SALES	B	-503,804	FATIMA DIETARY	11.01	
46	CAFETERIA SALES	B	-146,166	PROVIDENCE DIETARY	11.02	
47	MED TECH SCHOOL	B	-41,250	PARAMEDICAL EDUCATION MED	24.01	
48	OTHER ADJUSTMENTS (SPECIFY)					
49	RADIOLOGY MISC INCOME	B	-69,239	RADIOLOGY-DIAGNOSTIC	41	
49.05	WORKERS COMP OFFSET	A	-5,642	ADMINISTRATIVE & GENERAL	6	
49.10	BAD DEBT	A	-13,134,259	ADMINISTRATIVE & GENERAL	6	
49.11	PHYSCIAN BILLING FEES	B	-379,358	ADMINISTRATIVE & GENERAL	6	
49.12	PHYSCIAN BILLING FEES	A	-913	SUBPROVIDER II	31.01	
49.13						
49.14	PHYSICIAN BILLING FEES	A	-382	PSYCHIATRY PRIVATE OFFICE	98.03	
49.15						
49.16	GAIN LOSS ON DISPOSAL	B	21,398	ADMINISTRATIVE & GENERAL	6	
49.17	PSYCH MISC REVENUE	B	-383	SUBPROVIDER	31	
49.18	LAB REBATES	B	-10,679	LABORATORY	44	
49.19	OPERATING ROOM REBATES	B	-99,332	OPERATING ROOM	37	
49.20	PHARMACY REBATES	B	-245,724	PHARMACY	16	
50	TOTAL (SUM OF LINES 1 THRU 49)		-23,991,436			

(1) 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

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

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 31	1 SUBPROVIDER II	SNERC	570,751	703,918	-133,167	
2 6	ADMINISTRATIVE & GENERAL	ADMIN	43,411	43,411		
3 31	I SUBPROVIDER II	SUBPROVIDER II	265,308	265,308		
4 34	SKILLED NURSING FACILITY	SKILLED NURSING FACILITY	94,854	94,854		
4.01 50	PHYSICAL THERAPY	PHYSICAL THERAPY	48,603	48,603		
5	TOTALS		1,022,927	1,156,094	-133,167	

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	C		0.00	SNERC	0.00	
2	C		0.00	RIH	0.00	
3	C		0.00	RIH	0.00	
4	C		0.00	RIH	0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	6	ADMIN	63,124	63,124					
2	25	ADULT AND PEDI	826,804	826,804					
3	26	ICU	64,876	64,876					
4	31	1 PSYCH	1,811,909	1,790,938	20,971	154,100	163	12,076	604
5	34	REHAB	660,418	602,337	58,081	154,100	551	40,822	2,041
6	41	RADIOLOGY	168,905	168,905					
7	43	NUCLEAR MEDICINE	40,454	40,454					
8	44	LAB	1,345,418	889,077	456,341	215,700	4,555	472,362	23,618
9	53	EKG	369,228	369,228					
10	54	EEG	134,829	134,829					
11	58	AMBULATORY SURGER	9,250	9,250					
12	59	1 PULMONARY	107,407	107,407					
13	59	3 VASCULAR LAB	107,796	107,796					
14	60	WALKIN CLINIC	557,808	557,808					
15	60	1 CORP CARE	346,887	346,887					
16	60	2 GYN CLINIC	120,195	120,195					
17	60	3 PEDI CLINIC	468,160	468,160					
18	60	4 WOUND CARE	223,415	223,415					
19	61	ER	528,000	528,000					
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	7,954,883	7,419,490	535,393		5,269	525,260	26,263

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	6	ADMIN							63,124
2	25	ADULT AND PEDI							826,804
3	26	ICU							64,876
4	31	1 PSYCH					12,076	8,895	1,799,833
5	34	REHAB					40,822	17,259	619,596
6	41	RADIOLOGY							168,905
7	43	NUCLEAR MEDICINE							40,454
8	44	LAB					472,362		889,077
9	53	EKG							369,228
10	54	EEG							134,829
11	58	AMBULATORY SURGER							9,250
12	59	1 PULMONARY							107,407
13	59	3 VASCULAR LAB							107,796
14	60	WALKIN CLINIC							557,808
15	60	1 CORP CARE							346,887
16	60	2 GYN CLINIC							120,195
17	60	3 PEDI CLINIC							468,160
18	60	4 WOUND CARE							223,415
19	61	ER							528,000
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					525,260	26,154	7,445,644

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(9/1997)

COST ALLOCATION STATISTICS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	DEPREC. MAIN BUILDING	2	SQUARE	FEET	ENTERED
1.02	DEPREC. PAVILION BUILDING	3	SQUARE	FEET	ENTERED
1.03	DEPREC. MARIAN HALL1	4	SQUARE	FEET	ENTERED
1.04	DEPREC WEST BUILDING	5	SQUARE	FEET	ENTERED
1.05	DEPREC STANG BUILDING	6	SQUARE	FEET	ENTERED
1.06	DEPREC BINGHAM BUILDING	7	SQUARE	FEET	ENTERED
1.07	DEPREC LIVING CENTER	8	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	9	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	10	SQUARE	FEET	NOT ENTERED
3.01	DEPREC MAIN BUILDING	2	SQUARE	FEET	ENTERED
3.02	DEPREC PAVILION BUILDING	3	SQUARE	FEET	ENTERED
3.03	DEPREC MARIAN HALL	4	SQUARE	FEET	ENTERED
3.04	DEPREC WEST BUILDING	5	SQUARE	FEET	ENTERED
3.05	DEPREC STANG BUILDING	11	SQUARE	FEET	ENTERED
3.06	DEPREC BINGHAM BUILDING	7	SQUARE	FEET	ENTERED
3.07	DEPREC LIVING CENTER	8	SQUARE	FEET	ENTERED
3.08	LEASED BUILDINGS	12	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	13	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	14	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-15	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	16	SQUARE	FEET	NOT ENTERED
7.01	FATIMA MAINTENANCE & REPAIRS	17	SQUARE	FEET	ENTERED
7.02	PROVIDENCE MAINTENANCE & REPAIRS	18	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	19	SQUARE	FEET	NOT ENTERED
8.01	FATIMA OPERATION OF PLANT	20	SQUARE	FEET	ENTERED
8.02	PROVIDENCE OPERATION OF PLANT	21	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	22	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	23	HOURS OF	SERVICE	NOT ENTERED
10.01	FATIMA HOUSEKEEPING	24	SQUARE	FEET	ENTERED
10.02	PROVIDENCE HOUSKEEPING	25	SQUARE	FEET	ENTERED
11	DIETARY	26	MEALS	SERVED	NOT ENTERED
11.01	FATIMA DIETARY	27	MEALS	SERVED	ENTERED
11.02	PROVIDENCE DIETARY	28	MEALS	SERVED	ENTERED
12	CAFETERIA	29	MEALS	SERVED	NOT ENTERED
12.01	FATIMA CAFETERIA	30	ADJUSTED	FTES	ENTERED
12.02	PROVIDENCE CAFETERIA	31	ADJUSTED	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	32	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	33	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	34	COSTED	REQUIS.	ENTERED
16	PHARMACY	35	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	36	INPATIENT	REVENUES	ENTERED
18	SOCIAL SERVICE	37	PATIENT	DAYS	ENTERED
19	PATIENT TRANSPORTATION	38	PATIENT	TRIPS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	39	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	40	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	41	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	42	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	43	ASSIGNED	TIME	NOT ENTERED
24.01	PARAMEDICAL EDUCATION MED TECH	44	ASSIGNED	TIME	ENTERED
24.02	PARAMEDICAL EDUCATION CYTOLOGY	44	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	DEPREC. MAIN BUILDING	DEPREC. PAVILION BUILDING	DEPREC. MARIAN HALL1	DEPREC WEST BUILDING	DEPREC STANG BUILDING
			0	1	1.01	1.02	1.03	1.04	1.05
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING	8,223		8,223				
001	02	DEPREC. PAVILION BUILDING	1,313			1,313			
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING	16,263					16,263	
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING	27,099						
001	07	DEPREC LIVING CENTER	32,354						
002		OLD CAP REL COSTS-MVBLE E	3,474						
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING	732,913						
003	02	DEPREC PAVILION BUILDING	524,905						
003	03	DEPREC MARIAN HALL	53,291						
003	04	DEPREC WEST BUILDING	316,567						
003	05	DEPREC STANG BUILDING	57,894						
003	06	DEPREC BINGHAM BUILDING	75,121						
003	07	DEPREC LIVING CENTER	55,863						
003	08	LEASED BUILDINGS	624,415						
004		NEW CAP REL COSTS-MVBLE E	4,168,153						
005		EMPLOYEE BENEFITS	28,005,746		80			190	
006		ADMINISTRATIVE & GENERAL	25,023,515		1,017			1,122	
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA	1,800,892		214				
007	02	PROVIDENCE MAINTENANCE &	588,357						
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT	3,417,997		1,989	135			
008	02	PROVIDENCE OPERATION OF P	1,488,380					4,000	
009		LAUNDRY & LINEN SERVICE	640,065		321	4		1,368	
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING	1,812,874		46	2			
010	02	PROVIDENCE HOUSKEEPING	721,660					65	
011		DIETARY							
011	01	FATIMA DIETARY	463,950		221	19			
011	02	PROVIDENCE DIETARY	427,904						
012		CAFETERIA							
012	01	FATIMA CAFETERIA	1,548,581						
012	02	PROVIDENCE CAFETERIA	629,711						
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	2,623,910		25				
015		CENTRAL SERVICES & SUPPLY	419,674			35			
016		PHARMACY	1,670,990		19	31			
017		MEDICAL RECORDS & LIBRARY	1,124,905		212			315	
018		SOCIAL SERVICE	274,249		17				
019		PATIENT TRANSPORTATION	543,535		27				
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL	495,263		37				
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED	60,324			6			
024	02	PARAMEDICAL EDUCATION CYT	3,290		38	1			
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	13,607,437		405	453			
026		INTENSIVE CARE UNIT	3,033,498			141			
031		SUBPROVIDER	9,492,042		701				
031	01	SUBPROVIDER II	1,307,206					4,987	
034		SKILLED NURSING FACILITY	724,424					1,513	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	4,435,754		1,825	226			
037	01	ENDOSCOPY	2,661,031			62			
038		RECOVERY ROOM	839,240			15			
041		RADIOLOGY-DIAGNOSTIC	3,353,390		161				
041	01	DIAGNOSTIC ULTRASOUND	535,643						
043		RADIOISOTOPE	551,306		51				
044		LABORATORY	9,365,523		114	179		35	
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING	1,480,409						
049		RESPIRATORY THERAPY	1,001,600		76				
050		PHYSICAL THERAPY	1,558,092		126			31	
051		OCCUPATIONAL THERAPY	761,721						
052		SPEECH PATHOLOGY	298,061					57	
053		ELECTROCARDIOLOGY	-53,265		20	2			
054		ELECTROENCEPHALOGRAPHY	238,822		70				
055		MEDICAL SUPPLIES CHARGED	7,598,232						
056		DRUGS CHARGED TO PATIENTS	6,055,609						
058		ASC (NON-DISTINCT PART)	2,645,188						
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE	60,523		65				
059	02	HEMODIALYSIS	22,411						
059	03	VASCULAR LABORATORY	226,804		14				
059	04	CT SCAN	925,943		132				
059	05	ECT							
059	06	MRI	632,219						
059	07	ONCOLOGY	310,774		73				
059	08	HYPERBARIC MEDICINE	350,098						

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	DEPREC. MAIN BUILDING	DEPREC. PAVILION BUILDING	DEPREC. MARIAN HALL1	DEPREC WEST BUILDING	DEPREC STANG BUILDING
			0	1	1.01	1.02	1.03	1.04	1.05
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	143,167						
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	564,205		17			938	
060	01	OCCUP HLTH/CORP CARE CLIN	337,619						
060	02	GYN/PRENATAL CLINIC	638,778						
060	03	PEDIATRIC CLINIC	239,522						
060	04	WOUND CARE CLINIC	378,043		15			592	
061		EMERGENCY	4,143,972						
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	160,948,661		8,128	1,311		15,213	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	71,455		17				
097		RESEARCH	1,383,905					521	
098	01	PRIVATE PHYSICIANS OFFICE			10				
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE	116,815						
098	04	DENTAL CLINIC	1,830,822					364	
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT	247,138						
100	03	TELEVISION			2	2			
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER	1,126,132						
100	07	SPACE RENTAL SSTAR						165	
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST			66				
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES	193,783						
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	165,918,711		8,223	1,313		16,263	

		COST CENTER DESCRIPTION	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	DEPREC MAIN BUILDING	DEPREC PAVILION BUILDING	DEPREC MARIAN HALL
			1.06	1.07	2	3	3.01	3.02	3.03
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING	27,099						
001	07	DEPREC LIVING CENTER		32,354					
002		OLD CAP REL COSTS-MVBLE E			3,474				
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING					732,913		
003	02	DEPREC PAVILION BUILDING						524,905	
003	03	DEPREC MARIAN HALL							53,291
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS					7,117		
006		ADMINISTRATIVE & GENERAL			1,491		90,649		20,835
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA					19,077		
007	02	PROVIDENCE MAINTENANCE &			167				
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT					177,169	53,952	13,237
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE					28,617	1,472	
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING					4,079	727	260
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY					19,736	7,780	
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION					2,208		
015		CENTRAL SERVICES & SUPPLY						13,909	
016		PHARMACY					1,696	12,588	
017		MEDICAL RECORDS & LIBRARY					18,861		1,714
018		SOCIAL SERVICE					1,490		
019		PATIENT TRANSPORTATION					2,383		
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL					3,330		8,566
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED						2,309	
024	02	PARAMEDICAL EDUCATION CYT					3,366	277	
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS					36,111	181,239	
026		INTENSIVE CARE UNIT						56,555	
031		SUBPROVIDER					62,458		
031	01	SUBPROVIDER II	224		14				
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM					162,701	90,221	
037	01	ENDOSCOPY						24,818	
038		RECOVERY ROOM						6,060	
041		RADIOLOGY-DIAGNOSTIC					14,365		
041	01	DIAGNOSTIC ULTRASOUND							
043		RADIOISOTOPE					4,532		
044		LABORATORY					10,182	71,469	
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY					6,799		
050		PHYSICAL THERAPY					11,259		
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY					1,746	733	
054		ELECTROENCEPHALOGRAPHY					6,269		
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
058		ASC (NON-DISTINCT PART)	15,979						
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE					5,798		
059	02	HEMODIALYSIS							
059	03	VASCULAR LABORATORY					1,279		
059	04	CT SCAN					11,780		
059	05	ECT							
059	06	MRI	930						
059	07	ONCOLOGY					6,498		
059	08	HYPERBARIC MEDICINE							

		COST CENTER DESCRIPTION	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	DEPREC MAIN BUILDING	DEPREC PAVILION BUILDING	DEPREC MARIAN HALL
			1.06	1.07	2	3	3.01	3.02	3.03
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC					1,544		
060	01	OCCUP HLTH/CORP CARE CLIN							
060	02	GYN/PRENATAL CLINIC							
060	03	PEDIATRIC CLINIC							
060	04	WOUND CARE CLINIC					1,292		
061		EMERGENCY	9,937		14				
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	27,070		1,686		724,391	524,109	44,612
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP					1,544		
097		RESEARCH							
098	01	PRIVATE PHYSICIANS OFFICE					898		6,454
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							1,687
098	04	DENTAL CLINIC							
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE	29						
100	01	WARBURTON MANAGEMENT			1,117				
100	02	DEVELOPMENT							538
100	03	TELEVISION					206	796	
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER		32,354	671				
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST					5,874		
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	27,099	32,354	3,474		732,913	524,905	53,291

		COST CENTER DESCRIPTION	DEPREC WEST BUILDING	DEPREC STANG BUILDING	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	LEASED BUILDINGS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS
			3.04	3.05	3.06	3.07	3.08	4	5
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING	316,567						
003	05	DEPREC STANG BUILDING		57,894					
003	06	DEPREC BINGHAM BUILDING			75,121				
003	07	DEPREC LIVING CENTER				55,863			
003	08	LEASED BUILDINGS					624,415		
004		NEW CAP REL COSTS-MVBLE E						4,168,153	
005		EMPLOYEE BENEFITS	3,708					1,380	28,018,221
006		ADMINISTRATIVE & GENERAL	21,836	10,477			29,742	1,571,427	3,373,193
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA						58,088	365,477
007	02	PROVIDENCE MAINTENANCE &		5,782				8,202	117,884
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT						178,670	330,048
008	02	PROVIDENCE OPERATION OF P	77,860	7,512				87,569	92,236
009		LAUNDRY & LINEN SERVICE	26,638	2,316				20,886	151,103
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING						13,458	467,300
010	02	PROVIDENCE HOUSKEEPING	1,264	308				1,555	196,946
011		DIETARY							
011	01	FATIMA DIETARY						8,595	207,645
011	02	PROVIDENCE DIETARY		4,329				1,937	130,613
012		CAFETERIA							
012	01	FATIMA CAFETERIA						7,492	330,064
012	02	PROVIDENCE CAFETERIA						388	142,245
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION						55,570	876,203
015		CENTRAL SERVICES & SUPPLY		1,082				26,349	103,777
016		PHARMACY		1,025				38,786	725,331
017		MEDICAL RECORDS & LIBRARY	6,123	59				24,691	184,907
018		SOCIAL SERVICE		65					91,383
019		PATIENT TRANSPORTATION						8,478	129,064
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL						20,136	355,926
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED						453	31,773
024	02	PARAMEDICAL EDUCATION CYT							1,096
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS						94,676	4,487,817
026		INTENSIVE CARE UNIT						68,776	844,088
031		SUBPROVIDER		9,362				29,163	2,945,038
031	01	SUBPROVIDER II	97,079	4,753	621			10,821	686,083
034		SKILLED NURSING FACILITY	29,454						372,439
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM						357,172	690,768
037	01	ENDOSCOPY						16,978	415,387
038		RECOVERY ROOM						57,782	262,004
041		RADIOLOGY-DIAGNOSTIC		1,680					836,663
041	01	DIAGNOSTIC ULTRASOUND					138,928	366,147	165,143
043		RADIOISOTOPE						37,678	73,040
044		LABORATORY	682	1,038			281,099	149,320	1,947,702
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING						1,019	93,432
049		RESPIRATORY THERAPY		420				34,811	285,024
050		PHYSICAL THERAPY	597				129,949	11,664	505,806
051		OCCUPATIONAL THERAPY						698	251,581
052		SPEECH PATHOLOGY	1,115					2,444	99,306
053		ELECTROCARDIOLOGY						66,156	43,095
054		ELECTROENCEPHALOGRAPHY						16,367	71,254
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
058		ASC (NON-DISTINCT PART)			44,294			65,470	480,439
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE					5,360	4,782	17,634
059	02	HEMODIALYSIS						5,134	
059	03	VASCULAR LABORATORY						4,367	77,692
059	04	CT SCAN		356				154,386	176,594
059	05	ECT							
059	06	MRI			2,579			320,623	99,525
059	07	ONCOLOGY						1,731	90,844
059	08	HYPERBARIC MEDICINE						121	

		COST CENTER DESCRIPTION	DEPREC WEST BUILDING	DEPREC STANG BUILDING	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	LEASED BUILDINGS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS
			3.04	3.05	3.06	3.07	3.08	4	5
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR		1,136				34	48,193
060		OUTPAT SERVICE COST CNTRS CLINIC	18,256	1,774				13,481	361,400
060	01	OCCUP HLTH/CORP CARE CLIN						1,482	201,336
060	02	GYN/PRENATAL CLINIC		1,637				1,503	212,493
060	03	PEDIATRIC CLINIC	11,518					2,724	224,036
060	04	WOUND CARE CLINIC						4,001	100,231
061		EMERGENCY			27,546			46,756	1,124,462
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	296,130	55,111	75,040		585,078	4,082,377	26,694,763
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						2,550	9,159
097		RESEARCH	10,137	1,485			39,337	5,575	402,313
098	01	PRIVATE PHYSICIANS OFFICE						440	
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							38,471
098	04	DENTAL CLINIC	7,093					36,721	496,229
099		NONPAID WORKERS		206					
100		OTHER.NON REIMBURSABLE			81				
100	01	WARBURTON MANAGEMENT						28,757	
100	02	DEVELOPMENT							71,780
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER		787					
100	06	ST JOSEPH LIVING CENTER				55,863		11,733	241,781
100	07	SPACE RENTAL SSTAR	3,207						
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING		247					
100	12	OP SOCIAL SERVICES		58					63,725
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	316,567	57,894	75,121	55,863	624,415	4,168,153	28,018,221

		COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	FATIMA MAINTENANCE & REPA	PROVIDENCE MAINTENANCE &	OPERATION OF PLANT	FATIMA OPERATION OF PLANT
			5a.00	6	7	7.01	7.02	8	8.01
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL	30,145,304	30,145,304					
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA	2,243,748	498,173		2,741,921			
007	02	PROVIDENCE MAINTENANCE &	720,392	159,946			880,338		
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT	4,173,197	926,562		606,520			5,706,279
008	02	PROVIDENCE OPERATION OF P	1,757,557	390,225			193,384		
009		LAUNDRY & LINEN SERVICE	872,790	193,783		63,861	63,237		170,650
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING	2,298,746	510,384		12,643			33,785
010	02	PROVIDENCE HOUSKEEPING	921,798	204,664			5,276		
011		DIETARY							
011	01	FATIMA DIETARY	707,946	157,183		55,329			147,852
011	02	PROVIDENCE DIETARY	564,783	125,397			49,785		
012		CAFETERIA							
012	01	FATIMA CAFETERIA	1,886,137	418,773					
012	02	PROVIDENCE CAFETERIA	772,344	171,481					
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	3,557,916	789,953		4,738			12,660
015		CENTRAL SERVICES & SUPPLY	564,826	125,407		23,206	12,446		62,012
016		PHARMACY	2,450,466	544,070		24,641	11,782		65,846
017		MEDICAL RECORDS & LIBRARY	1,361,787	302,353		58,131	9,088		155,340
018		SOCIAL SERVICE	367,204	81,529		3,197	742		8,543
019		PATIENT TRANSPORTATION	683,487	151,753		5,113			13,663
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL	883,258	196,107		95,377			254,869
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED	94,865	21,063		3,852			10,293
024	02	PARAMEDICAL EDUCATION CYT	8,068	1,791		462			1,235
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	18,408,138	4,087,046		379,860			1,015,075
026		INTENSIVE CARE UNIT	4,003,058	888,787		94,356			252,141
031		SUBPROVIDER	12,538,764	2,783,944		136,021	107,667		363,481
031	01	SUBPROVIDER II	2,111,788	468,874			188,070		
034		SKILLED NURSING FACILITY	1,127,830	250,409			40,477		
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	5,738,667	1,274,139		499,638			1,335,143
037	01	ENDOSCOPY	3,118,276	692,341		41,405			110,645
038		RECOVERY ROOM	1,165,101	258,684		10,111			27,018
041		RADIOLOGY-DIAGNOSTIC	4,206,259	933,903		30,823	19,318		82,366
041	01	DIAGNOSTIC ULTRASOUND	1,205,861	267,734					
043		RADIOISOTOPE	666,607	148,005		9,725			25,989
044		LABORATORY	11,827,343	2,625,989		141,086	12,876		377,015
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING	1,574,860	349,661					
049		RESPIRATORY THERAPY	1,328,730	295,014		14,588	4,832		38,983
050		PHYSICAL THERAPY	2,217,524	492,350		24,160	820		64,560
051		OCCUPATIONAL THERAPY	1,014,000	225,135					
052		SPEECH PATHOLOGY	400,983	89,029			1,533		
053		ELECTROCARDIOLOGY	58,487	12,986		4,969			13,277
054		ELECTROENCEPHALOGRAPHY	332,782	73,887		13,452			35,947
055		MEDICAL SUPPLIES CHARGED	7,598,232	1,687,013					
056		DRUGS CHARGED TO PATIENTS	6,055,609	1,344,509					
058		ASC (NON-DISTINCT PART)	3,251,370	721,892		142,868			381,775
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE	94,162	20,907		12,441			33,245
059	02	HEMODIALYSIS	27,545	6,116					
059	03	VASCULAR LABORATORY	310,156	68,863		2,744			7,333
059	04	CT SCAN	1,269,191	281,795		25,277	4,095		67,545
059	05	ECT							
059	06	MRI	1,055,876	234,433		8,320			22,232
059	07	ONCOLOGY	409,920	91,013		13,943			37,259
059	08	HYPERBARIC MEDICINE	350,219	77,758					

		COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	FATIMA MAINTENANCE & REPA	PROVIDENCE MAINTENANCE &	OPERATION OF PLANT	FATIMA OPERATION OF PLANT
			5a.00	6	7	7.01	7.02	8	8.01
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	192,530	42,747			13,061		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	961,615	213,504		3,312	45,490		8,852
060	01	OCCUP HLTH/CORP CARE CLIN	540,437	119,992					
060	02	GYN/PRENATAL CLINIC	854,411	189,702			18,830		
060	03	PEDIATRIC CLINIC	478,392	106,216			15,829		
060	04	WOUND CARE CLINIC	483,582	107,368		2,773			7,411
061		EMERGENCY	5,352,687	1,188,441		88,848			237,423
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	159,367,611	28,690,783		2,657,790	818,638		5,481,463
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	84,725	18,811		3,312			8,852
097		RESEARCH	1,843,273	409,256			20,300		
098	01	PRIVATE PHYSICIANS OFFICE	7,802	1,732		43,264	16,732		115,611
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE	156,973	34,852		17,381			46,445
098	04	DENTAL CLINIC	2,371,229	526,477			9,747		
099		NONPAID WORKERS	206	46					
100		OTHER NON REIMBURSABLE	110	24		260	2,367		695
100	01	WARBURTON MANAGEMENT	29,874	6,633					
100	02	DEVELOPMENT	319,456	70,928		5,537			14,796
100	03	TELEVISION	1,006	223		1,772			4,735
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER	787	175			9,049		
100	06	ST JOSEPH LIVING CENTER	1,468,534	326,054					
100	07	SPACE RENTAL SSTAR	3,372	749					
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF				12,605			33,682
100	10	SPACE RENTAL SECHRIST	5,940	1,319					
100	11	PHYSICIAN BILLING	247	55			2,841		
100	12	OP SOCIAL SERVICES	257,566	57,187			664		
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	165,918,711	30,145,304		2,741,921	880,338		5,706,279

		COST CENTER DESCRIPTION	PROVIDENCE OPERATION OF P	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	FATIMA HOUSEKEEPING	PROVIDENCE HOUSKEEPING	DIETARY	FATIMA DIETARY
			8.02	9	10	10.01	10.02	11	11.01
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P	2,341,166						
009		LAUNDRY & LINEN SERVICE	215,513	1,579,834					
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING		54,215		2,909,773			
010	02	PROVIDENCE HOUSKEEPING	17,982				1,149,720		
011		DIETARY							
011	01	FATIMA DIETARY				78,195			1,146,505
011	02	PROVIDENCE DIETARY	169,669				92,553		
012		CAFETERIA							
012	01	FATIMA CAFETERIA							695,426
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION				6,695			
015		CENTRAL SERVICES & SUPPLY	42,417	6,973		32,797	23,138		
016		PHARMACY	40,155			34,824	21,904		
017		MEDICAL RECORDS & LIBRARY	30,973			82,155	16,896		
018		SOCIAL SERVICE	2,528			4,518	1,379		
019		PATIENT TRANSPORTATION				7,226			
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL				134,793			
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED				5,443			
024	02	PARAMEDICAL EDUCATION CYT				653			
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		535,460		536,845			299,291
026		INTENSIVE CARE UNIT		85,608		133,350			24,386
031		SUBPROVIDER	366,934	139,382		192,235	200,160		92,931
031	01	SUBPROVIDER II	640,948	96,944			349,636		
034		SKILLED NURSING FACILITY	137,948	44,356			75,249		
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM		120,457		706,125			140
037	01	ENDOSCOPY		58,167		58,517			30
038		RECOVERY ROOM				14,289			
041		RADIOLOGY-DIAGNOSTIC	65,838	36,432		43,561	35,914		
041	01	DIAGNOSTIC ULTRASOUND							44
043		RADIOISOTOPE		23,277		13,745			
044		LABORATORY	43,881			199,393	23,937		
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY	16,468			20,617	8,983		
050		PHYSICAL THERAPY	2,795	21,712		34,144	1,524		
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY	5,223				2,849		
053		ELECTROCARDIOLOGY		2,721		7,022			
054		ELECTROENCEPHALOGRAPHY				19,011			3
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
058		ASC (NON-DISTINCT PART)		98,505		201,911			121
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE				17,582			
059	02	HEMODIALYSIS							
059	03	VASCULAR LABORATORY				3,878			
059	04	CT SCAN	13,956	22,381		35,723	7,613		
059	05	ECT							
059	06	MRI				11,758			
059	07	ONCOLOGY		23,629		19,705			4,587
059	08	HYPERBARIC MEDICINE		7,203					

		COST CENTER DESCRIPTION	PROVIDENCE OPERATION OF P	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	FATIMA HOUSEKEEPING	PROVIDENCE HOUSEKEEPING	DIETARY	FATIMA DIETARY
			8.02	9	10	10.01	10.02	11	11.01
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	44,513				24,282		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	155,031	33,804		4,681	84,568		
060	01	OCCUP HLTH/CORP CARE CLIN		3,132					
060	02	GYN/PRENATAL CLINIC	64,175				35,007		
060	03	PEDIATRIC CLINIC	53,945				29,426		8
060	04	WOUND CARE CLINIC		149,275		3,919			
061		EMERGENCY				125,566			29,538
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	2,130,892	1,563,633		2,790,876	1,035,018		1,146,505
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP				4,681			
097		RESEARCH	69,182				37,738		
098	01	PRIVATE PHYSICIANS OFFICE	57,022	564		61,143	31,105		
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE				24,563			
098	04	DENTAL CLINIC	33,219	4,138			18,120		
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE	8,068			367	4,401		
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT				7,825			
100	03	TELEVISION				2,504			
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER	30,840				16,823		
100	06	ST JOSEPH LIVING CENTER		11,499					
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF				17,814			
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING	9,681				5,281		
100	12	OP SOCIAL SERVICES	2,262				1,234		
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	2,341,166	1,579,834		2,909,773	1,149,720		1,146,505

		COST CENTER DESCRIPTION	PROVIDENCE DI ETARY	CAFETERIA	FATIMA CAFETE RIA	PROVIDENCE CA FETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
			11.02	12	12.01	12.02	13	14	15
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY	1,002,187						
012		CAFETERIA							
012	01	FATIMA CAFETERIA			3,000,336				
012	02	PROVIDENCE CAFETERIA	516,266			1,460,091			
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION			50,365			4,422,327	
015		CENTRAL SERVICES & SUPPLY			32,378			9,456	935,056
016		PHARMACY			93,536	22,994			1,439
017		MEDICAL RECORDS & LIBRARY			53,963	17,245			8
018		SOCIAL SERVICE			14,390				
019		PATIENT TRANSPORTATION			50,365				
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL			291,400				138
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED			7,195				
024	02	PARAMEDICAL EDUCATION CYT			3,598				
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS			823,826			1,833,030	52,195
026		INTENSIVE CARE UNIT			125,913			288,705	13,048
031		SUBPROVIDER	265,922		226,644	436,878		515,326	8,007
031	01	SUBPROVIDER II	123,372			189,697		205,032	5,109
034		SKILLED NURSING FACILITY	89,435			109,219		128,565	3,562
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM			125,913			307,894	53,516
037	01	ENDOSCOPY			71,951			172,374	12,884
038		RECOVERY ROOM			35,975			95,584	2,119
041		RADIOLOGY-DIAGNOSTIC			154,694				2,194
041	01	DIAGNOSTIC ULTRASOUND			25,183	17,245			
043		RADIOISOTOPE			10,793				362
044		LABORATORY			273,412	11,497			11,036
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING			17,988				
049		RESPIRATORY THERAPY			50,365				1,844
050		PHYSICAL THERAPY			17,988	80,477			604
051		OCCUPATIONAL THERAPY			3,598	51,736			15
052		SPEECH PATHOLOGY			3,598	22,994			25
053		ELECTROCARDIOLOGY			17,988				94
054		ELECTROENCEPHALOGRAPHY			17,988				96
055		MEDICAL SUPPLIES CHARGED							713,275
056		DRUGS CHARGED TO PATIENTS							
058		ASC (NON-DISTINCT PART)			86,341			168,628	14,752
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE			3,598				314
059	02	HEMODIALYSIS			10,793				566
059	03	VASCULAR LABORATORY							121
059	04	CT SCAN			35,975				418
059	05	ECT							
059	06	MRI			17,988				210
059	07	ONCOLOGY			10,793			23,562	1,092
059	08	HYPERBARIC MEDICINE							13

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	PROVIDENCE DI ETARY	CAFETERIA	FATIMA CAFETERIA	PROVIDENCE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			11.02	12	12.01	12.02	13	14	15
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	7,192			11,497		5,501	4
		OUTPAT SERVICE COST CNTRS							
060		CLINIC				80,477		61,025	1,311
060	01	OCCUP HLTH/CORP CARE CLIN				34,490		18,979	358
060	02	GYN/PRENATAL CLINIC			10,793	40,239		49,833	759
060	03	PEDIATRIC CLINIC				63,232		36,968	845
060	04	WOUND CARE CLINIC			14,390			31,481	4,289
061		EMERGENCY			169,084			406,987	25,645
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	1,002,187		2,960,762	1,189,917		4,358,930	932,267
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP			3,598				2
097		RESEARCH			25,183	91,974		27,571	779
098	01	PRIVATE PHYSICIANS OFFICE							
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE				17,245		10,519	
098	04	DENTAL CLINIC				137,961			1,634
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT			10,793				
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER						25,307	374
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES				22,994			
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	1,002,187		3,000,336	1,460,091		4,422,327	935,056

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
			16	17	18	19	20	21	22
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY	3,311,657						
017		MEDICAL RECORDS & LIBRARY		2,087,939					
018		SOCIAL SERVICE			484,030				
019		PATIENT TRANSPORTATION				911,607			
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL	36					1,855,978	
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED							
024	02	PARAMEDICAL EDUCATION CYT							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	9,184	405,038	241,073	478,305		933,881	
026		INTENSIVE CARE UNIT	1,309	93,206	25,904	26,493		81,515	
031		SUBPROVIDER	5,021	499,106	150,828	15,448		403,412	
031	01	SUBPROVIDER II	1,623	50,194	38,628			89,312	
034		SKILLED NURSING FACILITY		28,074	27,597			78,414	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	19,986	75,002		38,684		31,897	
037	01	ENDOSCOPY	5,900	17,947					
038		RECOVERY ROOM	5,341	11,628		10,070			
041		RADIOLOGY-DIAGNOSTIC	3,040	56,544		114,094			
041	01	DIAGNOSTIC ULTRASOUND	14	10,431		9,664			
043		RADIOISOTOPE	315	14,254					
044		LABORATORY	6,004	227,657		72,550			
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING	257	42,307					
049		RESPIRATORY THERAPY	430	44,818					
050		PHYSICAL THERAPY	275	49,195					
051		OCCUPATIONAL THERAPY		32,990					
052		SPEECH PATHOLOGY		12,405					
053		ELECTROCARDIOLOGY	2	38,768		23,209			
054		ELECTROENCEPHALOGRAPHY	11			5,026			
055		MEDICAL SUPPLIES CHARGED		155,393					
056		DRUGS CHARGED TO PATIENTS	3,162,604	121,118					
058		ASC (NON-DISTINCT PART)	45,290	1,922		14,726		38,277	
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE	596	349		1,426			
059	02	HEMODIALYSIS	322	2,212					
059	03	VASCULAR LABORATORY		17,608		22,460			
059	04	CT SCAN	247	61,172					
059	05	ECT							
059	06	MRI		18,578		26,051			
059	07	ONCOLOGY	284			35,336			
059	08	HYPERBARIC MEDICINE				2,220			

		COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
			16	17	18	19	20	21	22
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	4						
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	6,067	23					
060	01	OCCUP HLTH/CORP CARE CLIN	23,230						
060	02	GYN/PRENATAL CLINIC	3,492					32,961	
060	03	PEDIATRIC CLINIC	962					97,464	
060	04	WOUND CARE CLINIC	4,958					30,568	
061		EMERGENCY	2,527			15,845		38,277	
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	3,309,331	2,087,939	484,030	911,607		1,855,978	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH	411						
098	01	PRIVATE PHYSICIANS OFFICE							
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							
098	04	DENTAL CLINIC	1,915						
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT							
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER							
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	3,311,657	2,087,939	484,030	911,607		1,855,978	

		COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	PARAMEDICAL EDUCATION MED	PARAMEDICAL EDUCATION CYT	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
			23	24	24.01	24.02	25	26	27
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
018		SOCIAL SERVICE							
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED			142,711				
024	02	PARAMEDICAL EDUCATION CYT				15,807			
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS					30,038,247		30,038,247
026		INTENSIVE CARE UNIT					6,137,779		6,137,779
031		SUBPROVIDER					19,448,111		19,448,111
031	01	SUBPROVIDER II					4,559,227		4,559,227
034		SKILLED NURSING FACILITY					2,141,135		2,141,135
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM					10,327,201		10,327,201
037	01	ENDOSCOPY					4,360,437		4,360,437
038		RECOVERY ROOM					1,635,920		1,635,920
041		RADIOLOGY-DIAGNOSTIC					5,784,980		5,784,980
041	01	DIAGNOSTIC ULTRASOUND					1,536,176		1,536,176
043		RADIOISOTOPE					913,072		913,072
044		LABORATORY			142,711	15,807	16,012,194		16,012,194
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING					1,985,073		1,985,073
049		RESPIRATORY THERAPY					1,825,672		1,825,672
050		PHYSICAL THERAPY					3,008,128		3,008,128
051		OCCUPATIONAL THERAPY					1,327,474		1,327,474
052		SPEECH PATHOLOGY					538,639		538,639
053		ELECTROCARDIOLOGY					179,523		179,523
054		ELECTROENCEPHALOGRAPHY					498,203		498,203
055		MEDICAL SUPPLIES CHARGED					10,153,913		10,153,913
056		DRUGS CHARGED TO PATIENTS					10,683,840		10,683,840
058		ASC (NON-DISTINCT PART)					5,168,378		5,168,378
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE					184,620		184,620
059	02	HEMODIALYSIS					47,554		47,554
059	03	VASCULAR LABORATORY					433,163		433,163
059	04	CT SCAN					1,825,388		1,825,388
059	05	ECT							
059	06	MRI					1,395,446		1,395,446
059	07	ONCOLOGY					671,123		671,123
059	08	HYPERBARIC MEDICINE					437,413		437,413

		COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMEDICAL E DUCATION MED	PARAMEDICAL E DUCATION CYT	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
			23	24	24.01	24.02	25	26	27
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR					341,331		341,331
		OUTPAT SERVICE COST CNTRS							
060		CLINIC					1,659,760		1,659,760
060	01	OCCUP HLTH/CORP CARE CLIN					740,618		740,618
060	02	GYN/PRENATAL CLINIC					1,300,202		1,300,202
060	03	PEDIATRIC CLINIC					883,287		883,287
060	04	WOUND CARE CLINIC					840,014		840,014
061		EMERGENCY					7,680,868		7,680,868
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS			142,711	15,807	156,704,109		156,704,109
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP					123,981		123,981
097		RESEARCH					2,525,667		2,525,667
098	01	PRIVATE PHYSICIANS OFFICE					334,975		334,975
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE					307,978		307,978
098	04	DENTAL CLINIC					3,104,440		3,104,440
099		NONPAID WORKERS					252		252
100		OTHER NON REIMBURSABLE					16,292		16,292
100	01	WARBURTON MANAGEMENT					36,507		36,507
100	02	DEVELOPMENT					429,335		429,335
100	03	TELEVISION					10,240		10,240
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER					57,674		57,674
100	06	ST JOSEPH LIVING CENTER					1,831,768		1,831,768
100	07	SPACE RENTAL SSTAR					4,121		4,121
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF					64,101		64,101
100	10	SPACE RENTAL SECHRIST					7,259		7,259
100	11	PHYSICIAN BILLING					18,105		18,105
100	12	OP SOCIAL SERVICES					341,907		341,907
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL			142,711	15,807	165,918,711		165,918,711

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET B I PART II

		COST CENTER DESCRIPTION	DIR ASSGNED OLD CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	DEPREC. MAIN BUILDING	DEPREC. PAVILION BUILDING	DEPREC. MARIAN HALL1	DEPREC WEST BUILDING	DEPREC STANG BUILDING
			0	1	1.01	1.02	1.03	1.04	1.05
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS			80			190	
006		ADMINISTRATIVE & GENERAL			1,017			1,122	
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA			214				
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT			1,989	135			
008	02	PROVIDENCE OPERATION OF P						4,000	
009		LAUNDRY & LINEN SERVICE			321	4		1,368	
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING			46	2			
010	02	PROVIDENCE HOUSKEEPING						65	
011		DIETARY							
011	01	FATIMA DIETARY			221	19			
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION			25				
015		CENTRAL SERVICES & SUPPLY				35			
016		PHARMACY			19	31			
017		MEDICAL RECORDS & LIBRARY			212			315	
018		SOCIAL SERVICE			17				
019		PATIENT TRANSPORTATION			27				
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL			37				
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED				6			
024	02	PARAMEDICAL EDUCATION CYT			38	1			
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS			405	453			
026		INTENSIVE CARE UNIT				141			
031		SUBPROVIDER			701				
031	01	SUBPROVIDER II						4,987	
034		SKILLED NURSING FACILITY						1,513	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM			1,825	226			
037	01	ENDOSCOPY				62			
038		RECOVERY ROOM				15			
041		RADIOLOGY-DIAGNOSTIC			161				
041	01	DIAGNOSTIC ULTRASOUND							
043		RADIOISOTOPE			51				
044		LABORATORY			114	179		35	
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY			76				
050		PHYSICAL THERAPY			126			31	
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY						57	
053		ELECTROCARDIOLOGY			20	2			
054		ELECTROENCEPHALOGRAPHY			70				
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
058		ASC (NON-DISTINCT PART)							
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE			65				
059	02	HEMODIALYSIS							
059	03	VASCULAR LABORATORY			14				
059	04	CT SCAN			132				
059	05	ECT							
059	06	MRI							
059	07	ONCOLOGY			73				
059	08	HYPERBARIC MEDICINE							

		COST CENTER DESCRIPTION	DIR ASSGNED OLD CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	DEPREC. MAIN BUILDING	DEPREC. PAVILION BUILDING	DEPREC. MARIAN HALL1	DEPREC WEST BUILDING	DEPREC STANG BUILDING
			0	1	1.01	1.02	1.03	1.04	1.05
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC			17			938	
060	01	OCCUP HLTH/CORP CARE CLIN							
060	02	GYN/PRENATAL CLINIC							
060	03	PEDIATRIC CLINIC						592	
060	04	WOUND CARE CLINIC			15				
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS			8,128	1,311		15,213	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP			17				
097		RESEARCH						521	
098	01	PRIVATE PHYSICIANS OFFICE			10				
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							
098	04	DENTAL CLINIC						364	
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT							
100	03	TELEVISION			2	2			
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER							
100	07	SPACE RENTAL SSTAR						165	
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST			66				
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL			8,223	1,313		16,263	

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	DEPREC MAIN BUILDING	DEPREC PAVILION BUILDING	DEPREC MARIAN HALL
			1.06	1.07	2	3	3.01	3.02	3.03
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL			1,491				
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &			167				
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
018		SOCIAL SERVICE							
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED							
024	02	PARAMEDICAL EDUCATION CYT							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS							
026		INTENSIVE CARE UNIT							
031		SUBPROVIDER							
031	01	SUBPROVIDER II	224		14				
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
037	01	ENDOSCOPY							
038		RECOVERY ROOM							
041		RADIOLOGY-DIAGNOSTIC							
041	01	DIAGNOSTIC ULTRASOUND							
043		RADIOISOTOPE							
044		LABORATORY							
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY							
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
058		ASC (NON-DISTINCT PART)	15,979						
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE							
059	02	HEMODIALYSIS							
059	03	VASCULAR LABORATORY							
059	04	CT SCAN							
059	05	ECT							
059	06	MRI	930						
059	07	ONCOLOGY							
059	08	HYPERBARIC MEDICINE							

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	DEPREC MAIN BUILDING	DEPREC PAVILION BUILDING	DEPREC MARIAN HALL
			1.06	1.07	2	3	3.01	3.02	3.03
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	OCCUP HLTH/CORP CARE CLIN							
060	02	GYN/PRENATAL CLINIC							
060	03	PEDIATRIC CLINIC							
060	04	WOUND CARE CLINIC							
061		EMERGENCY	9,937		14				
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	27,070		1,686				
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH							
098	01	PRIVATE PHYSICIANS OFFICE							
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							
098	04	DENTAL CLINIC							
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE	29		1,117				
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT							
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER		32,354	671				
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	27,099	32,354	3,474				

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	DEPREC WEST BUILDING	DEPREC STANG BUILDING	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	LEASED BUILDINGS	NEW CAP REL COSTS-MVBLE E	SUBTOTAL
			3.04	3.05	3.06	3.07	3.08	4	4a
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							270
005		EMPLOYEE BENEFITS							3,630
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							214
007	01	FATIMA MAINTENANCE & REPA							167
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							2,124
008	01	FATIMA OPERATION OF PLANT							4,000
008	02	PROVIDENCE OPERATION OF P							1,693
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							48
010	01	FATIMA HOUSEKEEPING							65
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							240
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							25
014		NURSING ADMINISTRATION							35
015		CENTRAL SERVICES & SUPPLY							50
016		PHARMACY							527
017		MEDICAL RECORDS & LIBRARY							17
018		SOCIAL SERVICE							27
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							37
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							6
024	01	PARAMEDICAL EDUCATION MED							39
024	02	PARAMEDICAL EDUCATION CYT							
		INPAT ROUTINE SRVC CNTRS							858
025		ADULTS & PEDIATRICS							141
026		INTENSIVE CARE UNIT							701
031		SUBPROVIDER							5,225
031	01	SUBPROVIDER II							1,513
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							2,051
037		OPERATING ROOM							62
037	01	ENDOSCOPY							15
038		RECOVERY ROOM							161
041		RADIOLOGY-DIAGNOSTIC							
041	01	DIAGNOSTIC ULTRASOUND							51
043		RADIOISOTOPE							328
044		LABORATORY							
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING							76
049		RESPIRATORY THERAPY							157
050		PHYSICAL THERAPY							
051		OCCUPATIONAL THERAPY							57
052		SPEECH PATHOLOGY							22
053		ELECTROCARDIOLOGY							70
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							15,979
058		ASC (NON-DISTINCT PART)							
059		OTHER ANCILLARY							65
059	01	PULMONARY MEDICINE							
059	02	HEMODIALYSIS							14
059	03	VASCULAR LABORATORY							132
059	04	CT SCAN							
059	05	ECT							930
059	06	MRI							73
059	07	ONCOLOGY							
059	08	HYPERBARIC MEDICINE							

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	DEPREC WEST BUILDING	DEPREC STANG BUILDING	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	LEASED BUILDINGS	NEW CAP REL COSTS-MVBLE E	SUBTOTAL
			3.04	3.05	3.06	3.07	3.08	4	4a
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR							
		OUTPAT SERVICE COST CNTRS							955
060		CLINIC							
060	01	OCCUP HLTH/CORP CARE CLIN							
060	02	GYN/PRENATAL CLINIC							592
060	03	PEDIATRIC CLINIC							15
060	04	WOUND CARE CLINIC							9,951
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							53,408
095		SUBTOTALS							
		NONREIMBURS COST CENTERS							17
096		GIFT, FLOWER, COFFEE SHOP							521
097		RESEARCH							10
098	01	PRIVATE PHYSICIANS OFFICE							
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							364
098	04	DENTAL CLINIC							
099		NONPAID WORKERS							29
100		OTHER NON REIMBURSABLE							1,117
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT							4
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							33,025
100	06	ST JOSEPH LIVING CENTER							165
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							66
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							88,726
103		TOTAL							

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	FATIMA MAINTENANCE & REPA 7.01	PROVIDENCE MAINTENANCE & 7.02	OPERATION OF PLANT 8	FATIMA OPERATION OF PLANT 8.01
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALLI							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS	270						
006		ADMINISTRATIVE & GENERAL	30	3,660					
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA	3	61		278			
007	02	PROVIDENCE MAINTENANCE &	1	19			187		
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT	3	113		65			2,305
008	02	PROVIDENCE OPERATION OF P	1	47			39		
009		LAUNDRY & LINEN SERVICE	1	24		6	13		69
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING	4	62		1			14
010	02	PROVIDENCE HOUSKEEPING	2	25			1		
011		DIETARY							
011	01	FATIMA DIETARY	2	19		6			60
011	02	PROVIDENCE DIETARY	1	15			11		
012		CAFETERIA							
012	01	FATIMA CAFETERIA	3	51					
012	02	PROVIDENCE CAFETERIA	1	21					
013		MAINTENANCE OF PERSONNEL							5
014		NURSING ADMINISTRATION	8	96		2	3		25
015		CENTRAL SERVICES & SUPPLY	1	15		2	3		27
016		PHARMACY	7	66		6	2		63
017		MEDICAL RECORDS & LIBRARY	2	37					3
018		SOCIAL SERVICE	1	10		1			6
019		PATIENT TRANSPORTATION	1	18					
020		NONPHYSICIAN ANESTHETISTS				10			103
021		NURSING SCHOOL	3	24					
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							4
024	01	PARAMEDICAL EDUCATION MED		3					
024	02	PARAMEDICAL EDUCATION CYT							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	57	489		39			410
026		INTENSIVE CARE UNIT	8	108		10			102
031		SUBPROVIDER	27	339		14	23		147
031	01	SUBPROVIDER II	6	57			40		
034		SKILLED NURSING FACILITY	3	30			9		
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	6	155		51			538
037	01	ENDOSCOPY	4	84		4			45
038		RECOVERY ROOM	2	31		1			11
041		RADIOLOGY-DIAGNOSTIC	8	114		3	4		33
041	01	DIAGNOSTIC ULTRASOUND	1	33					
043		RADIOISOTOPE	1	18		1			10
044		LABORATORY	18	319		14	3		152
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING	1	43					
049		RESPIRATORY THERAPY	3	36		1	1		16
050		PHYSICAL THERAPY	5	60		2			26
051		OCCUPATIONAL THERAPY	2	27					
052		SPEECH PATHOLOGY	1	11					
053		ELECTROCARDIOLOGY		2		1			5
054		ELECTROENCEPHALOGRAPHY	1	9		1			15
055		MEDICAL SUPPLIES CHARGED		205					
056		DRUGS CHARGED TO PATIENTS		164					
058		ASC (NON-DISTINCT PART)	4	88		14			154
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE		3		1			13
059	02	HEMODIALYSIS		1					
059	03	VASCULAR LABORATORY	1	8					3
059	04	CT SCAN	2	34		3	1		27
059	05	ECT							
059	06	MRI	1	29		1			9
059	07	ONCOLOGY	1	11		1			15
059	08	HYPERBARIC MEDICINE		9					

		COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	FATIMA MAINTENANCE & REPA	PROVIDENCE MAINTENANCE &	OPERATION OF PLANT	FATIMA OPERATION OF PLANT
			5	6	7	7.01	7.02	8	8.01
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR		5			3		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	3	26			10		4
060	01	OCCUP HLTH/CORP CARE CLIN	2	15					
060	02	GYN/PRENATAL CLINIC	2	23			4		
060	03	PEDIATRIC CLINIC	2	13			3		
060	04	WOUND CARE CLINIC	1	13					3
061		EMERGENCY	10	145		9			96
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	258	3,483		270	173		2,213
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		2					4
097		RESEARCH	4	50			4		
098	01	PRIVATE PHYSICIANS OFFICE				4	4		47
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE		4		2			19
098	04	DENTAL CLINIC	4	64			2		
099		NONPAID WORKERS					1		
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT		1					6
100	02	DEVELOPMENT	1	9		1			2
100	03	TELEVISION							
100	04	SPACE RENTAL UHP					2		
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER	2	40					
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF				1			14
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST					1		
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES	1	7					
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	270	3,660		278	187		2,305

ALLOCATION OF OLD CAPITAL RELATED COSTS

		PROVIDENCE OPERATION OF P	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	FATIMA HOUSEKEEPING	PROVIDENCE HOUSKEEPING	HO DIETARY	FATIMA DIETARY
		8.02	9	10	10.01	10.02	11	11.01
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUILDING							
001 03	DEPREC. MARIAN HALL1							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDING							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILDING							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDING							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	FATIMA MAINTENANCE & REPA							
007 02	PROVIDENCE MAINTENANCE &							
008	OPERATION OF PLANT							
008 01	FATIMA OPERATION OF PLANT							
008 02	PROVIDENCE OPERATION OF P	4,087						
009	LAUNDRY & LINEN SERVICE	376	2,182					
010	HOUSEKEEPING				204			
010 01	FATIMA HOUSEKEEPING		75			124		
010 02	PROVIDENCE HOUSKEEPING	31						
011	DIETARY				5			332
011 01	FATIMA DIETARY					10		
011 02	PROVIDENCE DIETARY	296						
012	CAFETERIA							201
012 01	FATIMA CAFETERIA							
012 02	PROVIDENCE CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				2	2		
015	CENTRAL SERVICES & SUPPLY	74	10		2	2		
016	PHARMACY	70			6	2		
017	MEDICAL RECORDS & LIBRARY	54						
018	SOCIAL SERVICE	4			1			
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS				9			
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUCATION MED							
024 02	PARAMEDICAL EDUCATION CYT							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		740		38			87
026	INTENSIVE CARE UNIT		118		9			7
031	SUBPROVIDER	641	192		13	22		27
031 01	SUBPROVIDER II	1,118	134			38		
034	SKILLED NURSING FACILITY	241	61			8		
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		166		55			
037 01	ENDOSCOPY		80		4			
038	RECOVERY ROOM				1			
041	RADIOLOGY-DIAGNOSTIC	115	50		3	4		
041 01	DIAGNOSTIC ULTRASOUND							
043	RADIOISOTOPE		32		1			
044	LABORATORY	77			14	3		
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING				1	1		
049	RESPIRATORY THERAPY	29			2			
050	PHYSICAL THERAPY	5	30					
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY	9						
053	ELECTROCARDIOLOGY		4					
054	ELECTROENCEPHALOGRAPHY				1			
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
058	ASC (NON-DISTINCT PART)		136		14			
059	OTHER ANCILLARY				1			
059 01	PULMONARY MEDICINE							
059 02	HEMODIALYSIS							
059 03	VASCULAR LABORATORY							
059 04	CT SCAN	24	31		3	1		
059 05	ECT				1			
059 06	MRI				1			1
059 07	ONCOLOGY		33					
059 08	HYPERBARIC MEDICINE		10					

			PROVIDENCE OPERATION OF P	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	FATIMA HOUSEKEEPING	PROVIDENCE HO USKEEPING	DIETARY	FATIMA DIETARY
			8.02	9	10	10.01	10.02	11	11.01
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	78				3		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	271	47			9		
060	01	OCCUP HLTH/CORP CARE CLIN		4					
060	02	GYN/PRENATAL CLINIC	112				4		
060	03	PEDIATRIC CLINIC	94				3		
060	04	WOUND CARE CLINIC		206					
061		EMERGENCY				9			9
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	3,719	2,159		196	112		332
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP					4		
097		RESEARCH	121				3		
098	01	PRIVATE PHYSICIANS OFFICE	100	1		4			
098	02	HOUSE OFFICERS				2			
098	03	PSYCHIATRY PRIVATE OFFICE					2		
098	04	DENTAL CLINIC	58	6					
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE	14						
100	01	WARBURTON MANAGEMENT				1			
100	02	DEVELOPMENT							
100	03	TELEVISION							
100	04	SPACE RENTAL UHP					2		
100	05	SPACE RENTAL OTHER	54						
100	06	ST JOSEPH LIVING CENTER		16					
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF				1			
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST					1		
100	11	PHYSICIAN BILLING	17						
100	12	OP SOCIAL SERVICES	4						
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	4,087	2,182		204	124		332

		COST CENTER DESCRIPTION	PROVIDENCE DIETARY 11.02	CAFETERIA 12	FATIMA CAFETERIA 12.01	PROVIDENCE CAFETERIA 12.02	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY	333						
012		CAFETERIA							
012	01	FATIMA CAFETERIA			255				
012	02	PROVIDENCE CAFETERIA	172			194			
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION			4			138	
015		CENTRAL SERVICES & SUPPLY			3				172
016		PHARMACY			8	3			
017		MEDICAL RECORDS & LIBRARY			5	2			
018		SOCIAL SERVICE			1				
019		PATIENT TRANSPORTATION			4				
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL			25				
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED			1				
024	02	PARAMEDICAL EDUCATION CYT							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS			70			57	10
026		INTENSIVE CARE UNIT			11			9	2
031		SUBPROVIDER	88		19	58		16	1
031	01	SUBPROVIDER II	41			25		6	1
034		SKILLED NURSING FACILITY	30			15		4	1
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM			11			10	10
037	01	ENDOSCOPY			6			5	2
038		RECOVERY ROOM			3			3	
041		RADIOLOGY-DIAGNOSTIC			13				
041	01	DIAGNOSTIC ULTRASOUND			2	2			
043		RADIOISOTOPE			1				
044		LABORATORY			23	2			2
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING			2				
049		RESPIRATORY THERAPY			4				
050		PHYSICAL THERAPY			2	11			
051		OCCUPATIONAL THERAPY				7			
052		SPEECH PATHOLOGY				3			
053		ELECTROCARDIOLOGY			2				
054		ELECTROENCEPHALOGRAPHY			2				
055		MEDICAL SUPPLIES CHARGED							134
056		DRUGS CHARGED TO PATIENTS							
058		ASC (NON-DISTINCT PART)			7			5	3
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE							
059	02	HEMODIALYSIS			1				
059	03	VASCULAR LABORATORY							
059	04	CT SCAN			3				
059	05	ECT							
059	06	MRI			2				
059	07	ONCOLOGY			1			1	
059	08	HYPERBARIC MEDICINE							

		COST CENTER DESCRIPTION	PROVIDENCE DI ETARY 11.02	CAFETERIA 12	FATIMA CAFETERIA 12.01	PROVIDENCE CAFETERIA 12.02	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	2			2			
		OUTPAT SERVICE COST CNTRS							
060		CLINIC				11		2	
060	01	OCCUP HLTH/CORP CARE CLIN				5		1	
060	02	GYN/PRENATAL CLINIC			1	5		2	
060	03	PEDIATRIC CLINIC				8		1	
060	04	WOUND CARE CLINIC			1			1	1
061		EMERGENCY			14			13	5
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	333		252	159		136	172
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP			2	12		1	
097		RESEARCH							
098	01	PRIVATE PHYSICIANS OFFICE							
098	02	HOUSE OFFICERS				2			
098	03	PSYCHIATRY PRIVATE OFFICE				18			
098	04	DENTAL CLINIC							
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT			1				
100	02	DEVELOPMENT							
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER						1	
100	06	ST JOSEPH LIVING CENTER							
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING				3			
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	333		255	194		138	172

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PATIENT TRANSPORTATION 19	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY	240						
017		MEDICAL RECORDS & LIBRARY		706					
018		SOCIAL SERVICE			36				
019		PATIENT TRANSPORTATION				58			
020		NONPHYSICIAN ANESTHETISTS							211
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED							
024	02	PARAMEDICAL EDUCATION CYT							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	1	149	18	31			
026		INTENSIVE CARE UNIT		34	2	2			
031		SUBPROVIDER		121	11	1			
031	01	SUBPROVIDER II		18	3				
034		SKILLED NURSING FACILITY		10	2				
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	1	28		2			
037	01	ENDOSCOPY		7					
038		RECOVERY ROOM		4		1			
041		RADIOLOGY-DIAGNOSTIC		21		7			
041	01	DIAGNOSTIC ULTRASOUND		4		1			
043		RADIOISOTOPE		5					
044		LABORATORY		84		5			
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING		16					
049		RESPIRATORY THERAPY		16					
050		PHYSICAL THERAPY		18					
051		OCCUPATIONAL THERAPY		12					
052		SPEECH PATHOLOGY		5					
053		ELECTROCARDIOLOGY		14		1			
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED		57					
056		DRUGS CHARGED TO PATIENTS	233	45					
058		ASC (NON-DISTINCT PART)	3	1		1			
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE							
059	02	HEMODIALYSIS		1					
059	03	VASCULAR LABORATORY		6		1			
059	04	CT SCAN		23					
059	05	ECT							
059	06	MRI		7		2			
059	07	ONCOLOGY				2			
059	08	HYPERBARIC MEDICINE							

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PATIENT TRANSPORTATION 19	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	OCCUP HLTH/CORP CARE CLIN	2						
060	02	GYN/PRENATAL CLINIC							
060	03	PEDIATRIC CLINIC							
060	04	WOUND CARE CLINIC				1			
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	240	706	36	58			
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH							
098	01	PRIVATE PHYSICIANS OFFICE							
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							
098	04	DENTAL CLINIC							
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT							
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER							
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							211
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							211
103		TOTAL	240	706	36	58			

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM-(SPECIFY) 24	PARAMEDICAL EDUCATION MED 24.01	PARAMEDICAL EDUCATION CYT 24.02	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
018		SOCIAL SERVICE							
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED			14				
024	02	PARAMEDICAL EDUCATION CYT				39			
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS					3,054		3,054
026		INTENSIVE CARE UNIT					563		563
031		SUBPROVIDER					2,461		2,461
031	01	SUBPROVIDER II					6,712		6,712
034		SKILLED NURSING FACILITY					1,927		1,927
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM					3,084		3,084
037	01	ENDOSCOPY					303		303
038		RECOVERY ROOM					72		72
041		RADIOLOGY-DIAGNOSTIC					536		536
041	01	DIAGNOSTIC ULTRASOUND					43		43
043		RADIOISOTOPE					120		120
044		LABORATORY					1,044		1,044
046	30	BLOOD CLOTTING FACTORS AD					62		62
047		BLOOD STORING, PROCESSING					184		184
049		RESPIRATORY THERAPY					318		318
050		PHYSICAL THERAPY					48		48
051		OCCUPATIONAL THERAPY					86		86
052		SPEECH PATHOLOGY					51		51
053		ELECTROCARDIOLOGY					99		99
054		ELECTROENCEPHALOGRAPHY					396		396
055		MEDICAL SUPPLIES CHARGED					442		442
056		DRUGS CHARGED TO PATIENTS					16,409		16,409
058		ASC (NON-DISTINCT PART)							
059		OTHER ANCILLARY					83		83
059	01	PULMONARY MEDICINE					3		3
059	02	HEMODIALYSIS					33		33
059	03	VASCULAR LABORATORY					284		284
059	04	CT SCAN							
059	05	ECT					982		982
059	06	MRI					140		140
059	07	ONCOLOGY					19		19
059	08	HYPERBARIC MEDICINE							

ALLOCATION OF OLD CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	PARAMEDICAL EDUCATION MED	PARAMEDICAL EDUCATION CYT	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			23	24	24.01	24.02	25	26	27
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR					93		93
		OUTPAT SERVICE COST CNTRS							
060		CLINIC					1,338		1,338
060	01	OCCUP HLTH/CORP CARE CLIN					29		29
060	02	GYN/PRENATAL CLINIC					153		153
060	03	PEDIATRIC CLINIC					716		716
060	04	WOUND CARE CLINIC					241		241
061		EMERGENCY					10,262		10,262
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS					52,390		52,390
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP					23		23
097		RESEARCH					719		719
098	01	PRIVATE PHYSICIANS OFFICE					173		173
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE					29		29
098	04	DENTAL CLINIC					518		518
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE					44		44
100	01	WARBURTON MANAGEMENT					1,118		1,118
100	02	DEVELOPMENT					19		19
100	03	TELEVISION					6		6
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER					58		58
100	06	ST JOSEPH LIVING CENTER					33,084		33,084
100	07	SPACE RENTAL SSTAR					165		165
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF					16		16
100	10	SPACE RENTAL SECHRIST					66		66
100	11	PHYSICIAN BILLING					19		19
100	12	OP SOCIAL SERVICES					15		15
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS			14	39	264		264
102		NEGATIVE COST CENTER							
103		TOTAL			14	39	88,726		88,726

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS 0	OLD CAP REL COSTS-BLDG & 1	DEPREC. MAIN BUILDING 1.01	DEPREC. PAVILION BUILDING 1.02	DEPREC. MARIAN HALL 1.03	DEPREC WEST BUILDING 1.04	DEPREC STANG BUILDING 1.05
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
018		SOCIAL SERVICE							
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED							
024	02	PARAMEDICAL EDUCATION CYT							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS							
026		INTENSIVE CARE UNIT							
031		SUBPROVIDER							
031	01	SUBPROVIDER II							
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
037	01	ENDOSCOPY							
038		RECOVERY ROOM							
041		RADIOLOGY-DIAGNOSTIC							
041	01	DIAGNOSTIC ULTRASOUND							
043		RADIOISOTOPE							
044		LABORATORY							
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY							
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
058		ASC (NON-DISTINCT PART)							
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE							
059	02	HEMODIALYSIS							
059	03	VASCULAR LABORATORY							
059	04	CT SCAN							
059	05	ECT							
059	06	MRI							
059	07	ONCOLOGY							
059	08	HYPERBARIC MEDICINE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	DEPREC. MAIN BUILDING	DEPREC. PAVILION BUILDING	DEPREC. MARIAN HALL1	DEPREC WEST BUILDING	DEPREC STANG BUILDING
			0	1	1.01	1.02	1.03	1.04	1.05
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	OCCUP HLTH/CORP CARE CLIN							
060	02	GYN/PRENATAL CLINIC							
060	03	PEDIATRIC CLINIC							
060	04	WOUND CARE CLINIC							
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS							
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH							
098	01	PRIVATE PHYSICIANS OFFICE							
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							
098	04	DENTAL CLINIC							
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT							
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER							
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL							

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	DEPREC MAIN BUILDING	DEPREC PAVILION BUILDING	DEPREC MARIAN HALL
		1.06	1.07	2	3	3.01	3.02	3.03
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUILDING							
001 03	DEPREC. MARIAN HALL1							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDING							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILDING							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDING							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVBLE E					7,117		
005	EMPLOYEE BENEFITS					90,649		20,835
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS					19,077		
007 01	FATIMA MAINTENANCE & REPA							
007 02	PROVIDENCE MAINTENANCE &							
008	OPERATION OF PLANT					177,169	53,952	13,237
008 01	FATIMA OPERATION OF PLANT							
008 02	PROVIDENCE OPERATION OF P					28,617	1,472	
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING					4,079	727	260
010 01	FATIMA HOUSEKEEPING							
010 02	PROVIDENCE HOUSKEEPING							
011	DIETARY					19,736	7,780	
011 01	FATIMA DIETARY							
011 02	PROVIDENCE DIETARY							
012	CAFETERIA							
012 01	FATIMA CAFETERIA							
012 02	PROVIDENCE CAFETERIA							
013	MAINTENANCE OF PERSONNEL					2,208		
014	NURSING ADMINISTRATION						13,909	
015	CENTRAL SERVICES & SUPPLY					1,696	12,588	
016	PHARMACY					18,861		1,714
017	MEDICAL RECORDS & LIBRARY					1,490		
018	SOCIAL SERVICE					2,383		
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS					3,330		8,566
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)						2,309	
024 01	PARAMEDICAL EDUCATION MED					3,366	277	
024 02	PARAMEDICAL EDUCATION CYT							
	INPAT ROUTINE SRVC CNTRS					36,111	181,239	
025	ADULTS & PEDIATRICS						56,555	
026	INTENSIVE CARE UNIT					62,458		
031	SUBPROVIDER							
031 01	SUBPROVIDER II							
034	SKILLED NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS					162,701	90,221	
037	OPERATING ROOM						24,818	
037 01	ENDOSCOPY						6,060	
038	RECOVERY ROOM					14,365		
041	RADIOLOGY-DIAGNOSTIC							
041 01	DIAGNOSTIC ULTRASOUND					4,532		
043	RADIOISOTOPE					10,182	71,469	
044	LABORATORY							
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING					6,799		
049	RESPIRATORY THERAPY					11,259		
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY					1,746	733	
053	ELECTROCARDIOLOGY					6,269		
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
058	ASC (NON-DISTINCT PART)							
059	OTHER ANCILLARY					5,798		
059 01	PULMONARY MEDICINE							
059 02	HEMODIALYSIS					1,279		
059 03	VASCULAR LABORATORY					11,780		
059 04	CT SCAN							
059 05	ECT							
059 06	MRI					6,498		
059 07	ONCOLOGY							
059 08	HYPERBARIC MEDICINE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	DEPREC MAIN BUILDING	DEPREC PAVILION BUILDING	DEPREC MARIAN HALL
		1.06	1.07	2	3	3.01	3.02	3.03
	ANCILLARY SRVC COST CNTRS							
059 09	PSYCHIATRIC PARTIAL PROGR							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC					1,544		
060 01	OCCUP HLTH/CORP CARE CLIN							
060 02	GYN/PRENATAL CLINIC							
060 03	PEDIATRIC CLINIC					1,292		
060 04	WOUND CARE CLINIC							
061	EMERGENCY							
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CENTERS							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINAL ACQUISITION					724,391	524,109	44,612
095	SUBTOTALS							
	NONREIMBURS COST CENTERS					1,544		
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH					898		6,454
098 01	PRIVATE PHYSICIANS OFFICE							
098 02	HOUSE OFFICERS							1,687
098 03	PSYCHIATRY PRIVATE OFFICE							
098 04	DENTAL CLINIC							
099	NONPAID WORKERS							
100	OTHER NON REIMBURSABLE							
100 01	WARBURTON MANAGEMENT							538
100 02	DEVELOPMENT					206	796	
100 03	TELEVISION							
100 04	SPACE RENTAL UHP							
100 05	SPACE RENTAL OTHER							
100 06	ST JOSEPH LIVING CENTER							
100 07	SPACE RENTAL SSTAR							
100 08	RESPIRATORY SNF							
100 09	PT/OT/ST SNF					5,874		
100 10	SPACE RENTAL SECHRIST							
100 11	PHYSICIAN BILLING							
100 12	OP SOCIAL SERVICES							
100 13	BARBER & BEAUTY							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER					732,913	524,905	53,291
103	TOTAL							

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DEPREC WEST BUILDING	DEPREC STANG BUILDING	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	LEASED BUILDINGS	NEW CAP REL COSTS-MVBLE E	SUBTOTAL
		3.04	3.05	3.06	3.07	3.08	4	4a
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUILDING							
001 03	DEPREC. MARIAN HALL1							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDING							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILDING							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDING							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVBLE E						1,380	12,205
005	EMPLOYEE BENEFITS	3,708				29,742	1,571,427	1,744,966
006	ADMINISTRATIVE & GENERAL	21,836	10,477					
007	MAINTENANCE & REPAIRS						58,088	77,165
007 01	FATIMA MAINTENANCE & REPA						8,202	13,984
007 02	PROVIDENCE MAINTENANCE &		5,782					
008	OPERATION OF PLANT						178,670	423,028
008 01	FATIMA OPERATION OF PLANT						87,569	172,941
008 02	PROVIDENCE OPERATION OF P	77,860	7,512				20,886	79,929
009	LAUNDRY & LINEN SERVICE	26,638	2,316					
010	HOUSEKEEPING						13,458	18,524
010 01	FATIMA HOUSEKEEPING						1,555	3,127
010 02	PROVIDENCE HOUSKEEPING	1,264	308					
011	DIETARY						8,595	36,111
011 01	FATIMA DIETARY						1,937	6,266
011 02	PROVIDENCE DIETARY		4,329					
012	CAFETERIA						7,492	7,492
012 01	FATIMA CAFETERIA						388	388
012 02	PROVIDENCE CAFETERIA							
013	MAINTENANCE OF PERSONNEL						55,570	57,778
014	NURSING ADMINISTRATION						26,349	41,340
015	CENTRAL SERVICES & SUPPLY		1,082				38,786	54,095
016	PHARMACY		1,025				24,691	51,448
017	MEDICAL RECORDS & LIBRARY	6,123	59					1,555
018	SOCIAL SERVICE		65				8,478	10,861
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS						20,136	32,032
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)						453	2,762
024 01	PARAMEDICAL EDUCATION MED							3,643
024 02	PARAMEDICAL EDUCATION CYT							
	INPAT ROUTINE SRVC CNTRS						94,676	312,026
025	ADULTS & PEDIATRICS						68,776	125,331
026	INTENSIVE CARE UNIT						29,163	100,983
031	SUBPROVIDER		9,362				10,821	113,274
031 01	SUBPROVIDER II	97,079	4,753	621				29,454
034	SKILLED NURSING FACILITY	29,454						
	ANCILLARY SRVC COST CNTRS						357,172	610,094
037	OPERATING ROOM						16,978	41,796
037 01	ENDOSCOPY						57,782	63,842
038	RECOVERY ROOM							16,045
041	RADIOLOGY-DIAGNOSTIC		1,680			138,928	366,147	505,075
041 01	DIAGNOSTIC ULTRASOUND						37,678	42,210
043	RADIOISOTOPE					281,099	149,320	513,790
044	LABORATORY	682	1,038					
046 30	BLOOD CLOTTING FACTORS AD						1,019	1,019
047	BLOOD STORING, PROCESSING						34,811	42,030
049	RESPIRATORY THERAPY		420			129,949	11,664	153,469
050	PHYSICAL THERAPY	597					698	698
051	OCCUPATIONAL THERAPY						2,444	3,559
052	SPEECH PATHOLOGY	1,115					66,156	68,635
053	ELECTROCARDIOLOGY						16,367	22,636
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS						65,470	109,764
058	ASC (NON-DISTINCT PART)			44,294				
059	OTHER ANCILLARY					5,360	4,782	15,940
059 01	PULMONARY MEDICINE						5,134	5,134
059 02	HEMODIALYSIS						4,367	5,646
059 03	VASCULAR LABORATORY		356				154,386	166,522
059 04	CT SCAN							
059 05	ECT			2,579			320,623	323,202
059 06	MRI						1,731	8,229
059 07	ONCOLOGY						121	121
059 08	HYPERBARIC MEDICINE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	DEPREC WEST BUILDING	DEPREC STANG BUILDING	DEPREC BINGHAM BUILDING	DEPREC LIVING CENTER	LEASED BUILDINGS	NEW CAP REL COSTS-MVBLE E	SUBTOTAL
			3.04	3.05	3.06	3.07	3.08	4	4a
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR		1,136				34	1,170
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	18,256	1,774				13,481	35,055
060	01	OCCUP HLTH/CORP CARE CLIN						1,482	1,482
060	02	GYN/PRENATAL CLINIC		1,637				1,503	3,140
060	03	PEDIATRIC CLINIC	11,518					2,724	14,242
060	04	WOUND CARE CLINIC						4,001	5,293
061		EMERGENCY			27,546			46,756	74,302
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	296,130	55,111	75,040		585,078	4,082,377	6,386,848
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						2,550	4,094
097		RESEARCH	10,137	1,485			39,337	5,575	56,534
098	01	PRIVATE PHYSICIANS OFFICE						440	7,792
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							1,687
098	04	DENTAL CLINIC	7,093					36,721	43,814
099		NONPAID WORKERS		206					206
100		OTHER NON REIMBURSABLE			81				81
100	01	WARBURTON MANAGEMENT						28,757	28,757
100	02	DEVELOPMENT							538
100	03	TELEVISION							1,002
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER		787					787
100	06	ST JOSEPH LIVING CENTER				55,863		11,733	67,596
100	07	SPACE RENTAL SSTAR	3,207						3,207
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							5,874
100	10	SPACE RENTAL SECHRIST							247
100	11	PHYSICIAN BILLING		247					58
100	12	OP SOCIAL SERVICES		58					
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	316,567	57,894	75,121	55,863	624,415	4,168,153	6,609,122

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	FATIMA MAINTENANCE & REPA 7.01	PROVIDENCE MAINTENANCE & 7.02	OPERATION OF PLANT 8	FATIMA OPERATION OF PLANT 8.01
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUILDING							
001 03	DEPREC. MARIAN HALL1							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDING							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILDING							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDING							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	12,205						
006	ADMINISTRATIVE & GENERAL	1,468	1,746,434					
007	MAINTENANCE & REPAIRS				106,185			
007 01	FATIMA MAINTENANCE & REPA	159	28,861			23,301		
007 02	PROVIDENCE MAINTENANCE &	51	9,266					
008	OPERATION OF PLANT							500,340
008 01	FATIMA OPERATION OF PLANT	144	53,680		23,488			
008 02	PROVIDENCE OPERATION OF P	40	22,607			5,116		
009	LAUNDRY & LINEN SERVICE	66	11,227		2,473	1,674		14,963
010	HOUSEKEEPING				490			2,962
010 01	FATIMA HOUSEKEEPING	203	29,569			140		
010 02	PROVIDENCE HOUSKEEPING	86	11,857					
011	DIETARY				2,143			12,964
011 01	FATIMA DIETARY	90	9,106			1,318		
011 02	PROVIDENCE DIETARY	57	7,265					
012	CAFETERIA							
012 01	FATIMA CAFETERIA	144	24,261					
012 02	PROVIDENCE CAFETERIA	62	9,935					
013	MAINTENANCE OF PERSONNEL				183			1,110
014	NURSING ADMINISTRATION	381	45,765		899	329		5,437
015	CENTRAL SERVICES & SUPPLY	45	7,265		954	312		5,774
016	PHARMACY	316	31,520		2,251	241		13,621
017	MEDICAL RECORDS & LIBRARY	80	17,517		124	20		749
018	SOCIAL SERVICE	40	4,723		198			1,198
019	PATIENT TRANSPORTATION	56	8,792					
020	NONPHYSICIAN ANESTHETISTS				3,694			22,347
021	NURSING SCHOOL	155	11,361					
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)				149			902
024 01	PARAMEDICAL EDUCATION MED	14	1,220		18			108
024 02	PARAMEDICAL EDUCATION CYT		104					
	INPAT ROUTINE SRVC CNTRS				14,711			89,004
025	ADULTS & PEDIATRICS	1,964	236,769		3,654			22,108
026	INTENSIVE CARE UNIT	367	51,491		5,268	2,850		31,871
031	SUBPROVIDER	1,282	161,286			4,978		
031 01	SUBPROVIDER II	299	27,164			1,071		
034	SKILLED NURSING FACILITY	162	14,507					
	ANCILLARY SRVC COST CNTRS				19,349			117,071
037	OPERATING ROOM	301	73,816		1,603			9,702
037 01	ENDOSCOPY	181	40,110		392			2,369
038	RECOVERY ROOM	114	14,987		1,194	511		7,222
041	RADIOLOGY-DIAGNOSTIC	364	54,105					
041 01	DIAGNOSTIC ULTRASOUND	72	15,511		377			2,279
043	RADIOISOTOPE	32	8,575		5,464	341		33,058
044	LABORATORY	848	152,135					
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING	41	20,257		565	128		3,418
049	RESPIRATORY THERAPY	124	17,091		936	22		5,661
050	PHYSICAL THERAPY	220	28,524					
051	OCCUPATIONAL THERAPY	109	13,043			41		
052	SPEECH PATHOLOGY	43	5,158		192			1,164
053	ELECTROCARDIOLOGY	19	752		521			3,152
054	ELECTROENCEPHALOGRAPHY	31	4,281					
055	MEDICAL SUPPLIES CHARGED		97,736					
056	DRUGS CHARGED TO PATIENTS		77,893		5,533			33,475
058	ASC (NON-DISTINCT PART)	209	41,822					
059	OTHER ANCILLARY				482			2,915
059 01	PULMONARY MEDICINE	8	1,211					
059 02	HEMODIALYSIS		354		106			643
059 03	VASCULAR LABORATORY	34	3,990		979	108		5,922
059 04	CT SCAN	77	16,326					
059 05	ECT				322			1,949
059 06	MRI	43	13,582		540			3,267
059 07	ONCOLOGY	40	5,273					
059 08	HYPERBARIC MEDICINE		4,505					

ALLOCATION OF NEW CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	FATIMA MAINTENANCE & REPA	PROVIDENCE MAINTENANCE &	OPERATION OF PLANT	FATIMA OPERATION OF PLANT
			5	6	7	7.01	7.02	8	8.01
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	21	2,477			346		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	157	12,369		128	1,204		776
060	01	OCCUP HLTH/CORP CARE CLIN	88	6,952					
060	02	GYN/PRENATAL CLINIC	92	10,990			498		
060	03	PEDIATRIC CLINIC	97	6,154			419		
060	04	WOUND CARE CLINIC	44	6,220		107			650
061		EMERGENCY	489	68,852		3,441			20,818
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	11,629	1,662,169		102,928	21,667		480,629
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	4	1,090		128			776
097		RESEARCH	175	23,710			537		
098	01	PRIVATE PHYSICIANS OFFICE		100		1,675	443		10,137
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE	17	2,019		673			4,072
098	04	DENTAL CLINIC	216	30,501			258		
099		NONPAID WORKERS		3					
100		OTHER NON REIMBURSABLE		1		10	63		61
100	01	WARBURTON MANAGEMENT		384					
100	02	DEVELOPMENT	31	4,109		214			1,297
100	03	TELEVISION		13		69			415
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER		10			240		
100	06	ST JOSEPH LIVING CENTER	105	18,890					
100	07	SPACE RENTAL SSTAR		43					
100	08	RESPIRATORY SNF				488			2,953
100	09	PT/OT/ST SNF		76					
100	10	SPACE RENTAL SECHRIST		3			75		
100	11	PHYSICIAN BILLING	28	3,313			18		
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	12,205	1,746,434		106,185	23,301		500,340

ALLOCATION OF NEW CAPITAL RELATED COSTS

		PROVIDENCE OPERATION OF P	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	FATIMA HOUSEKEEPING	PROVIDENCE HOUSKEEPING	DIETARY	FATIMA DIETARY
		8.02	9	10	10.01	10.02	11	11.01
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUILDING							
001 03	DEPREC. MARIAN HALL1							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDING							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILDING							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDING							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	FATIMA MAINTENANCE & REPA							
007 02	PROVIDENCE MAINTENANCE &							
008	OPERATION OF PLANT							
008 01	FATIMA OPERATION OF PLANT							
008 02	PROVIDENCE OPERATION OF P	200,704						
009	LAUNDRY & LINEN SERVICE	18,476	128,808					
010	HOUSEKEEPING							
010 01	FATIMA HOUSEKEEPING		4,420		56,168			
010 02	PROVIDENCE HOUSKEEPING	1,542				16,752		
011	DIETARY							
011 01	FATIMA DIETARY				1,509			61,923
011 02	PROVIDENCE DIETARY	14,545				1,349		
012	CAFETERIA							
012 01	FATIMA CAFETERIA							37,560
012 02	PROVIDENCE CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				129			
015	CENTRAL SERVICES & SUPPLY	3,636	568		633	337		
016	PHARMACY	3,442			672	319		
017	MEDICAL RECORDS & LIBRARY	2,655			1,586	246		
018	SOCIAL SERVICE	217			87	20		
019	PATIENT TRANSPORTATION				139			
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL				2,602			
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUCATION MED				105			
024 02	PARAMEDICAL EDUCATION CYT				13			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		43,660		10,363			16,165
026	INTENSIVE CARE UNIT		6,980		2,574			1,317
031	SUBPROVIDER	31,457	11,364		3,711	2,916		5,019
031 01	SUBPROVIDER II	54,945	7,904			5,095		
034	SKILLED NURSING FACILITY	11,826	3,616			1,096		
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		9,821		13,631			8
037 01	ENDOSCOPY		4,742		1,130			2
038	RECOVERY ROOM				276			
041	RADIOLOGY-DIAGNOSTIC	5,644	2,970		841	523		
041 01	DIAGNOSTIC ULTRASOUND							2
043	RADIOISOTOPE		1,898		265			
044	LABORATORY	3,762			3,849	349		
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING							
049	RESPIRATORY THERAPY	1,412			398	131		
050	PHYSICAL THERAPY	240	1,770		659	22		
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY	448				42		
053	ELECTROCARDIOLOGY		222		136			
054	ELECTROENCEPHALOGRAPHY				367			
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
058	ASC (NON-DISTINCT PART)		8,031		3,898			7
059	OTHER ANCILLARY							
059 01	PULMONARY MEDICINE				339			
059 02	HEMODIALYSIS							
059 03	VASCULAR LABORATORY				75			
059 04	CT SCAN	1,196	1,825		690	111		
059 05	ECT							
059 06	MRI				227			
059 07	ONCOLOGY		1,927		380			248
059 08	HYPERBARIC MEDICINE		587					

			PROVIDENCE OPERATION OF P	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	FATIMA HOUSEKEEPING	PROVIDENCE HOUSKEEPING	DIETARY	FATIMA DIETARY
			8.02	9	10	10.01	10.02	11	11.01
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR	3,816				354		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	13,291	2,756		90	1,232		
060	01	OCCUP HLTH/CORP CARE CLIN		255					
060	02	GYN/PRENATAL CLINIC	5,502				510		
060	03	PEDIATRIC CLINIC	4,625				429		
060	04	WOUND CARE CLINIC		12,171		76			
061		EMERGENCY				2,424			1,595
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	182,677	127,487		53,874	15,081		61,923
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP				90			
097		RESEARCH	5,931				550		
098	01	PRIVATE PHYSICIANS OFFICE	4,888	46		1,180	453		
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE				474			
098	04	DENTAL CLINIC	2,848	337			264		
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE	692			7	64		
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT				151			
100	03	TELEVISION				48			
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER	2,644				245		
100	06	ST JOSEPH LIVING CENTER		938					
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF				344			
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING	830				77		
100	12	OP SOCIAL SERVICES	194				18		
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	200,704	128,808		56,168	16,752		61,923

	COST CENTER DESCRIPTION	PROVIDENCE DI ETARY 11.02	CAFETERIA 12	FATIMA CAFETE RIA 12.01	PROVIDENCE CA FETERIA 12.02	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUILDING							
001 03	DEPREC. MARIAN HALL1							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDING							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILDING							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDING							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	FATIMA MAINTENANCE & REPA							
007 02	PROVIDENCE MAINTENANCE &							
008	OPERATION OF PLANT							
008 01	FATIMA OPERATION OF PLANT							
008 02	PROVIDENCE OPERATION OF P							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	FATIMA HOUSEKEEPING							
010 02	PROVIDENCE HOUSKEEPING							
011	DIETARY							
011 01	FATIMA DIETARY							
011 02	PROVIDENCE DIETARY	30,800						
012	CAFETERIA			69,457				
012 01	FATIMA CAFETERIA				26,250			
012 02	PROVIDENCE CAFETERIA	15,865						
013	MAINTENANCE OF PERSONNEL			1,166			106,512	
014	NURSING ADMINISTRATION			750			228	61,467
015	CENTRAL SERVICES & SUPPLY			2,165	413			95
016	PHARMACY			1,249	310			1
017	MEDICAL RECORDS & LIBRARY			333				
018	SOCIAL SERVICE			1,166				
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS			6,746				9
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)			167				
024 01	PARAMEDICAL EDUCATION MED			83				
024 02	PARAMEDICAL EDUCATION CYT							
	INPAT ROUTINE SRVC CNTRS			19,073			44,151	3,431
025	ADULTS & PEDIATRICS			2,915			6,953	858
026	INTENSIVE CARE UNIT			5,247	7,855		12,412	526
031	SUBPROVIDER	8,173			3,410		4,938	336
031 01	SUBPROVIDER II	3,792			1,964		3,096	234
034	SKILLED NURSING FACILITY	2,749						
	ANCILLARY SRVC COST CNTRS			2,915			7,416	3,518
037	OPERATING ROOM			1,666			4,152	847
037 01	ENDOSCOPY			833			2,302	139
038	RECOVERY ROOM			3,581				144
041	RADIOLOGY-DIAGNOSTIC			583	310			
041 01	DIAGNOSTIC ULTRASOUND			250				24
043	RADIOISOTOPE			6,329	207			726
044	LABORATORY							
046 30	BLOOD CLOTTING FACTORS AD			416				
047	BLOOD STORING, PROCESSING			1,166				121
049	RESPIRATORY THERAPY			416	1,447			40
050	PHYSICAL THERAPY			83	930			1
051	OCCUPATIONAL THERAPY			83	413			2
052	SPEECH PATHOLOGY			416				6
053	ELECTROCARDIOLOGY			416				6
054	ELECTROENCEPHALOGRAPHY							46,886
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS			1,999			4,061	970
058	ASC (NON-DISTINCT PART)							
059	OTHER ANCILLARY			83				21
059 01	PULMONARY MEDICINE			250				37
059 02	HEMODIALYSIS							8
059 03	VASCULAR LABORATORY			833				27
059 04	CT SCAN							
059 05	ECT			416				14
059 06	MRI			250			567	72
059 07	ONCOLOGY							1
059 08	HYPERBARIC MEDICINE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	PROVIDENCE DI ETARY 11.02	CAFETERIA 12	FATIMA CAFETERIA 12.01	PROVIDENCE CAFETERIA 12.02	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15
	ANCILLARY SRVC COST CNTRS							
059 09	PSYCHIATRIC PARTIAL PROGR	221			207		132	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC				1,447		1,470	86
060 01	OCCUP HLTH/CORP CARE CLIN				620		457	24
060 02	GYN/PRENATAL CLINIC			250	723		1,200	50
060 03	PEDIATRIC CLINIC				1,137		890	56
060 04	WOUND CARE CLINIC			333			758	282
061	EMERGENCY			3,914			9,802	1,686
062	OBSERVATION BEDS (NON-DIS							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST CNTRS							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL THERA							
069 30	OUTPATIENT OCCUPATIONAL T							
069 40	OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CENTERS							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINAL ACQUISITION							
095	SUBTOTALS	30,800		68,541	21,393		104,985	61,284
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			83				
097	RESEARCH			583	1,654		664	51
098 01	PRIVATE PHYSICIANS OFFICE							
098 02	HOUSE OFFICERS				310		253	
098 03	PSYCHIATRY PRIVATE OFFICE				2,480			107
098 04	DENTAL CLINIC							
099	NONPAID WORKERS							
100	OTHER NON REIMBURSABLE							
100 01	WARBURTON MANAGEMENT			250				
100 02	DEVELOPMENT							
100 03	TELEVISION							
100 04	SPACE RENTAL UHP							
100 05	SPACE RENTAL OTHER						610	25
100 06	ST JOSEPH LIVING CENTER							
100 07	SPACE RENTAL SSTAR							
100 08	RESPIRATORY SNF							
100 09	PT/OT/ST SNF							
100 10	SPACE RENTAL SECHRIST							
100 11	PHYSICIAN BILLING				413			
100 12	OP SOCIAL SERVICES							
100 13	BARBER & BEAUTY							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	30,800		69,457	26,250		106,512	61,467

	COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PATIENT TRANSPORTATION 19	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUILDING							
001 03	DEPREC. MARIAN HALL1							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDING							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILDING							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDING							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007 01	FATIMA MAINTENANCE & REPA							
007 02	PROVIDENCE MAINTENANCE &							
008	OPERATION OF PLANT							
008 01	FATIMA OPERATION OF PLANT							
008 02	PROVIDENCE OPERATION OF P							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	FATIMA HOUSEKEEPING							
010 02	PROVIDENCE HOUSKEEPING							
011	DIETARY							
011 01	FATIMA DIETARY							
011 02	PROVIDENCE DIETARY							
012	CAFETERIA							
012 01	FATIMA CAFETERIA							
012 02	PROVIDENCE CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	100,077						
017	MEDICAL RECORDS & LIBRARY		91,205					
018	SOCIAL SERVICE			7,868				
019	PATIENT TRANSPORTATION				22,410			
020	NONPHYSICIAN ANESTHETISTS						78,947	
021	NURSING SCHOOL	1						
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM-(SPECIFY)							
024 01	PARAMEDICAL EDUCATION MED							
024 02	PARAMEDICAL EDUCATION CYT							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	278	17,679	3,918	11,756			
026	INTENSIVE CARE UNIT	40	4,068	421	651			
031	SUBPROVIDER	152	21,855	2,452	380			
031 01	SUBPROVIDER II	49	2,191	628				
034	SKILLED NURSING FACILITY		1,225	449				
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	604	3,274		951			
037 01	ENDOSCOPY	178	783					
038	RECOVERY ROOM	161	508		248			
041	RADIOLOGY-DIAGNOSTIC	92	2,468		2,805			
041 01	DIAGNOSTIC ULTRASOUND		455		238			
043	RADIOISOTOPE	10	622					
044	LABORATORY	181	9,937		1,783			
046 30	BLOOD CLOTTING FACTORS AD							
047	BLOOD STORING, PROCESSING	8	1,847					
049	RESPIRATORY THERAPY	13	1,956					
050	PHYSICAL THERAPY	8	2,147					
051	OCCUPATIONAL THERAPY		1,440					
052	SPEECH PATHOLOGY		541					
053	ELECTROCARDIOLOGY		1,692		571			
054	ELECTROENCEPHALOGRAPHY				124			
055	MEDICAL SUPPLIES CHARGED		6,783					
056	DRUGS CHARGED TO PATIENTS	95,573	5,287					
058	ASC (NON-DISTINCT PART)	1,369	84		362			
059	OTHER ANCILLARY							
059 01	PULMONARY MEDICINE	18	15		35			
059 02	HEMODIALYSIS	10	97					
059 03	VASCULAR LABORATORY		769		552			
059 04	CT SCAN	7	2,670					
059 05	ECT							
059 06	MRI		811		640			
059 07	ONCOLOGY	9			869			
059 08	HYPERBARIC MEDICINE				55			

		COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
			16	17	18	19	20	21	22
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	183	1					
060	01	OCCUP HLTH/CORP CARE CLIN	702						
060	02	GYN/PRENATAL CLINIC	106						
060	03	PEDIATRIC CLINIC	29						
060	04	WOUND CARE CLINIC	150						
061		EMERGENCY	76			390			
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS	100,007	91,205	7,868	22,410			
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH	12						
098	01	PRIVATE PHYSICIANS OFFICE							
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE							
098	04	DENTAL CLINIC	58						
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABLE							
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT							
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENTER							
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY						78,947	
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	100,077	91,205	7,868	22,410		78,947	

		COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	PARAMEDICAL EDUCATION MED	PARAMEDICAL EDUCATION CYT	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			23	24	24.01	24.02	25	26	27
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUILDING							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDING							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILDING							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDING							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE & REPA							
007	02	PROVIDENCE MAINTENANCE &							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF PLANT							
008	02	PROVIDENCE OPERATION OF P							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPING							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
018		SOCIAL SERVICE							
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM-(SPECIFY)							
024	01	PARAMEDICAL EDUCATION MED			5,319				
024	02	PARAMEDICAL EDUCATION CYT				3,969			
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS					824,948		824,948
026		INTENSIVE CARE UNIT					229,728		229,728
031		SUBPROVIDER					417,059		417,059
031	01	SUBPROVIDER II					229,003		229,003
034		SKILLED NURSING FACILITY					71,449		71,449
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM					862,769		862,769
037	01	ENDOSCOPY					106,892		106,892
038		RECOVERY ROOM					86,171		86,171
041		RADIOLOGY-DIAGNOSTIC					98,509		98,509
041	01	DIAGNOSTIC ULTRASOUND					522,246		522,246
043		RADIOISOTOPE					56,542		56,542
044		LABORATORY					732,759		732,759
046	30	BLOOD CLOTTING FACTORS AD							
047		BLOOD STORING, PROCESSING					23,588		23,588
049		RESPIRATORY THERAPY					68,553		68,553
050		PHYSICAL THERAPY					195,581		195,581
051		OCCUPATIONAL THERAPY					16,304		16,304
052		SPEECH PATHOLOGY					10,330		10,330
053		ELECTROCARDIOLOGY					73,805		73,805
054		ELECTROENCEPHALOGRAPHY					31,534		31,534
055		MEDICAL SUPPLIES CHARGED					151,405		151,405
056		DRUGS CHARGED TO PATIENTS					178,753		178,753
058		ASC (NON-DISTINCT PART)					211,584		211,584
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE					21,067		21,067
059	02	HEMODIALYSIS					5,882		5,882
059	03	VASCULAR LABORATORY					11,823		11,823
059	04	CT SCAN					197,293		197,293
059	05	ECT							
059	06	MRI					341,206		341,206
059	07	ONCOLOGY					21,671		21,671
059	08	HYPERBARIC MEDICINE					5,269		5,269

		COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	PARAMEDICAL EDUCATION MED	PARAMEDICAL EDUCATION CYT	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			23	24.	24.01	24.02	25	26	27
		ANCILLARY SRVC COST CNTRS							
059	09	PSYCHIATRIC PARTIAL PROGR					8,744		8,744
		OUTPAT SERVICE COST CNTRS							
060		CLINIC					70,245		70,245
060	01	OCCUP HLTH/CORP CARE CLIN					10,580		10,580
060	02	GYN/PRENATAL CLINIC					23,061		23,061
060	03	PEDIATRIC CLINIC					28,078		28,078
060	04	WOUND CARE CLINIC					26,084		26,084
061		EMERGENCY					187,789		187,789
062		OBSERVATION BEDS (NON-DIS							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST CNTRS							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL THERA							
069	30	OUTPATIENT OCCUPATIONAL T							
069	40	OUTPATIENT SPEECH PATHOLO							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITION							
095		SUBTOTALS					6,158,304		6,158,304
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP					6,265		6,265
097		RESEARCH					90,401		90,401
098	01	PRIVATE PHYSICIANS OFFICE					26,714		26,714
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OFFICE					9,505		9,505
098	04	DENTAL CLINIC					80,883		80,883
099		NONPAID WORKERS					209		209
100		OTHER NON REIMBURSABLE					979		979
100	01	WARBURTON MANAGEMENT					29,141		29,141
100	02	DEVELOPMENT					6,590		6,590
100	03	TELEVISION					1,547		1,547
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER					3,926		3,926
100	06	ST JOSEPH LIVING CENTER					88,164		88,164
100	07	SPACE RENTAL SSTAR					3,250		3,250
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF					3,785		3,785
100	10	SPACE RENTAL SECHRIST					5,950		5,950
100	11	PHYSICIAN BILLING					1,232		1,232
100	12	OP SOCIAL SERVICES					4,042		4,042
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENTS			5,319	3,969	88,235		88,235
102		NEGATIVE COST CENTER							
103		TOTAL			5,319	3,969	6,609,122		6,609,122

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET B-1

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	C DEPREC. MAIN BUILDING (SQUARE FEET)	DEPREC. PAVILION BUILDING (SQUARE FEET)	DEPREC. MARIAN HALL1 (SQUARE FEET)	DEPREC WEST BUILDING (SQUARE FEET)	B DEPREC STANG BUILDING (SQUARE FEET)
			1	1.01	1.02	1.03	1.04	1.05
		GENERAL SERVICE COST						
001		OLD CAP REL COSTS-BLD	1,633,946					
001	01	DEPREC. MAIN BUILDING		163,321				
001	02	DEPREC. PAVILION BUIL			90,947			
001	03	DEPREC. MARIAN HALL1				57,007		
001	04	DEPREC WEST BUILDING					89,131	
001	05	DEPREC STANG BUILDING						136,405
001	06	DEPREC BINGHAM BUILDI						
001	07	DEPREC LIVING CENTER						
002		OLD CAP REL COSTS-MVB						
003		NEW CAP REL COSTS-BLD						
003	01	DEPREC MAIN BUILDING						
003	02	DEPREC PAVILION BUILD						
003	03	DEPREC MARIAN HALL						
003	04	DEPREC WEST BUILDING						
003	05	DEPREC STANG BUILDING						
003	06	DEPREC BINGHAM BUILDI						
003	07	DEPREC LIVING CENTER						
003	08	LEASED BUILDINGS						
004		NEW CAP REL COSTS-MVB						
005		EMPLOYEE BENEFITS	3,221	1,586			1,044	
006		ADMINISTRATIVE & GENE		20,200		22,288	6,148	24,686
007		MAINTENANCE & REPAIRS						
007	01	FATIMA MAINTENANCE &		4,251				
007	02	PROVIDENCE MAINTENANC						13,623
008		OPERATION OF PLANT						
008	01	FATIMA OPERATION OF P		39,480	9,348	14,160		
008	02	PROVIDENCE OPERATION					21,922	17,699
009		LAUNDRY & LINEN SERVI		6,377	255		7,500	5,456
010		HOUSEKEEPING						
010	01	FATIMA HOUSEKEEPING		909	126	278		
010	02	PROVIDENCE HOUSKEEPIN					356	725
011		DIETARY						
011	01	FATIMA DIETARY		4,398	1,348			
011	02	PROVIDENCE DIETARY						10,200
012		CAFETERIA						
012	01	FATIMA CAFETERIA						
012	02	PROVIDENCE CAFETERIA						
013		MAINTENANCE OF PERSON						
014		NURSING ADMINISTRATIO		492				
015		CENTRAL SERVICES & SU	7,425		2,410			2,550
016		PHARMACY		378	2,181			2,414
017		MEDICAL RECORDS & LIB		4,203		1,834	1,724	138
018		SOCIAL SERVICE		332				152
019		PATIENT TRANSPORTATIO		531				
020		NONPHYSICIAN ANESTHET						
021		NURSING SCHOOL		742		9,163		
022		I&R SERVICES-SALARY &						
023		I&R SERVICES-OTHER PR						
024		PARAMED ED PRGM-(SPEC						
024	01	PARAMEDICAL EDUCATION			400			
024	02	PARAMEDICAL EDUCATION		750	48			
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS	564,708	8,047	31,402			
026		INTENSIVE CARE UNIT	83,635		9,799			
031		SUBPROVIDER	137,113	13,918				22,059
031	01	SUBPROVIDER II	93,685				27,333	11,199
034		SKILLED NURSING FACIL	78,017				8,293	
		ANCILLARY SRVC COST C						
037		OPERATING ROOM	123,954	36,256	15,632			
037	01	ENDOSCOPY	57,563		4,300			
038		RECOVERY ROOM			1,050			
041		RADIOLOGY-DIAGNOSTIC	37,664	3,201				
041	01	DIAGNOSTIC ULTRASOUND						3,958
043		RADIOISOTOPE	23,391	1,010				
044		LABORATORY		2,269	12,383		192	2,446
046	30	BLOOD CLOTTING FACTOR						
047		BLOOD STORING, PROCES						
049		RESPIRATORY THERAPY		1,515				990
050		PHYSICAL THERAPY	29,148	2,509			168	
051		OCCUPATIONAL THERAPY						
052		SPEECH PATHOLOGY					314	
053		ELECTROCARDIOLOGY	3,007	389	127			
054		ELECTROENCEPHALOGRAPH		1,397				
055		MEDICAL SUPPLIES CHAR						
056		DRUGS CHARGED TO PATI						
058		ASC (NON-DISTINCT PAR	110,241					
059		OTHER ANCILLARY						
059	01	PULMONARY MEDICINE		1,292				
059	02	HEMODIALYSIS						
059	03	VASCULAR LABORATORY		285				
059	04	CT SCAN	23,964	2,625				839

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	DEPREC. MAIN BUILDING (SQUARE FEET)	DEPREC. PAVILION BUILDING (SQUARE FEET)	DEPREC. MARIAN HALL (SQUARE FEET)	DEPREC WEST BUILDING (SQUARE FEET)	DEPREC STANG BUILDING (SQUARE FEET)
		1	1.01	1.02	1.03	1.04	1.05
	ANCILLARY SRVC COST C						
059 05	ECT						
059 06	MRI						
059 07	ONCOLOGY	25,063	1,448				
059 08	HYPERBARIC MEDICINE	7,554					2,676
059 09	PSYCHIATRIC PARTIAL P						
	OUTPAT SERVICE COST C						
060	CLINIC	32,840	344			5,140	4,180
060 01	OCCUP HLTH/CORP CARE	2,825					3,858
060 02	GYN/PRENATAL CLINIC					3,243	
060 03	PEDIATRIC CLINIC						
060 04	WOUND CARE CLINIC		288				
061	EMERGENCY	173,162					
062	OBSERVATION BEDS (NON						
063 50	RHC						
063 60	FQHC						
	OTHER REIMBURS COST C						
069 10	CMHC						
069 20	OUTPATIENT PHYSICAL T						
069 30	OUTPATIENT OCCUPATION						
069 40	OUTPATIENT SPEECH PAT						
071	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CEN						
085 01	PANCREAS ACQUISITION						
085 02	INTESTINAL ACQUISITIO						
095	SUBTOTALS	1,618,180	161,422	90,809	47,723	83,377	129,848
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE		344			2,854	3,500
097	RESEARCH						
098 01	PRIVATE PHYSICIANS OF	545	200		6,904		
098 02	HOUSE OFFICERS						
098 03	PSYCHIATRY PRIVATE OF				1,805		
098 04	DENTAL CLINIC	4,025				1,997	
099	NONPAID WORKERS						485
100	OTHER NON REIMBURSABL						
100 01	WARBURTON MANAGEMENT				575		
100 02	DEVELOPMENT						
100 03	TELEVISION		46	138			
100 04	SPACE RENTAL UHP						1,854
100 05	SPACE RENTAL OTHER						
100 06	ST JOSEPH LIVING CENT	11,196				903	
100 07	SPACE RENTAL SSTAR						
100 08	RESPIRATORY SNF						
100 09	PT/OT/ST SNF						
100 10	SPACE RENTAL SECHRIST		1,309				582
100 11	PHYSICIAN BILLING						136
100 12	OP SOCIAL SERVICES						
100 13	BARBER & BEAUTY						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		8,223	1,313		16,263	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.050349	.014437		.182462	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III						
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						

		COST CENTER DESCRIPTION	DEPREC BINGHAM BUILDING (SQUARE FEET)	DEPREC LIVING CENTER (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	DEPREC MAIN BUILDING (SQUARE FEET)	DEPREC PAVILION BUILDING (SQUARE FEET)	DEPREC MARIAN HALL (SQUARE FEET)
			1.06	1.07	2	3	3.01	3.02	3.03
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUIL							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDI	25,163						
001	07	DEPREC LIVING CENTER		100					
002		OLD CAP REL COSTS-MVB			3,474				
003		NEW CAP REL COSTS-BLD							
003	01	DEPREC MAIN BUILDING					163,321		
003	02	DEPREC PAVILION BUILD						90,947	
003	03	DEPREC MARIAN HALL							57,007
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDI							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVB					1,586		
005		EMPLOYEE BENEFITS			1,491		20,200		22,288
006		ADMINISTRATIVE & GENE							
007		MAINTENANCE & REPAIRS					4,251		
007	01	FATIMA MAINTENANCE &			167				
007	02	PROVIDENCE MAINTENANC							
008		OPERATION OF PLANT					39,480	9,348	14,160
008	01	FATIMA OPERATION OF P							
008	02	PROVIDENCE OPERATION					6,377	255	
009		LAUNDRY & LINEN SERVI							
010		HOUSEKEEPING					909	126	278
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPIN							
011		DIETARY					4,398	1,348	
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSON					492		
014		NURSING ADMINISTRATIO						2,410	
015		CENTRAL SERVICES & SU					378	2,181	
016		PHARMACY					4,203		1,834
017		MEDICAL RECORDS & LIB					332		
018		SOCIAL SERVICE					531		
019		PATIENT TRANSPORTATIO							
020		NONPHYSICIAN ANESTHET					742		9,163
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY &							
023		I&R SERVICES-OTHER PR							
024		PARAMED ED PRGM-(SPEC						400	
024	01	PARAMEDICAL EDUCATION					750	48	
024	02	PARAMEDICAL EDUCATION							
		INPAT ROUTINE SRVC CN					8,047	31,402	
025		ADULTS & PEDIATRICS						9,799	
026		INTENSIVE CARE UNIT					13,918		
031		SUBPROVIDER							
031	01	SUBPROVIDER II	208		14				
034		SKILLED NURSING FACIL							
		ANCILLARY SRVC COST C					36,256	15,632	
037		OPERATING ROOM						4,300	
037	01	ENDOSCOPY						1,050	
038		RECOVERY ROOM					3,201		
041		RADIOLOGY-DIAGNOSTIC							
041	01	DIAGNOSTIC ULTRASOUND					1,010		
043		RADIOISOTOPE					2,269	12,383	
044		LABORATORY							
046	30	BLOOD CLOTTING FACTOR							
047		BLOOD STORING, PROCES					1,515		
049		RESPIRATORY THERAPY					2,509		
050		PHYSICAL THERAPY							
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY					389	127	
053		ELECTROCARDIOLOGY					1,397		
054		ELECTROENCEPHALOGRAPH							
055		MEDICAL SUPPLIES CHAR							
056		DRUGS CHARGED TO PATI							
058		ASC (NON-DISTINCT PAR	14,837						
059		OTHER ANCILLARY					1,292		
059	01	PULMONARY MEDICINE							
059	02	HEMODIALYSIS					285		
059	03	VASCULAR LABORATORY					2,625		
059	04	CT SCAN							

		COST CENTER DESCRIPTION	DEPREC BINGHAM BUILDING (SQUARE FEET)	DEPREC LIVING CENTER (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	DEPREC MAIN BUILDING (SQUARE FEET)	DEPREC PAVILION BUILDING (SQUARE FEET)	DEPREC MARIAN HALL (SQUARE FEET)
			1.06	1.07	2	3	3.01	3.02	3.03
		ANCILLARY SRVC COST C							
059	05	ECT							
059	06	MRI	864						
059	07	ONCOLOGY					1,448		
059	08	HYPERBARIC MEDICINE							
059	09	PSYCHIATRIC PARTIAL P							
		OUTPAT SERVICE COST C							
060		CLINIC					344		
060	01	OCCUP HLTH/CORP CARE							
060	02	GYN/PRENATAL CLINIC							
060	03	PEDIATRIC CLINIC							
060	04	WOUND CARE CLINIC					288		
061		EMERGENCY	9,227		14				
062		OBSERVATION BEDS (NON							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST C							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL T							
069	30	OUTPATIENT OCCUPATION							
069	40	OUTPATIENT SPEECH PAT							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CEN							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITIO							
095		SUBTOTALS	25,136		1,686		161,422	90,809	47,723
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE					344		
097		RESEARCH					200		6,904
098	01	PRIVATE PHYSICIANS OF							
098	02	HOUSE OFFICERS							1,805
098	03	PSYCHIATRY PRIVATE OF							
098	04	DENTAL CLINIC							
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABL	27						
100	01	WARBURTON MANAGEMENT			1,117				
100	02	DEVELOPMENT							575
100	03	TELEVISION					46	138	
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENT		100	671				
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST					1,309		
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	27,099	32,354	3,474		732,913	524,905	53,291
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.076938	323.540000	1.000000		4.487561	5.771548	.934815
105		COST TO BE ALLOCATED (WRKSHT B, PART II)							
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107		COST TO BE ALLOCATED (WRKSHT B, PART III							
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)							

	COST CENTER DESCRIPTION	DEPREC WEST BUILDING (SQUARE FEET)	DEPREC STANG BUILDING (SQUARE FEET)	DEPREC BINGHAM BUILDING (SQUARE FEET)	DEPREC LIVING CENTER (SQUARE FEET)	LEASED BUILDINGS (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
		3.04	3.05	3.06	3.07	3.08	4	5
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUIL							
001 03	DEPREC. MARIAN HALL1							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDI							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILD							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING	89,131						
003 05	DEPREC STANG BUILDING		136,405					
003 06	DEPREC BINGHAM BUILDI			25,163				
003 07	DEPREC LIVING CENTER				100			
003 08	LEASED BUILDINGS					624,414		
004	NEW CAP REL COSTS-MVB						4,168,845	
005	EMPLOYEE BENEFITS	1,044					1,380	84,085,496
006	ADMINISTRATIVE & GENE	6,148	24,686			29,742	1,571,691	10,123,295
007	MAINTENANCE & REPAIRS						58,098	1,096,833
007 01	FATIMA MAINTENANCE &						8,203	353,783
007 02	PROVIDENCE MAINTENANC		13,623					
008	OPERATION OF PLANT						178,700	990,508
008 01	FATIMA OPERATION OF P						87,584	276,810
008 02	PROVIDENCE OPERATION	21,922	17,699				20,889	453,475
009	LAUNDRY & LINEN SERVI	7,500	5,456					
010	HOUSEKEEPING						13,460	1,402,415
010 01	FATIMA HOUSEKEEPING						1,555	591,054
010 02	PROVIDENCE HOUSKEEPIN	356	725					
011	DIETARY						8,596	623,164
011 01	FATIMA DIETARY						1,937	391,983
011 02	PROVIDENCE DIETARY		10,200					
012	CAFETERIA						7,493	990,557
012 01	FATIMA CAFETERIA						388	426,891
012 02	PROVIDENCE CAFETERIA							
013	MAINTENANCE OF PERSON						55,579	2,629,573
014	NURSING ADMINISTRATIO						26,353	311,444
015	CENTRAL SERVICES & SU		2,550				38,792	2,176,791
016	PHARMACY		2,414				24,695	554,926
017	MEDICAL RECORDS & LIB	1,724	138					274,249
018	SOCIAL SERVICE		152				8,479	387,333
019	PATIENT TRANSPORTATIO							
020	NONPHYSICIAN ANESTHET						20,139	1,068,171
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM-(SPEC						453	95,354
024 01	PARAMEDICAL EDUCATION							3,290
024 02	PARAMEDICAL EDUCATION							
	INPAT ROUTINE SRVC CN						94,692	13,468,356
025	ADULTS & PEDIATRICS						68,787	2,533,195
026	INTENSIVE CARE UNIT						29,168	8,838,359
031	SUBPROVIDER		22,059				10,823	2,059,006
031 01	SUBPROVIDER II	27,333	11,199	208				1,117,728
034	SKILLED NURSING FACIL	8,293						
	ANCILLARY SRVC COST C						357,231	2,073,066
037	OPERATING ROOM						16,981	1,246,618
037 01	ENDOSCOPY						57,792	786,300
038	RECOVERY ROOM							2,510,911
041	RADIOLOGY-DIAGNOSTIC		3,958			138,928	366,208	495,612
041 01	DIAGNOSTIC ULTRASOUND						37,684	219,201
043	RADIOISOTOPE					281,098	149,345	5,845,251
044	LABORATORY	192	2,446					
046 30	BLOOD CLOTTING FACTOR						1,019	280,399
047	BLOOD STORING, PROCES						34,817	855,387
049	RESPIRATORY THERAPY		990			129,949	11,666	1,517,974
050	PHYSICAL THERAPY	168					698	755,020
051	OCCUPATIONAL THERAPY						2,444	298,027
052	SPEECH PATHOLOGY	314					66,167	129,332
053	ELECTROCARDIOLOGY						16,370	213,841
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI						65,481	1,441,845
058	ASC (NON-DISTINCT PAR			14,837				
059	OTHER ANCILLARY					5,360	4,783	52,920
059 01	PULMONARY MEDICINE						5,135	
059 02	HEMODIALYSIS						4,368	233,162
059 03	VASCULAR LABORATORY						154,412	529,977
059 04	CT SCAN		839					

	COST CENTER DESCRIPTION	DEPREC WEST BUILDING (SQUARE FEET)	DEPREC STANG BUILDING (SQUARE FEET)	DEPREC BINGHAM BUILDING (SQUARE FEET)	DEPREC LIVING CENTER (SQUARE FEET)	LEASED BUILDINGS (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
		3.04	3.05	3.06	3.07	3.08	4	5
	ANCILLARY SRVC COST C							
059 05	ECT			864			320,676	298,686
059 06	MRI						1,731	272,633
059 07	ONCOLOGY						121	
059 08	HYPERBARIC MEDICINE		2,676				34	144,633
059 09	PSYCHIATRIC PARTIAL P							
	OUTPAT SERVICE COST C							
060	CLINIC	5,140	4,180				13,483	1,084,597
060 01	OCCUP HLTH/CORP CARE						1,482	604,229
060 02	GYN/PRENATAL CLINIC		3,858				1,503	637,714
060 03	PEDIATRIC CLINIC	3,243					2,724	672,356
060 04	WOUND CARE CLINIC						4,002	300,803
061	EMERGENCY			9,227			46,764	3,374,625
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST C							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINAL ACQUISITIO							
095	SUBTOTALS	83,377	129,848	25,136		585,077	4,083,055	80,113,662
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE						2,550	27,488
097	RESEARCH	2,854	3,500			39,337	5,576	1,207,382
098 01	PRIVATE PHYSICIANS OF						440	
098 02	HOUSE OFFICERS							
098 03	PSYCHIATRY PRIVATE OF							115,456
098 04	DENTAL CLINIC	1,997					36,727	1,489,234
099	NONPAID WORKERS		485					
100	OTHER NON REIMBURSABL			27				
100 01	WARBURTON MANAGEMENT						28,762	
100 02	DEVELOPMENT							215,420
100 03	TELEVISION							
100 04	SPACE RENTAL UHP							
100 05	SPACE RENTAL OTHER		1,854					
100 06	ST JOSEPH LIVING CENT				100		11,735	725,609
100 07	SPACE RENTAL SSTAR	903						
100 08	RESPIRATORY SNF							
100 09	PT/OT/ST SNF							
100 10	SPACE RENTAL SECHRIST							
100 11	PHYSICIAN BILLING		582					
100 12	OP SOCIAL SERVICES		136					191,245
100 13	BARBER & BEAUTY							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	316,567	57,894	75,121	55,863	624,415	4,168,153	28,018,221
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.551705	.424427	2.985375	558.630000	1.000002	.999834	.333211
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							270
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							.000003
107	COST TO BE ALLOCATED (WRKSHT B, PART III							12,205
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							.000145

	COST CENTER DESCRIPTION	RECONCIL-IATION	ADMINISTRATIVE & GENERAL (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE)FEET	FATIMA MAINTENANCE & REPA (SQUARE)FEET	PROVIDENCE MAINTENANCE & (SQUARE)FEET	OPERATION OF PLANT (SQUARE)FEET	FATIMA OPERATION OF PLANT (SQUARE)FEET)
		6a.00	6	7	7.01	7.02	8	8.01
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUIL							
001 03	DEPREC. MARIAN HALLI							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDI							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILD							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDI							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE	-30,145,304	135,773,407					
007	MAINTENANCE & REPAIRS							
007 01	FATIMA MAINTENANCE &		2,243,748		284,752			
007 02	PROVIDENCE MAINTENANC		720,392			180,365		
008	OPERATION OF PLANT							
008 01	FATIMA OPERATION OF P		4,173,197		62,988			221,764
008 02	PROVIDENCE OPERATION		1,757,557			39,621		
009	LAUNDRY & LINEN SERVI		872,790		6,632	12,956		6,632
010	HOUSEKEEPING							
010 01	FATIMA HOUSEKEEPING		2,298,746		1,313			1,313
010 02	PROVIDENCE HOUSKEEPIN		921,798			1,081		
011	DIETARY							
011 01	FATIMA DIETARY		707,946		5,746			5,746
011 02	PROVIDENCE DIETARY		564,783			10,200		
012	CAFETERIA							
012 01	FATIMA CAFETERIA		1,886,137					
012 02	PROVIDENCE CAFETERIA		772,344					
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO		3,557,916		492			492
015	CENTRAL SERVICES & SU		564,826		2,410	2,550		2,410
016	PHARMACY		2,450,466		2,559	2,414		2,559
017	MEDICAL RECORDS & LIB		1,361,787		6,037	1,862		6,037
018	SOCIAL SERVICE		367,204		332	152		332
019	PATIENT TRANSPORTATIO		683,487		531			531
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL		883,258		9,905			9,905
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM-(SPEC							
024 01	PARAMEDICAL EDUCATION		94,865		400			400
024 02	PARAMEDICAL EDUCATION		8,068		48			48
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS		18,408,138		39,449			39,449
026	INTENSIVE CARE UNIT		4,003,058		9,799			9,799
031	SUBPROVIDER		12,538,764		14,126	22,059		14,126
031 01	SUBPROVIDER II		2,111,788			38,532		
034	SKILLED NURSING FACIL		1,127,830			8,293		
	ANCILLARY SRVC COST C							
037	OPERATING ROOM		5,738,667		51,888			51,888
037 01	ENDOSCOPY		3,118,276		4,300			4,300
038	RECOVERY ROOM		1,165,101		1,050			1,050
041	RADIOLOGY-DIAGNOSTIC		4,206,259		3,201	3,958		3,201
041 01	DIAGNOSTIC ULTRASOUND		1,205,861					
043	RADIOISOTOPE		666,607		1,010			1,010
044	LABORATORY		11,827,343		14,652	2,638		14,652
046 30	BLOOD CLOTTING FACTOR							
047	BLOOD STORING, PROCES		1,574,860					
049	RESPIRATORY THERAPY		1,328,730		1,515	990		1,515
050	PHYSICAL THERAPY		2,217,524		2,509	168		2,509
051	OCCUPATIONAL THERAPY		1,014,000					
052	SPEECH PATHOLOGY		400,983			314		
053	ELECTROCARDIOLOGY		58,487		516			516
054	ELECTROENCEPHALOGRAPH		332,782		1,397			1,397
055	MEDICAL SUPPLIES CHAR		7,598,232					
056	DRUGS CHARGED TO PATI		6,055,609					
058	ASC (NON-DISTINCT PAR		3,251,370		14,837			14,837
059	OTHER ANCILLARY							
059 01	PULMONARY MEDICINE		94,162		1,292			1,292
059 02	HEMODIALYSIS		27,545					
059 03	VASCULAR LABORATORY		310,156		285			285
059 04	CT SCAN		1,269,191		2,625	839		2,625

	COST CENTER DESCRIPTION	RECONCIL-IATION	ADMINISTRATIVE & GENERAL (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE)FEET	FATIMA MAINTENANCE & REPA (SQUARE)FEET	PROVIDENCE MAINTENANCE & (SQUARE)FEET	OPERATION OF PLANT (SQUARE)FEET	FATIMA OPERATION OF PLANT (SQUARE)FEET)
		6a.00	6	7	7.01	7.02	8	8.01
	ANCILLARY SRVC COST C							
059 05	ECT		1,055,876		864			864
059 06	MRI		409,920		1,448			1,448
059 07	ONCOLOGY		350,219					
059 08	HYPERBARIC MEDICINE		192,530			2,676		
059 09	PSYCHIATRIC PARTIAL P							
	OUTPAT SERVICE COST C							
060	CLINIC		961,615		344	9,320		344
060 01	OCCUP HLTH/CORP CARE		540,437					
060 02	GYN/PRENATAL CLINIC		854,411			3,858		
060 03	PEDIATRIC CLINIC		478,392			3,243		
060 04	WOUND CARE CLINIC		483,582		288			288
061	EMERGENCY		5,352,687		9,227			9,227
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST C							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINAL ACQUISITIO							
095	SUBTOTALS	-30,145,304	129,222,307		276,015	167,724		213,027
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE		84,725		344			344
097	RESEARCH		1,843,273			4,159		
098 01	PRIVATE PHYSICIANS OF		7,802		4,493	3,428		4,493
098 02	HOUSE OFFICERS							
098 03	PSYCHIATRY PRIVATE OF		156,973		1,805			1,805
098 04	DENTAL CLINIC		2,371,229			1,997		
099	NONPAID WORKERS		206					
100	OTHER NON REIMBURSABL		110		27	485		27
100 01	WARBURTON MANAGEMENT		29,874					
100 02	DEVELOPMENT		319,456		575			575
100 03	TELEVISION		1,006		184			184
100 04	SPACE RENTAL UHP							
100 05	SPACE RENTAL OTHER		787			1,854		
100 06	ST JOSEPH LIVING CENT		1,468,534					
100 07	SPACE RENTAL SSTAR		3,372					
100 08	RESPIRATORY SNF							
100 09	PT/OT/ST SNF				1,309			1,309
100 10	SPACE RENTAL SECHRIST		5,940					
100 11	PHYSICIAN BILLING		247			582		
100 12	OP SOCIAL SERVICES		257,566			136		
100 13	BARBER & BEAUTY							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		30,145,304		2,741,921	880,338		5,706,279
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.222027		9.629154	4.880869		25.731313
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		3,660		278	187		2,305
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000027		.000976	.001037		.010394
107	COST TO BE ALLOCATED (WRKSHT B, PART III		1,746,434		106,185	23,301		500,340
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.012863		.372903	.129188		2.256182

		COST CENTER DESCRIPTION	PROVIDENCE OPERATION OF P (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	FATIMA HOUSEKEEPING (SQUARE FEET)	PROVIDENCE HOUSKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	FATIMA DIETARY (MEALS SERVED)
			8.02	9	10	10.01	10.02	11	11.01
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUIL							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDI							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILD							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDI							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENE							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE &							
007	02	PROVIDENCE MAINTENANC							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF P							
008	02	PROVIDENCE OPERATION	140,744						
009		LAUNDRY & LINEN SERVI	12,956	1,513,103					
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING		51,925		213,819			
010	02	PROVIDENCE HOUSKEEPIN	1,081				126,707		
011		DIETARY							
011	01	FATIMA DIETARY				5,746			417,638
011	02	PROVIDENCE DIETARY	10,200				10,200		
012		CAFETERIA							
012	01	FATIMA CAFETERIA							253,323
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSON							
014		NURSING ADMINISTRATIO				492			
015		CENTRAL SERVICES & SU	2,550	6,678		2,410	2,550		
016		PHARMACY	2,414			2,559	2,414		
017		MEDICAL RECORDS & LIB	1,862			6,037	1,862		
018		SOCIAL SERVICE	152			332	152		
019		PATIENT TRANSPORTATIO				531			
020		NONPHYSICIAN ANESTHET							
021		NURSING SCHOOL				9,905			
022		I&R SERVICES-SALARY &							
023		I&R SERVICES-OTHER PR							
024		PARAMED ED PRGM-(SPEC							
024	01	PARAMEDICAL EDUCATION				400			
024	02	PARAMEDICAL EDUCATION				48			
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS		512,843		39,449			109,023
026		INTENSIVE CARE UNIT		81,992		9,799			8,883
031		SUBPROVIDER	22,059	133,495		14,126	22,059		33,852
031	01	SUBPROVIDER II	38,532	92,849			38,532		
034		SKILLED NURSING FACIL	8,293	42,482			8,293		
		ANCILLARY SRVC COST C							
037		OPERATING ROOM		115,369		51,888			51
037	01	ENDOSCOPY		55,710		4,300			11
038		RECOVERY ROOM				1,050			
041		RADIOLOGY-DIAGNOSTIC	3,958	34,893		3,201	3,958		
041	01	DIAGNOSTIC ULTRASOUND							16
043		RADIOISOTOPE		22,294		1,010			
044		LABORATORY	2,638			14,652	2,638		
046	30	BLOOD CLOTTING FACTOR							
047		BLOOD STORING, PROCES							
049		RESPIRATORY THERAPY	990			1,515	990		
050		PHYSICAL THERAPY	168	20,795		2,509	168		
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY	314				314		
053		ELECTROCARDIOLOGY		2,606		516			
054		ELECTROENCEPHALOGRAPH				1,397			1
055		MEDICAL SUPPLIES CHAR							
056		DRUGS CHARGED TO PATI							
058		ASC (NON-DISTINCT PAR		94,344		14,837			44
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE				1,292			
059	02	HEMODIALYSIS							
059	03	VASCULAR LABORATORY				285			
059	04	CT SCAN	839	21,436		2,625	839		

	COST CENTER DESCRIPTION	PROVIDENCE OP ERATION OF P (SQUARE FEET	LAUNDRY & LIN EN SERVICE (POUNDS OF)LAUNDRY	HOUSEKEEPING (HOURS OF)SERVICE	FATIMA HOUSEK EEPING (SQUARE)FEET	PROVIDENCE HO USKEEPING (SQUARE)FEET	DIETARY (MEALS)SERVED	FATIMA DIETAR Y (MEALS)SERVED)
		8.02	9	10	10.01	10.02	11	11.01
	ANCILLARY SRVC COST C							
059 05	ECT				864			
059 06	MRI		22,631		1,448			1,671
059 07	ONCOLOGY		6,899					
059 08	HYPERBARIC MEDICINE	2,676				2,676		
059 09	PSYCHIATRIC PARTIAL P							
	OUTPAT SERVICE COST C							
060	CLINIC	9,320	32,376		344	9,320		
060 01	OCCUP HLTH/CORP CARE		3,000					
060 02	GYN/PRENATAL CLINIC	3,858				3,858		
060 03	PEDIATRIC CLINIC	3,243				3,243		3
060 04	WOUND CARE CLINIC		142,970		288			
061	EMERGENCY				9,227			10,760
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST C							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINAL ACQUISITIO							
095	SUBTOTALS	128,103	1,497,587		205,082	114,066		417,638
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE				344			
097	RESEARCH	4,159				4,159		
098 01	PRIVATE PHYSICIANS OF	3,428	540		4,493	3,428		
098 02	HOUSE OFFICERS							
098 03	PSYCHIATRY PRIVATE OF				1,805			
098 04	DENTAL CLINIC	1,997	3,963			1,997		
099	NONPAID WORKERS							
100	OTHER NON REIMBURSABL	485			27	485		
100 01	WARBURTON MANAGEMENT							
100 02	DEVELOPMENT				575			
100 03	TELEVISION				184			
100 04	SPACE RENTAL UHP							
100 05	SPACE RENTAL OTHER	1,854				1,854		
100 06	ST JOSEPH LIVING CENT		11,013					
100 07	SPACE RENTAL SSTAR							
100 08	RESPIRATORY SNF							
100 09	PT/OT/ST SNF				1,309			
100 10	SPACE RENTAL SECHRIST							
100 11	PHYSICIAN BILLING	582				582		
100 12	OP SOCIAL SERVICES	136				136		
100 13	BARBER & BEAUTY							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,341,166	1,579,834		2,909,773	1,149,720		1,146,505
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	16.634215	1.044102		13.608580	9.073848		2.745212
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	4,087	2,182		204	124		332
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.029039	.001442		.000954	.000979		.000795
107	COST TO BE ALLOCATED (WRKSHT B, PART III	200,704	128,808		56,168	16,752		61,923
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.426022	.085128		.262689	.132211		.148270

	COST CENTER DESCRIPTION	PROVIDENCE DI ETARY (MEALS SERVED	CAFETERIA (MEALS)SERVED	FATIMA CAFETE RIA (ADJUSTED)FTES	PROVIDENCE CA FETERIA (ADJUSTED)FTES	MAINTENANCE O F PERSONNEL (NUMBER)HOUSED	NURSING ADMIN ISTRATION (DIRECT)NRSING HRS	CENTRAL SERVI CES & SUPPLY (COSTED)REQUIS.
		11.02	12	12.01	12.02	13	14	15
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
001 01	DEPREC. MAIN BUILDING							
001 02	DEPREC. PAVILION BUIL							
001 03	DEPREC. MARIAN HALLI							
001 04	DEPREC WEST BUILDING							
001 05	DEPREC STANG BUILDING							
001 06	DEPREC BINGHAM BUILDI							
001 07	DEPREC LIVING CENTER							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	DEPREC MAIN BUILDING							
003 02	DEPREC PAVILION BUILD							
003 03	DEPREC MARIAN HALL							
003 04	DEPREC WEST BUILDING							
003 05	DEPREC STANG BUILDING							
003 06	DEPREC BINGHAM BUILDI							
003 07	DEPREC LIVING CENTER							
003 08	LEASED BUILDINGS							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
007 01	FATIMA MAINTENANCE &							
007 02	PROVIDENCE MAINTENANC							
008	OPERATION OF PLANT							
008 01	FATIMA OPERATION OF P							
008 02	PROVIDENCE OPERATION							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	FATIMA HOUSEKEEPING							
010 02	PROVIDENCE HOUSKEEPIN							
011	DIETARY							
011 01	FATIMA DIETARY							
011 02	PROVIDENCE DIETARY	146,739						
012	CAFETERIA							
012 01	FATIMA CAFETERIA			834				
012 02	PROVIDENCE CAFETERIA	75,591			254			
013	MAINTENANCE OF PERSON						972,802	
014	NURSING ADMINISTRATIO			14			2,080	9,724,911
015	CENTRAL SERVICES & SU			9				14,968
016	PHARMACY			26	4			83
017	MEDICAL RECORDS & LIB			15	3			
018	SOCIAL SERVICE			4				5
019	PATIENT TRANSPORTATIO			14				
020	NONPHYSICIAN ANESTHET							1,432
021	NURSING SCHOOL			81				
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM-(SPEC							
024 01	PARAMEDICAL EDUCATION			2				
024 02	PARAMEDICAL EDUCATION			1				
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS			229			403,221	542,846
026	INTENSIVE CARE UNIT			35			63,508	135,704
031	SUBPROVIDER	38,936		63	76		113,359	83,278
031 01	SUBPROVIDER II	18,064			33		45,102	53,131
034	SKILLED NURSING FACIL	13,095			19		28,281	37,044
	ANCILLARY SRVC COST C							
037	OPERATING ROOM			35			67,729	556,582
037 01	ENDOSCOPY			20			37,918	134,000
038	RECOVERY ROOM			10			21,026	22,041
041	RADIOLOGY-DIAGNOSTIC			43				22,815
041 01	DIAGNOSTIC ULTRASOUND			7	3			
043	RADIOISOTOPE			3				3,760
044	LABORATORY			76	2			114,780
046 30	BLOOD CLOTTING FACTOR							
047	BLOOD STORING, PROCES			5				
049	RESPIRATORY THERAPY			14				19,176
050	PHYSICAL THERAPY			5	14			6,286
051	OCCUPATIONAL THERAPY			1	9			157
052	SPEECH PATHOLOGY			1	4			255
053	ELECTROCARDIOLOGY			5				976
054	ELECTROENCEPHALOGRAPH			5				997
055	MEDICAL SUPPLIES CHAR							7,418,304
056	DRUGS CHARGED TO PATI							
058	ASC (NON-DISTINCT PAR			24			37,094	153,421
059	OTHER ANCILLARY							
059 01	PULMONARY MEDICINE			1				3,270
059 02	HEMODIALYSIS			3				5,884
059 03	VASCULAR LABORATORY							1,263
059 04	CT SCAN			10				4,347

	COST CENTER DESCRIPTION	PROVIDENCE DI ETARY (MEALS SERVED	CAFETERIA (MEALS)SERVED	FATIMA CAFETE RIA (ADJUSTED)FTES	PROVIDENCE CA FETERIA (ADJUSTED)FTES	MAINTENANCE O F PERSONNEL (NUMBER)HOUSED	NURSING ADMIN ISTRATION (DIRECT)NRSING HRS	CENTRAL SERVI CES & SUPPLY (COSTED)REQUIS.
		11.02	12	12.01	12.02	13	14	15
	ANCILLARY SRVC COST C							
059 05	ECT							2,182
059 06	MRI			5			5,183	11,361
059 07	ONCOLOGY			3				137
059 08	HYPERBARIC MEDICINE				2		1,210	38
059 09	PSYCHIATRIC PARTIAL P	1,053						
	OUTPAT SERVICE COST C							
060	CLINIC				14		13,424	13,640
060 01	OCCUP HLTH/CORP CARE				6		4,175	3,721
060 02	GYN/PRENATAL CLINIC			3	7		10,962	7,899
060 03	PEDIATRIC CLINIC				11		8,132	8,793
060 04	WOUND CARE CLINIC			4			6,925	44,612
061	EMERGENCY			47			89,527	266,713
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FQHC							
	OTHER REIMBURS COST C							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINAL ACQUISITIO							
095	SUBTOTALS	146,739		823	207		958,856	9,695,901
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			1				16
097	RESEARCH			7	16		6,065	8,105
098 01	PRIVATE PHYSICIANS OF							
098 02	HOUSE OFFICERS				3		2,314	
098 03	PSYCHIATRY PRIVATE OF				24			16,995
098 04	DENTAL CLINIC							
099	NONPAID WORKERS							
100	OTHER NON REIMBURSABL							
100 01	WARBURTON MANAGEMENT			3				
100 02	DEVELOPMENT							
100 03	TELEVISION							
100 04	SPACE RENTAL UHP							
100 05	SPACE RENTAL OTHER						5,567	3,889
100 06	ST JOSEPH LIVING CENT							
100 07	SPACE RENTAL SSTAR							
100 08	RESPIRATORY SNF							
100 09	PT/OT/ST SNF							
100 10	SPACE RENTAL SECHRIST							
100 11	PHYSICIAN BILLING				4			5
100 12	OP SOCIAL SERVICES							
100 13	BARBER & BEAUTY							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,002,187		3,000,336	1,460,091		4,422,327	935,056
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.829725		3,597.525180	5,748.389764		4.545968	.096151
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	333		255	194		138	172
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.002269		.305755	.763780		.000142	.000018
107	COST TO BE ALLOCATED (WRKSHT B, PART III	30,800		69,457	26,250		106,512	61,467
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.209896		83.281775	103.346457		.109490	.006321

		COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.	MEDICAL RECORDS & LIBRARY (INPATIENT)REVENUES	SOCIAL SERVICE (PATIENT)DAYS	PATIENT TRANSPORTATION (PATIENT)TRIPS	NONPHYSICIAN ANESTHETISTS (ASSIGNED)TIME	NURSING SCHOOL (ASSIGNED)TIME	I&R SERVICES-SALARY & FRI (ASSIGNED)TIME)
			16	17	18	19	20	21	22
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
001	01	DEPREC. MAIN BUILDING							
001	02	DEPREC. PAVILION BUIL							
001	03	DEPREC. MARIAN HALL1							
001	04	DEPREC WEST BUILDING							
001	05	DEPREC STANG BUILDING							
001	06	DEPREC BINGHAM BUILDI							
001	07	DEPREC LIVING CENTER							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
003	01	DEPREC MAIN BUILDING							
003	02	DEPREC PAVILION BUILD							
003	03	DEPREC MARIAN HALL							
003	04	DEPREC WEST BUILDING							
003	05	DEPREC STANG BUILDING							
003	06	DEPREC BINGHAM BUILDI							
003	07	DEPREC LIVING CENTER							
003	08	LEASED BUILDINGS							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENE							
007		MAINTENANCE & REPAIRS							
007	01	FATIMA MAINTENANCE &							
007	02	PROVIDENCE MAINTENANC							
008		OPERATION OF PLANT							
008	01	FATIMA OPERATION OF P							
008	02	PROVIDENCE OPERATION							
009		LAUNDRY & LINEN SERVI							
010		HOUSEKEEPING							
010	01	FATIMA HOUSEKEEPING							
010	02	PROVIDENCE HOUSKEEPIN							
011		DIETARY							
011	01	FATIMA DIETARY							
011	02	PROVIDENCE DIETARY							
012		CAFETERIA							
012	01	FATIMA CAFETERIA							
012	02	PROVIDENCE CAFETERIA							
013		MAINTENANCE OF PERSON							
014		NURSING ADMINISTRATIO							
015		CENTRAL SERVICES & SU							
016		PHARMACY	6,397,972						
017		MEDICAL RECORDS & LIB		255,988,617					
018		SOCIAL SERVICE			76,612				
019		PATIENT TRANSPORTATIO				101,025			
020		NONPHYSICIAN ANESTHET							
021		NURSING SCHOOL	69					20,947	
022		I&R SERVICES-SALARY &							
023		I&R SERVICES-OTHER PR							
024		PARAMED ED PRGM-(SPEC							
024	01	PARAMEDICAL EDUCATION							
024	02	PARAMEDICAL EDUCATION							
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	17,744	49,661,324	38,157	53,006		10,540	
026		INTENSIVE CARE UNIT	2,528	11,427,898	4,100	2,936		920	
031		SUBPROVIDER	9,700	61,183,429	23,873	1,712		4,553	
031	01	SUBPROVIDER II	3,135	6,154,193	6,114			1,008	
034		SKILLED NURSING FACIL		3,442,077	4,368			885	
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	38,613	9,195,901		4,287		360	
037	01	ENDOSCOPY	11,398	2,200,416					
038		RECOVERY ROOM	10,318	1,425,738		1,116			
041		RADIOLOGY-DIAGNOSTIC	5,873	6,932,856		12,644			
041	01	DIAGNOSTIC ULTRASOUND	28	1,278,950		1,071			
043		RADIOISOTOPE	609	1,747,643					
044		LABORATORY	11,599	27,912,790		8,040			
046	30	BLOOD CLOTTING FACTOR							
047		BLOOD STORING, PROCES	496	5,187,211					
049		RESPIRATORY THERAPY	831	5,495,103					
050		PHYSICAL THERAPY	532	6,031,704					
051		OCCUPATIONAL THERAPY		4,044,928					
052		SPEECH PATHOLOGY		1,520,935					
053		ELECTROCARDIOLOGY	4	4,753,350		2,572			
054		ELECTROENCEPHALOGRAPH	22			557			
055		MEDICAL SUPPLIES CHAR		19,052,595					
056		DRUGS CHARGED TO PATI	6,110,006	14,850,226					
058		ASC (NON-DISTINCT PAR	87,498	235,599		1,632		432	
059		OTHER ANCILLARY							
059	01	PULMONARY MEDICINE	1,152	42,847		158			
059	02	HEMODIALYSIS	623	271,230					
059	03	VASCULAR LABORATORY		2,158,855		2,489			
059	04	CT SCAN	477	7,500,222					

		COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.	MEDICAL RECORDS & LIBRARY (INPATIENT)REVENUES	SOCIAL SERVICE (PATIENT)DAYS	PATIENT TRANSPORTATION (PATIENT)TRIPS	NONPHYSICIAN ANESTHETISTS (ASSIGNED)TIME	NURSING SCHOOL (ASSIGNED)TIME	I&R SERVICES-SALARY & FRI (ASSIGNED)TIME)
			16	17	18	19	20	21	22
		ANCILLARY SRVC COST C							
059	05	ECT							
059	06	MRI		2,277,778		2,887			
059	07	ONCOLOGY	549			3,916			
059	08	HYPERBARIC MEDICINE				246			
059	09	PSYCHIATRIC PARTIAL P	8						
		OUTPAT SERVICE COST C							
060		CLINIC	11,721	2,819					
060	01	OCCUP HLTH/CORP CARE	44,879						
060	02	GYN/PRENATAL CLINIC	6,746					372	
060	03	PEDIATRIC CLINIC	1,859					1,100	
060	04	WOUND CARE CLINIC	9,579					345	
061		EMERGENCY	4,882			1,756		432	
062		OBSERVATION BEDS (NON							
063	50	RHC							
063	60	FQHC							
		OTHER REIMBURS COST C							
069	10	CMHC							
069	20	OUTPATIENT PHYSICAL T							
069	30	OUTPATIENT OCCUPATION							
069	40	OUTPATIENT SPEECH PAT							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CEN							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINAL ACQUISITIO							
095		SUBTOTALS	6,393,478	255,988,617	76,612	101,025		20,947	
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE							
097		RESEARCH	795						
098	01	PRIVATE PHYSICIANS OF							
098	02	HOUSE OFFICERS							
098	03	PSYCHIATRY PRIVATE OF							
098	04	DENTAL CLINIC	3,699						
099		NONPAID WORKERS							
100		OTHER NON REIMBURSABL							
100	01	WARBURTON MANAGEMENT							
100	02	DEVELOPMENT							
100	03	TELEVISION							
100	04	SPACE RENTAL UHP							
100	05	SPACE RENTAL OTHER							
100	06	ST JOSEPH LIVING CENT							
100	07	SPACE RENTAL SSTAR							
100	08	RESPIRATORY SNF							
100	09	PT/OT/ST SNF							
100	10	SPACE RENTAL SECHRIST							
100	11	PHYSICIAN BILLING							
100	12	OP SOCIAL SERVICES							
100	13	BARBER & BEAUTY							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	3,311,657	2,087,939	484,030	911,607		1,855,978	
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.517610	.008156	6.317940	9.023578		88.603523	
105		COST TO BE ALLOCATED (WRKSHT B, PART II)	240	706	36	58		211	
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000038	.000003	.000470	.000574		.010073	
107		COST TO BE ALLOCATED (WRKSHT B, PART III	100,077	91,205	7,868	22,410		78,947	
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.015642	.000356	.102699	.221826		3.768893	

		COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME	PARAMED ED PR GM-(SPECIFY) (ASSIGNED)TIME	PARAMEDICAL E DUCATION MED (ASSIGNED)TIME	PARAMEDICAL E DUCATION CYT (ASSIGNED)TIME
			23	24	24.01	24.02
		GENERAL SERVICE COST				
001		OLD CAP REL COSTS-BLD				
001	01	DEPREC. MAIN BUILDING				
001	02	DEPREC. PAVILION BUIL				
001	03	DEPREC. MARIAN HALL1				
001	04	DEPREC WEST BUILDING				
001	05	DEPREC STANG BUILDING				
001	06	DEPREC BINGHAM BUILDI				
001	07	DEPREC LIVING CENTER				
002		OLD CAP REL COSTS-MVB				
003		NEW CAP REL COSTS-BLD				
003	01	DEPREC MAIN BUILDING				
003	02	DEPREC PAVILION BUILD				
003	03	DEPREC MARIAN HALL				
003	04	DEPREC WEST BUILDING				
003	05	DEPREC STANG BUILDING				
003	06	DEPREC BINGHAM BUILDI				
003	07	DEPREC LIVING CENTER				
003	08	LEASED BUILDINGS				
004		NEW CAP REL COSTS-MVB				
005		EMPLOYEE BENEFITS				
006		ADMINISTRATIVE & GENE				
007		MAINTENANCE & REPAIRS				
007	01	FATIMA MAINTENANCE &				
007	02	PROVIDENCE MAINTENANC				
008		OPERATION OF PLANT				
008	01	FATIMA OPERATION OF P				
008	02	PROVIDENCE OPERATION				
009		LAUNDRY & LINEN SERVI				
010		HOUSEKEEPING				
010	01	FATIMA HOUSEKEEPING				
010	02	PROVIDENCE HOUSKEEPIN				
011		DIETARY				
011	01	FATIMA DIETARY				
011	02	PROVIDENCE DIETARY				
012		CAFETERIA				
012	01	FATIMA CAFETERIA				
012	02	PROVIDENCE CAFETERIA				
013		MAINTENANCE OF PERSON				
014		NURSING ADMINISTRATIO				
015		CENTRAL SERVICES & SU				
016		PHARMACY				
017		MEDICAL RECORDS & LIB				
018		SOCIAL SERVICE				
019		PATIENT TRANSPORTATIO				
020		NONPHYSICIAN ANESTHET				
021		NURSING SCHOOL				
022		I&R SERVICES-SALARY &				
023		I&R SERVICES-OTHER PR				
024		PARAMED ED PRGM-(SPEC				
024	01	PARAMEDICAL EDUCATION			100	
024	02	PARAMEDICAL EDUCATION				100
		INPAT ROUTINE SRVC CN				
025		ADULTS & PEDIATRICS				
026		INTENSIVE CARE UNIT				
031		SUBPROVIDER				
031	01	SUBPROVIDER II				
034		SKILLED NURSING FACIL				
		ANCILLARY SRVC COST C				
037		OPERATING ROOM				
037	01	ENDOSCOPY				
038		RECOVERY ROOM				
041		RADIOLOGY-DIAGNOSTIC				
041	01	DIAGNOSTIC ULTRASOUND				
043		RADIOISOTOPE				
044		LABORATORY			100	100
046	30	BLOOD CLOTTING FACTOR				
047		BLOOD STORING, PROCES				
049		RESPIRATORY THERAPY				
050		PHYSICAL THERAPY				
051		OCCUPATIONAL THERAPY				
052		SPEECH PATHOLOGY				
053		ELECTROCARDIOLOGY				
054		ELECTROENCEPHALOGRAPH				
055		MEDICAL SUPPLIES CHAR				
056		DRUGS CHARGED TO PATI				
058		ASC (NON-DISTINCT PAR				
059		OTHER ANCILLARY				
059	01	PULMONARY MEDICINE				
059	02	HEMODIALYSIS				
059	03	VASCULAR LABORATORY				
059	04	CT SCAN				

		COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM-(SPECIFY) (ASSIGNED TIME)	PARAMEDICAL E DUCATION MED (ASSIGNED TIME)	PARAMEDICAL E DUCATION CYT (ASSIGNED TIME)
			23	24	24.01	24.02
		ANCILLARY SRVC COST C				
059	05	ECT				
059	06	MRI				
059	07	ONCOLOGY				
059	08	HYPERBARIC MEDICINE				
059	09	PSYCHIATRIC PARTIAL P				
		OUTPAT SERVICE COST C				
060		CLINIC				
060	01	OCCUP HLTH/CORP CARE				
060	02	GYN/PRENATAL CLINIC				
060	03	PEDIATRIC CLINIC				
060	04	WOUND CARE CLINIC				
061		EMERGENCY				
062		OBSERVATION BEDS (NON				
063	50	RHC				
063	60	FQHC				
		OTHER REIMBURS COST C				
069	10	CMHC				
069	20	OUTPATIENT PHYSICAL T				
069	30	OUTPATIENT OCCUPATION				
069	40	OUTPATIENT SPEECH PAT				
071		HOME HEALTH AGENCY				
		SPEC PURPOSE COST CEN				
085	01	PANCREAS ACQUISITION				
085	02	INTESTINAL ACQUISITIO				
095		SUBTOTALS			100	100
		NONREIMBURS COST CENT				
096		GIFT, FLOWER, COFFEE				
097		RESEARCH				
098	01	PRIVATE PHYSICIANS OF				
098	02	HOUSE OFFICERS				
098	03	PSYCHIATRY PRIVATE OF				
098	04	DENTAL CLINIC				
099		NONPAID WORKERS				
100		OTHER NON REIMBURSABL				
100	01	WARBURTON MANAGEMENT				
100	02	DEVELOPMENT				
100	03	TELEVISION				
100	04	SPACE RENTAL UHP				
100	05	SPACE RENTAL OTHER				
100	06	ST JOSEPH LIVING CENT				
100	07	SPACE RENTAL SSTAR				
100	08	RESPIRATORY SNF				
100	09	PT/OT/ST SNF				
100	10	SPACE RENTAL SECHRIST				
100	11	PHYSICIAN BILLING				
100	12	OP SOCIAL SERVICES				
100	13	BARBER & BEAUTY				
101		CROSS FOOT ADJUSTMENT				
102		NEGATIVE COST CENTER				
103		COST TO BE ALLOCATED (PER WRKSHT B, PART			142,711	15,807
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)			1,427.110000	158.070000
105		COST TO BE ALLOCATED (PER WRKSHT B, PART			14	39
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)			.140000	.390000
107		COST TO BE ALLOCATED (PER WRKSHT B, PART			5,319	3,969
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)			53.190000	39.690000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	30,038,247		30,038,247		30,038,247
26	INTENSIVE CARE UNIT	6,137,779		6,137,779		6,137,779
31	SUBPROVIDER	19,448,111		19,448,111		19,448,111
31 01	SUBPROVIDER II	4,559,227		4,559,227	8,895	4,568,122
34	SKILLED NURSING FACILITY	2,141,135		2,141,135	17,259	2,158,394
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,327,201		10,327,201		10,327,201
37 01	ENDOSCOPY	4,360,437		4,360,437		4,360,437
38	RECOVERY ROOM	1,635,920		1,635,920		1,635,920
41	RADIOLOGY-DIAGNOSTIC	5,784,980		5,784,980		5,784,980
41 01	DIAGNOSTIC ULTRASOUND	1,536,176		1,536,176		1,536,176
43	RADIOISOTOPE	913,072		913,072		913,072
44	LABORATORY	16,012,194		16,012,194		16,012,194
46 30	BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	1,985,073		1,985,073		1,985,073
49	RESPIRATORY THERAPY	1,825,672		1,825,672		1,825,672
50	PHYSICAL THERAPY	3,008,128		3,008,128		3,008,128
51	OCCUPATIONAL THERAPY	1,327,474		1,327,474		1,327,474
52	SPEECH PATHOLOGY	538,639		538,639		538,639
53	ELECTROCARDIOLOGY	179,523		179,523		179,523
54	ELECTROENCEPHALOGRAPHY	498,203		498,203		498,203
55	MEDICAL SUPPLIES CHARGED	10,153,913		10,153,913		10,153,913
56	DRUGS CHARGED TO PATIENTS	10,683,840		10,683,840		10,683,840
58	ASC (NON-DISTINCT PART)	5,168,378		5,168,378		5,168,378
59	OTHER ANCILLARY					
59 01	PULMONARY MEDICINE	184,620		184,620		184,620
59 02	HEMODIALYSIS	47,554		47,554		47,554
59 03	VASCULAR LABORATORY	433,163		433,163		433,163
59 04	CT SCAN	1,825,388		1,825,388		1,825,388
59 05	ECT					
59 06	MRI	1,395,446		1,395,446		1,395,446
59 07	ONCOLOGY	671,123		671,123		671,123
59 08	HYPERBARIC MEDICINE	437,413		437,413		437,413
59 09	PSYCHIATRIC PARTIAL PROGR	341,331		341,331		341,331
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,659,760		1,659,760		1,659,760
60 01	OCCUP HLTH/CORP CARE CLIN	740,618		740,618		740,618
60 02	GYN/PRENATAL CLINIC	1,300,202		1,300,202		1,300,202
60 03	PEDIATRIC CLINIC	883,287		883,287		883,287
60 04	WOUND CARE CLINIC	840,014		840,014		840,014
61	EMERGENCY	7,680,868		7,680,868		7,680,868
62	OBSERVATION BEDS (NON-DIS	992,879		992,879		992,879
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	157,696,988		157,696,988	26,154	157,723,142
102	LESS OBSERVATION BEDS	992,879		992,879		992,879
103	TOTAL	156,704,109		156,704,109	26,154	156,730,263

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009 | WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	49,661,324		49,661,324			
26	INTENSIVE CARE UNIT	11,427,898		11,427,898			
31	SUBPROVIDER	61,183,429		61,183,429			
31 01	SUBPROVIDER II	6,154,193		6,154,193			
34	SKILLED NURSING FACILITY	3,442,077		3,442,077			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,195,901	9,117,479	18,313,380	.563916	.563916	.563916
37 01	ENDOSCOPY	2,200,416	13,018,844	15,219,260	.286508	.286508	.286508
38	RECOVERY ROOM	1,425,738	3,788,487	5,214,225	.313742	.313742	.313742
41	RADIOLOGY-DIAGNOSTIC	6,932,856	14,580,321	21,513,177	.268904	.268904	.268904
41 01	DIAGNOSTIC ULTRASOUND	1,278,950	3,413,766	4,692,716	.327353	.327353	.327353
43	RADIOISOTOPE	1,747,643	3,579,657	5,327,300	.171395	.171395	.171395
44	LABORATORY	27,912,790	57,652,558	85,565,348	.187134	.187134	.187134
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	5,187,211	1,363,038	6,550,249	.303053	.303053	.303053
49	RESPIRATORY THERAPY	5,495,103	211,414	5,706,517	.319928	.319928	.319928
50	PHYSICAL THERAPY	6,031,704	3,454,013	9,485,717	.317122	.317122	.317122
51	OCCUPATIONAL THERAPY	4,044,928	1,141,642	5,186,570	.255944	.255944	.255944
52	SPEECH PATHOLOGY	1,520,935	597,078	2,118,013	.254313	.254313	.254313
53	ELECTROCARDIOLOGY	4,753,350	2,460,830	7,214,180	.024885	.024885	.024885
54	ELECTROENCEPHALOGRAPHY	5,884	1,664,169	1,670,053	.298316	.298316	.298316
55	MEDICAL SUPPLIES CHARGED	19,052,595	4,880,463	23,933,058	.424263	.424263	.424263
56	DRUGS CHARGED TO PATIENTS	14,850,226	12,289,940	27,140,166	.393654	.393654	.393654
58	ASC (NON-DISTINCT PART)	235,599	14,234,981	14,470,580	.357165	.357165	.357165
59	OTHER ANCILLARY						
59 01	PULMONARY MEDICINE	57,847	1,151,252	1,209,099	.152692	.152692	.152692
59 02	HEMODIALYSIS	271,230	14,565	285,795	.166392	.166392	.166392
59 03	VASCULAR LABORATORY	2,158,855	1,612,921	3,771,776	.114843	.114843	.114843
59 04	CT SCAN	7,500,222	14,312,080	21,812,302	.083686	.083686	.083686
59 05	ECT						
59 06	MRI	2,277,778	3,176,605	5,454,383	.255839	.255839	.255839
59 07	ONCOLOGY	22,295	912,388	934,683	.718022	.718022	.718022
59 08	HYPERBARIC MEDICINE	147,808	1,925,817	2,073,625	.210941	.210941	.210941
59 09	PSYCHIATRIC PARTIAL PROGR		2,827,205	2,827,205	.120731	.120731	.120731
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,819	1,667,814	1,670,633	.993492	.993492	.993492
60 01	OCCUP HLTH/CORP CARE CLIN		616,002	616,002	1.202298	1.202298	1.202298
60 02	GYN/PRENATAL CLINIC		669,377	669,377	1.942406	1.942406	1.942406
60 03	PEDIATRIC CLINIC		927,818	927,818	.952005	.952005	.952005
60 04	WOUND CARE CLINIC	157,349	3,950,584	4,107,933	.204486	.204486	.204486
61	EMERGENCY	8,303,674	29,375,467	37,679,141	.203849	.203849	.203849
62	OBSERVATION BEDS (NON-DIS		1,570,275	1,570,275	.632296	.632296	.632296
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	264,640,627	212,158,850	476,799,477			
102	LESS OBSERVATION BEDS						
103	TOTAL	264,640,627	212,158,850	476,799,477			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 41-0005
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 3/ 3/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	30,038,247		30,038,247		30,038,247
26	INTENSIVE CARE UNIT	6,137,779		6,137,779		6,137,779
31	SUBPROVIDER	19,448,111		19,448,111		19,448,111
31 01	SUBPROVIDER II	4,559,227		4,559,227	8,895	4,568,122
34	SKILLED NURSING FACILITY	2,141,135		2,141,135	17,259	2,158,394
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,327,201		10,327,201		10,327,201
37 01	ENDOSCOPY	4,360,437		4,360,437		4,360,437
38	RECOVERY ROOM	1,635,920		1,635,920		1,635,920
41	RADIOLOGY-DIAGNOSTIC	5,784,980		5,784,980		5,784,980
41 01	DIAGNOSTIC ULTRASOUND	1,536,176		1,536,176		1,536,176
43	RADIOISOTOPE	913,072		913,072		913,072
44	LABORATORY	16,012,194		16,012,194		16,012,194
46 30	BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	1,985,073		1,985,073		1,985,073
49	RESPIRATORY THERAPY	1,825,672		1,825,672		1,825,672
50	PHYSICAL THERAPY	3,008,128		3,008,128		3,008,128
51	OCCUPATIONAL THERAPY	1,327,474		1,327,474		1,327,474
52	SPEECH PATHOLOGY	538,639		538,639		538,639
53	ELECTROCARDIOLOGY	179,523		179,523		179,523
54	ELECTROENCEPHALOGRAPHY	498,203		498,203		498,203
55	MEDICAL SUPPLIES CHARGED	10,153,913		10,153,913		10,153,913
56	DRUGS CHARGED TO PATIENTS	10,683,840		10,683,840		10,683,840
58	ASC (NON-DISTINCT PART)	5,168,378		5,168,378		5,168,378
59	OTHER ANCILLARY					
59 01	PULMONARY MEDICINE	184,620		184,620		184,620
59 02	HEMODIALYSIS	47,554		47,554		47,554
59 03	VASCULAR LABORATORY	433,163		433,163		433,163
59 04	CT SCAN	1,825,388		1,825,388		1,825,388
59 05	ECT					
59 06	MRI	1,395,446		1,395,446		1,395,446
59 07	ONCOLOGY	671,123		671,123		671,123
59 08	HYPERBARIC MEDICINE	437,413		437,413		437,413
59 09	PSYCHIATRIC PARTIAL PROGR	341,331		341,331		341,331
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,659,760		1,659,760		1,659,760
60 01	OCCUP HLTH/CORP CARE CLIN	740,618		740,618		740,618
60 02	GYN/PRENATAL CLINIC	1,300,202		1,300,202		1,300,202
60 03	PEDIATRIC CLINIC	883,287		883,287		883,287
60 04	WOUND CARE CLINIC	840,014		840,014		840,014
61	EMERGENCY	7,680,868		7,680,868		7,680,868
62	OBSERVATION BEDS (NON-DIS	992,879		992,879		992,879
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	157,696,988		157,696,988	26,154	157,723,142
102	LESS OBSERVATION BEDS	992,879		992,879		992,879
103	TOTAL	156,704,109		156,704,109	26,154	156,730,263

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 41-0005
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 3/ 3/2009
WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	49,661,324		49,661,324			
26	INTENSIVE CARE UNIT	11,427,898		11,427,898			
31	SUBPROVIDER	61,183,429		61,183,429			
31 01	SUBPROVIDER II	6,154,193		6,154,193			
34	SKILLED NURSING FACILITY	3,442,077		3,442,077			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,195,901	9,117,479	18,313,380	.563916	.563916	.563916
37 01	ENDOSCOPY	2,200,416	13,018,844	15,219,260	.286508	.286508	.286508
38	RECOVERY ROOM	1,425,738	3,788,487	5,214,225	.313742	.313742	.313742
41	RADIOLOGY-DIAGNOSTIC	6,932,856	14,580,321	21,513,177	.268904	.268904	.268904
41 01	DIAGNOSTIC ULTRASOUND	1,278,950	3,413,766	4,692,716	.327353	.327353	.327353
43	RADIOISOTOPE	1,747,643	3,579,657	5,327,300	.171395	.171395	.171395
44	LABORATORY	27,912,790	57,652,558	85,565,348	.187134	.187134	.187134
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	5,187,211	1,363,038	6,550,249	.303053	.303053	.303053
49	RESPIRATORY THERAPY	5,495,103	211,414	5,706,517	.319928	.319928	.319928
50	PHYSICAL THERAPY	6,031,704	3,454,013	9,485,717	.317122	.317122	.317122
51	OCCUPATIONAL THERAPY	4,044,928	1,141,642	5,186,570	.255944	.255944	.255944
52	SPEECH PATHOLOGY	1,520,935	597,078	2,118,013	.254313	.254313	.254313
53	ELECTROCARDIOLOGY	4,753,350	2,460,830	7,214,180	.024885	.024885	.024885
54	ELECTROENCEPHALOGRAPHY	5,884	1,664,169	1,670,053	.298316	.298316	.298316
55	MEDICAL SUPPLIES CHARGED	19,052,595	4,880,463	23,933,058	.424263	.424263	.424263
56	DRUGS CHARGED TO PATIENTS	14,850,226	12,289,940	27,140,166	.393654	.393654	.393654
58	ASC (NON-DISTINCT PART)	235,599	14,234,981	14,470,580	.357165	.357165	.357165
59	OTHER ANCILLARY						
59 01	PULMONARY MEDICINE	57,847	1,151,252	1,209,099	.152692	.152692	.152692
59 02	HEMODIALYSIS	271,230	14,565	285,795	.166392	.166392	.166392
59 03	VASCULAR LABORATORY	2,158,855	1,612,921	3,771,776	.114843	.114843	.114843
59 04	CT SCAN	7,500,222	14,312,080	21,812,302	.083686	.083686	.083686
59 05	ECT						
59 06	MRI	2,277,778	3,176,605	5,454,383	.255839	.255839	.255839
59 07	ONCOLOGY	22,295	912,388	934,683	.718022	.718022	.718022
59 08	HYPERBARIC MEDICINE	147,808	1,925,817	2,073,625	.210941	.210941	.210941
59 09	PSYCHIATRIC PARTIAL PROGR		2,827,205	2,827,205	.120731	.120731	.120731
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,819	1,667,814	1,670,633	.993492	.993492	.993492
60 01	OCCUP HLTH/CORP CARE CLIN		616,002	616,002	1.202298	1.202298	1.202298
60 02	GYN/PRENATAL CLINIC		669,377	669,377	1.942406	1.942406	1.942406
60 03	PEDIATRIC CLINIC		927,818	927,818	.952005	.952005	.952005
60 04	WOUND CARE CLINIC	157,349	3,950,584	4,107,933	.204486	.204486	.204486
61	EMERGENCY	8,303,674	29,375,467	37,679,141	.203849	.203849	.203849
62	OBSERVATION BEDS (NON-DIS		1,570,275	1,570,275	.632296	.632296	.632296
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	264,640,627	212,158,850	476,799,477			
102	LESS OBSERVATION BEDS						
103	TOTAL	264,640,627	212,158,850	476,799,477			

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET C I PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	10,327,201	865,853	9,461,348			10,327,201
37	01	ENDOSCOPY	4,360,437	107,195	4,253,242			4,360,437
38		RECOVERY ROOM	1,635,920	86,243	1,549,677			1,635,920
41		RADIOLOGY-DIAGNOSTIC	5,784,980	99,045	5,685,935			5,784,980
41	01	DIAGNOSTIC ULTRASOUND	1,536,176	522,289	1,013,887			1,536,176
43		RADIOISOTOPE	913,072	56,662	856,410			913,072
44		LABORATORY	16,012,194	733,803	15,278,391			16,012,194
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING	1,985,073	23,650	1,961,423			1,985,073
49		RESPIRATORY THERAPY	1,825,672	68,737	1,756,935			1,825,672
50		PHYSICAL THERAPY	3,008,128	195,899	2,812,229			3,008,128
51		OCCUPATIONAL THERAPY	1,327,474	16,352	1,311,122			1,327,474
52		SPEECH PATHOLOGY	538,639	10,416	528,223			538,639
53		ELECTROCARDIOLOGY	179,523	73,856	105,667			179,523
54		ELECTROENCEPHALOGRAPHY	498,203	31,633	466,570			498,203
55		MEDICAL SUPPLIES CHARGED	10,153,913	151,801	10,002,112			10,153,913
56		DRUGS CHARGED TO PATIENTS	10,683,840	179,195	10,504,645			10,683,840
58		ASC (NON-DISTINCT PART)	5,168,378	227,993	4,940,385			5,168,378
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE	184,620	21,150	163,470			184,620
59	02	HEMODIALYSIS	47,554	5,885	41,669			47,554
59	03	VASCULAR LABORATORY	433,163	11,856	421,307			433,163
59	04	CT SCAN	1,825,388	197,577	1,627,811			1,825,388
59	05	ECT						
59	06	MRI	1,395,446	342,188	1,053,258			1,395,446
59	07	ONCOLOGY	671,123	21,811	649,312			671,123
59	08	HYPERBARIC MEDICINE	437,413	5,288	432,125			437,413
59	09	PSYCHIATRIC PARTIAL PROGR	341,331	8,837	332,494			341,331
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	1,659,760	71,583	1,588,177			1,659,760
60	01	OCCUP HLTH/CORP CARE CLIN	740,618	10,609	730,009			740,618
60	02	GYN/PRENATAL CLINIC	1,300,202	23,214	1,276,988			1,300,202
60	03	PEDIATRIC CLINIC	883,287	28,794	854,493			883,287
60	04	WOUND CARE CLINIC	840,014	26,325	813,689			840,014
61		EMERGENCY	7,680,868	198,051	7,482,817			7,680,868
62		OBSERVATION BEDS (NON-DIS	992,879	27,368	965,511			992,879
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	95,372,489	4,451,158	90,921,331			95,372,489
102		LESS OBSERVATION BEDS	992,879	27,368	965,511			992,879
103		TOTAL	94,379,610	4,423,790	89,955,820			94,379,610

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009 | WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	18,313,380	.563916	.563916
37	01	ENDOSCOPY	15,219,260	.286508	.286508
38		RECOVERY ROOM	5,214,225	.313742	.313742
41		RADIOLOGY-DIAGNOSTIC	21,513,177	.268904	.268904
41	01	DIAGNOSTIC ULTRASOUND	4,692,716	.327353	.327353
43		RADIOISOTOPE	5,327,300	.171395	.171395
44		LABORATORY	85,565,348	.187134	.187134
46	30	BLOOD CLOTTING FACTORS AD			
47		BLOOD STORING, PROCESSING	6,550,249	.303053	.303053
49		RESPIRATORY THERAPY	5,706,517	.319928	.319928
50		PHYSICAL THERAPY	9,485,717	.317122	.317122
51		OCCUPATIONAL THERAPY	5,186,570	.255944	.255944
52		SPEECH PATHOLOGY	2,118,013	.254313	.254313
53		ELECTROCARDIOLOGY	7,214,180	.024885	.024885
54		ELECTROENCEPHALOGRAPHY	1,670,053	.298316	.298316
55		MEDICAL SUPPLIES CHARGED	23,933,058	.424263	.424263
56		DRUGS CHARGED TO PATIENTS	27,140,166	.393654	.393654
58		ASC (NON-DISTINCT PART)	14,470,580	.357165	.357165
59		OTHER ANCILLARY			
59	01	PULMONARY MEDICINE	1,209,099	.152692	.152692
59	02	HEMODIALYSIS	285,795	.166392	.166392
59	03	VASCULAR LABORATORY	3,771,776	.114843	.114843
59	04	CT SCAN	21,812,302	.083686	.083686
59	05	ECT			
59	06	MRI	5,454,383	.255839	.255839
59	07	ONCOLOGY	934,683	.718022	.718022
59	08	HYPERBARIC MEDICINE	2,073,625	.210941	.210941
59	09	PSYCHIATRIC PARTIAL PROGR	2,827,205	.120731	.120731
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	1,670,633	.993492	.993492
60	01	OCCUP HLTH/CORP CARE CLIN	616,002	1.202298	1.202298
60	02	GYN/PRENATAL CLINIC	669,377	1.942406	1.942406
60	03	PEDIATRIC CLINIC	927,818	.952005	.952005
60	04	WOUND CARE CLINIC	4,107,933	.204486	.204486
61		EMERGENCY	37,679,141	.203849	.203849
62		OBSERVATION BEDS (NON-DIS	1,570,275	.632296	.632296
63	50	RHC			
63	60	FQHC			
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	344,930,556		
102		LESS OBSERVATION BEDS	1,570,275		
103		TOTAL	343,360,281		

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN **NOT A CMS WORKSHEET ** (09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 41-0005 PERIOD: FROM 10/ 1/2007 TO 9/30/2008 PREPARED 3/ 3/2009 WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	10,327,201	865,853	9,461,348	86,585	548,758	9,691,858
37	01	ENDOSCOPY	4,360,437	107,195	4,253,242	10,720	246,688	4,103,029
38		RECOVERY ROOM	1,635,920	86,243	1,549,677	8,624	89,881	1,537,415
41		RADIOLOGY-DIAGNOSTIC	5,784,980	99,045	5,685,935	9,905	329,784	5,445,291
41	01	DIAGNOSTIC ULTRASOUND	1,536,176	522,289	1,013,887	52,229	58,805	1,425,142
43		RADIOISOTOPE	913,072	56,662	856,410	5,666	49,672	857,734
44		LABORATORY	16,012,194	733,803	15,278,391	73,380	886,147	15,052,667
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING	1,985,073	23,650	1,961,423	2,365	113,763	1,868,945
49		RESPIRATORY THERAPY	1,825,672	68,737	1,756,935	6,874	101,902	1,716,896
50		PHYSICAL THERAPY	3,008,128	195,899	2,812,229	19,590	163,109	2,825,429
51		OCCUPATIONAL THERAPY	1,327,474	16,352	1,311,122	1,635	76,045	1,249,794
52		SPEECH PATHOLOGY	538,639	10,416	528,223	1,042	30,637	506,960
53		ELECTROCARDIOLOGY	179,523	73,856	105,667	7,386	6,129	166,008
54		ELECTROENCEPHALOGRAPHY	498,203	31,633	466,570	3,163	27,061	467,979
55		MEDICAL SUPPLIES CHARGED	10,153,913	151,801	10,002,112	15,180	580,122	9,558,611
56		DRUGS CHARGED TO PATIENTS	10,683,840	179,195	10,504,645	17,920	609,269	10,056,651
58		ASC (NON-DISTINCT PART)	5,168,378	227,993	4,940,385	22,799	286,542	4,859,037
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE	184,620	21,150	163,470	2,115	9,481	173,024
59	02	HEMODIALYSIS	47,554	5,885	41,669	589	2,417	44,548
59	03	VASCULAR LABORATORY	433,163	11,856	421,307	1,186	24,436	407,541
59	04	CT SCAN	1,825,388	197,577	1,627,811	19,758	94,413	1,711,217
59	05	ECT						
59	06	MRI	1,395,446	342,188	1,053,258	34,219	61,089	1,300,138
59	07	ONCOLOGY	671,123	21,811	649,312	2,181	37,660	631,282
59	08	HYPERBARIC MEDICINE	437,413	5,288	432,125	529	25,063	411,821
59	09	PSYCHIATRIC PARTIAL PROGR	341,331	8,837	332,494	884	19,285	321,162
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	1,659,760	71,583	1,588,177	7,158	92,114	1,560,488
60	01	OCCUP HLTH/CORP CARE CLIN	740,618	10,609	730,009	1,061	42,341	697,216
60	02	GYN/PRENATAL CLINIC	1,300,202	23,214	1,276,988	2,321	74,065	1,223,816
60	03	PEDIATRIC CLINIC	883,287	28,794	854,493	2,879	49,561	830,847
60	04	WOUND CARE CLINIC	840,014	26,325	813,689	2,633	47,194	790,187
61		EMERGENCY	7,680,868	198,051	7,482,817	19,805	434,003	7,227,060
62		OBSERVATION BEDS (NON-DIS	992,879	27,368	965,511	2,737	56,000	934,142
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	95,372,489	4,451,158	90,921,331	445,118	5,273,436	89,653,935
102		LESS OBSERVATION BEDS	992,879	27,368	965,511	2,737	56,000	934,142
103		TOTAL	94,379,610	4,423,790	89,955,820	442,381	5,217,436	88,719,793

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 41-0005
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 3/ 3/2009
WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	18,313,380	.529223	.559188
37	01	ENDOSCOPY	15,219,260	.269595	.285803
38		RECOVERY ROOM	5,214,225	.294850	.312088
41		RADIOLOGY-DIAGNOSTIC	21,513,177	.253114	.268444
41	01	DIAGNOSTIC ULTRASOUND	4,692,716	.303692	.316223
43		RADIOISOTOPE	5,327,300	.161007	.170331
44		LABORATORY	85,565,348	.175920	.186277
46	30	BLOOD CLOTTING FACTORS AD			
47		BLOOD STORING, PROCESSING	6,550,249	.285324	.302692
49		RESPIRATORY THERAPY	5,706,517	.300866	.318723
50		PHYSICAL THERAPY	9,485,717	.297861	.315057
51		OCCUPATIONAL THERAPY	5,186,570	.240967	.255629
52		SPEECH PATHOLOGY	2,118,013	.239356	.253821
53		ELECTROCARDIOLOGY	7,214,180	.023011	.023861
54		ELECTROENCEPHALOGRAPHY	1,670,053	.280218	.296422
55		MEDICAL SUPPLIES CHARGED	23,933,058	.399389	.423629
56		DRUGS CHARGED TO PATIENTS	27,140,166	.370545	.392994
58		ASC (NON-DISTINCT PART)	14,470,580	.335787	.355589
59		OTHER ANCILLARY			
59	01	PULMONARY MEDICINE	1,209,099	.143102	.150943
59	02	HEMODIALYSIS	285,795	.155874	.164331
59	03	VASCULAR LABORATORY	3,771,776	.108050	.114529
59	04	CT SCAN	21,812,302	.078452	.082780
59	05	ECT			
59	06	MRI	5,454,383	.238366	.249566
59	07	ONCOLOGY	934,683	.675397	.715689
59	08	HYPERBARIC MEDICINE	2,073,625	.198600	.210686
59	09	PSYCHIATRIC PARTIAL PROGR	2,827,205	.113597	.120418
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	1,670,633	.934070	.989207
60	01	OCCUP HLTH/CORP CARE CLIN	616,002	1.131840	1.200576
60	02	GYN/PRENATAL CLINIC	669,377	1.828291	1.938939
60	03	PEDIATRIC CLINIC	927,818	.895485	.948902
60	04	WOUND CARE CLINIC	4,107,933	.192356	.203845
61		EMERGENCY	37,679,141	.191805	.203324
62		OBSERVATION BEDS (NON-DIS	1,570,275	.594891	.630553
63	50	RHC			
63	60	FQHC			
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	344,930,556		
102		LESS OBSERVATION BEDS	1,570,275		
103		TOTAL	343,360,281		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	3,054		3,054	824,948		824,948
26		INTENSIVE CARE UNIT	563		563	229,728		229,728
31		SUBPROVIDER	2,461		2,461	417,059		417,059
31	01	SUBPROVIDER II	6,712		6,712	229,003		229,003
101		TOTAL	12,790		12,790	1,700,738		1,700,738

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	39,239	16,708	.08	1,337	21.02	351,202
26	INTENSIVE CARE UNIT	4,106	1,867	.14	261	55.95	104,459
31	SUBPROVIDER	23,873	9,877	.10	988	17.47	172,551
31 01	SUBPROVIDER II	6,114	2,416	1.10	2,658	37.46	90,503
101	TOTAL	73,332	30,868		5,244		718,715

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(09/1996)

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 9/30/2008	PART II
41-0005		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	3,084	862,769	18,313,380	3,118,730	.000168	524
37	01	ENDOSCOPY	303	106,892	15,219,260	933,101	.000020	19
38		RECOVERY ROOM	72	86,171	5,214,225	411,543	.000014	6
41		RADIOLOGY-DIAGNOSTIC	536	98,509	21,513,177	2,777,855	.000025	69
41	01	DIAGNOSTIC ULTRASOUND	43	522,246	4,692,716	532,453	.000009	5
43		RADIOISOTOPE	120	56,542	5,327,300	591,287	.000023	14
44		LABORATORY	1,044	732,759	85,565,348	11,332,593	.000012	136
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING	62	23,588	6,550,249	2,311,096	.000009	21
49		RESPIRATORY THERAPY	184	68,553	5,706,517	2,525,081	.000032	81
50		PHYSICAL THERAPY	318	195,581	9,485,717	844,704	.000034	29
51		OCCUPATIONAL THERAPY	48	16,304	5,186,570	206,776	.000009	2
52		SPEECH PATHOLOGY	86	10,330	2,118,013	170,673	.000041	7
53		ELECTROCARDIOLOGY	51	73,805	7,214,180	2,071,498	.000007	15
54		ELECTROENCEPHALOGRAPHY	99	31,534	1,670,053	5,125	.000059	
55		MEDICAL SUPPLIES CHARGED	396	151,405	23,933,058	5,139,544	.000017	87
56		DRUGS CHARGED TO PATIENTS	442	178,753	27,140,166	4,195,207	.000016	67
58		ASC (NON-DISTINCT PART)	16,409	211,584	14,470,580	76,240	.001134	86
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE	83	21,067	1,209,099	52,809	.000069	4
59	02	HEMODIALYSIS	3	5,882	285,795	94,350	.000010	1
59	03	VASCULAR LABORATORY	33	11,823	3,771,776	882,179	.000009	8
59	04	CT SCAN	284	197,293	21,812,302	3,197,628	.000013	42
59	05	ECT						
59	06	MRI	982	341,206	5,454,383	830,750	.000180	150
59	07	ONCOLOGY	140	21,671	934,683	14,493	.000150	2
59	08	HYPERBARIC MEDICINE	19	5,269	2,073,625	24,231	.000009	
59	09	PSYCHIATRIC PARTIAL PROGR	93	8,744	2,827,205		.000033	
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	1,338	70,245	1,670,633	862	.000801	1
60	01	OCCUP HLTH/CORP CARE CLIN	29	10,580	616,002		.000047	
60	02	GYN/PRENATAL CLINIC	153	23,061	669,377		.000229	
60	03	PEDIATRIC CLINIC	716	28,078	927,818		.000772	
60	04	WOUND CARE CLINIC	241	26,084	4,107,933	85,495	.000059	5
61		EMERGENCY	10,262	187,789	37,679,141	4,441,520	.000272	1,208
62		OBSERVATION BEDS (NON-DIS	101	27,267	1,570,275		.000064	
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL	37,774	4,413,384	344,930,556	46,867,823		2,589

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009
I COMPONENT NO: 41-0005 I WORKSHEET D PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.047111	146,926
37	01	ENDOSCOPY	.007023	6,553
38		RECOVERY ROOM	.016526	6,801
41		RADIOLOGY-DIAGNOSTIC	.004579	12,720
41	01	DIAGNOSTIC ULTRASOUND	.111289	59,256
43		RADIOISOTOPE	.010614	6,276
44		LABORATORY	.008564	97,052
46	30	BLOOD CLOTTING FACTORS AD		
47		BLOOD STORING, PROCESSING	.003601	8,322
49		RESPIRATORY THERAPY	.012013	30,334
50		PHYSICAL THERAPY	.020618	17,416
51		OCCUPATIONAL THERAPY	.003144	650
52		SPEECH PATHOLOGY	.004877	832
53		ELECTROCARDIOLOGY	.010231	21,193
54		ELECTROENCEPHALOGRAPHY	.018882	97
55		MEDICAL SUPPLIES CHARGED	.006326	32,513
56		DRUGS CHARGED TO PATIENTS	.006586	27,630
58		ASC (NON-DISTINCT PART)	.014622	1,115
59		OTHER ANCILLARY		
59	01	PULMONARY MEDICINE	.017424	920
59	02	HEMODIALYSIS	.020581	1,942
59	03	VASCULAR LABORATORY	.003135	2,766
59	04	CT SCAN	.009045	28,923
59	05	ECT		
59	06	MRI	.062556	51,968
59	07	ONCOLOGY	.023185	336
59	08	HYPERBARIC MEDICINE	.002541	62
59	09	PSYCHIATRIC PARTIAL PROGR	.003093	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.042047	36
60	01	OCCUP HLTH/CORP CARE CLIN	.017175	
60	02	GYN/PRENATAL CLINIC	.034451	
60	03	PEDIATRIC CLINIC	.030262	
60	04	WOUND CARE CLINIC	.006350	543
61		EMERGENCY	.004984	22,137
62		OBSERVATION BEDS (NON-DIS	.017364	
63	50	RHC		
63	60	FQHC		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		585,319

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

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		933,881				933,881
26	INTENSIVE CARE UNIT		81,515				81,515
31	SUBPROVIDER		403,412				403,412
31 01	SUBPROVIDER II		89,312				89,312
34	SKILLED NURSING FACILITY		78,414				78,414
101	TOTAL		1,586,534				1,586,534

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

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART III

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
			5	6	7	8
25		ADULTS & PEDIATRICS	39,239	23.80	16,708	397,650
26		INTENSIVE CARE UNIT	4,106	19.85	1,867	37,060
31		SUBPROVIDER	23,873	16.90	9,877	166,921
31	01	SUBPROVIDER II	6,114	14.61	2,416	35,298
34		SKILLED NURSING FACILITY	4,368	17.95	1,824	32,741
101		TOTAL	77,700		32,692	669,670

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009

COMPONENT NO: 41-0005 | WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			31,897			
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	DIAGNOSTIC ULTRASOUND						
43	RADIOISOTOPE						
44	LABORATORY				158,518		
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)			38,277			
59	OTHER ANCILLARY						
59 01	PULMONARY MEDICINE						
59 02	HEMODIALYSIS						
59 03	VASCULAR LABORATORY						
59 04	CT SCAN						
59 05	ECT						
59 06	MRI						
59 07	ONCOLOGY						
59 08	HYPERBARIC MEDICINE						
59 09	PSYCHIATRIC PARTIAL PROGR						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCCUP HLTH/CORP CARE CLIN						
60 02	GYN/PRENATAL CLINIC			32,961			
60 03	PEDIATRIC CLINIC			97,464			
60 04	WOUND CARE CLINIC			30,568			
61	EMERGENCY			38,277			
62	OBSERVATION BEDS (NON-DIS			30,869			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			300,313	158,518		

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART IV

I COMPONENT NO: 41-0005

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	31,897	31,897	18,313,380	.001742	.001742	3,118,730	5,433
37 01	ENDOSCOPY			15,219,260			933,101	
38	RECOVERY ROOM			5,214,225			411,543	
41	RADIOLOGY-DIAGNOSTIC			21,513,177			2,777,855	
41 01	DIAGNOSTIC ULTRASOUND			4,692,716			532,453	
43	RADIOISOTOPE			5,327,300			591,287	
44	LABORATORY	158,518	158,518	85,565,348	.001853	.001853	11,332,593	20,999
46 30	BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING			6,550,249			2,311,096	
49	RESPIRATORY THERAPY			5,706,517			2,525,081	
50	PHYSICAL THERAPY			9,485,717			844,704	
51	OCCUPATIONAL THERAPY			5,186,570			206,776	
52	SPEECH PATHOLOGY			2,118,013			170,673	
53	ELECTROCARDIOLOGY			7,214,180			2,071,498	
54	ELECTROENCEPHALOGRAPHY			1,670,053			5,125	
55	MEDICAL SUPPLIES CHARGED			23,933,058			5,139,544	
56	DRUGS CHARGED TO PATIENTS			27,140,166			4,195,207	
58	ASC (NON-DISTINCT PART)	38,277	38,277	14,470,580	.002645	.002645	76,240	202
59	OTHER ANCILLARY							
59 01	PULMONARY MEDICINE			1,209,099			52,809	
59 02	HEMODIALYSIS			285,795			94,350	
59 03	VASCULAR LABORATORY			3,771,776			882,179	
59 04	CT SCAN			21,812,302			3,197,628	
59 05	ECT							
59 06	MRI			5,454,383			830,750	
59 07	ONCOLOGY			934,683			14,493	
59 08	HYPERBARIC MEDICINE			2,073,625			24,231	
59 09	PSYCHIATRIC PARTIAL PROGR			2,827,205				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,670,633			862	
60 01	OCCUP HLTH/CORP CARE CLIN			616,002				
60 02	GYN/PRENATAL CLINIC	32,961	32,961	669,377	.049241	.049241		
60 03	PEDIATRIC CLINIC	97,464	97,464	927,818	.105046	.105046		
60 04	WOUND CARE CLINIC	30,568	30,568	4,107,933	.007441	.007441	85,495	636
61	EMERGENCY	38,277	38,277	37,679,141	.001016	.001016	4,441,520	4,513
62	OBSERVATION BEDS (NON-DIS	30,869	30,869	1,570,275	.019658	.019658		
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	458,831	458,831	344,930,556			46,867,823	31,783

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009
I COMPONENT NO: 41-0005 I WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	ENDOSCOPY						
38		RECOVERY ROOM						
41		RADIOLOGY-DIAGNOSTIC						
41	01	DIAGNOSTIC ULTRASOUND	2,608					
43		RADIOISOTOPE						
44		LABORATORY	305			1		
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS	13,966					
58		ASC (NON-DISTINCT PART)						
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE						
59	02	HEMODIALYSIS						
59	03	VASCULAR LABORATORY						
59	04	CT SCAN						
59	05	ECT						
59	06	MRI	3,728					
59	07	ONCOLOGY						
59	08	HYPERBARIC MEDICINE						
59	09	PSYCHIATRIC PARTIAL PROGR						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OCCUP HLTH/CORP CARE CLIN						
60	02	GYN/PRENATAL CLINIC						
60	03	PEDIATRIC CLINIC						
60	04	WOUND CARE CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL	20,607			1		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009

COMPONENT NO: 41-0005 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.563916	.563916			
37	01	ENDOSCOPY	.286508	.286508			
38		RECOVERY ROOM	.313742	.313742			
41		RADIOLOGY-DIAGNOSTIC	.268904	.268904			
41	01	DIAGNOSTIC ULTRASOUND	.327353	.327353			
43		RADIOISOTOPE	.171395	.171395			
44		LABORATORY	.187134	.187134			
46	30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47		BLOOD STORING, PROCESSING & TRANS.	.303053	.303053			
49		RESPIRATORY THERAPY	.319928	.319928			
50		PHYSICAL THERAPY	.317122	.317122			
51		OCCUPATIONAL THERAPY	.255944	.255944			
52		SPEECH PATHOLOGY	.254313	.254313			
53		ELECTROCARDIOLOGY	.024885	.024885			
54		ELECTROENCEPHALOGRAPHY	.298316	.298316			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.424263	.424263			
56		DRUGS CHARGED TO PATIENTS	.393654	.393654			
58		ASC (NON-DISTINCT PART)	.357165	.357165			
59		OTHER ANCILLARY					
59	01	PULMONARY MEDICINE	.152692	.152692			
59	02	HEMODIALYSIS	.166392	.166392			
59	03	VASCULAR LABORATORY	.114843	.114843			
59	04	CT SCAN	.083686	.083686			
59	05	ECT					
59	06	MRI	.255839	.255839			
59	07	ONCOLOGY	.718022	.718022			
59	08	HYPERBARIC MEDICINE	.210941	.210941			
59	09	PSYCHIATRIC PARTIAL PROGRAM	.120731	.120731			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	.993492	.993492			
60	01	OCCUP HLTH/CORP CARE CLINIC	1.202298	1.202298			
60	02	GYN/PRENATAL CLINIC	1.942406	1.942406			
60	03	PEDIATRIC CLINIC	.952005	.952005			
60	04	WOUND CARE CLINIC	.204486	.204486			
61		EMERGENCY	.203849	.203849			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.632296	.632296			
63	50	RHC					
63	60	FQHC					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B

		Cost Center Description	HOSPITAL All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
			5	5.01	5.02	5.03	6
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
37	01	ENDOSCOPY					
38		RECOVERY ROOM					
41		RADIOLOGY-DIAGNOSTIC					
41	01	DIAGNOSTIC ULTRASOUND		2,608			
43		RADIOISOTOPE					
44		LABORATORY		305			
46	30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47		BLOOD STORING, PROCESSING & TRANS.					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS					
56		DRUGS CHARGED TO PATIENTS		13,966			
58		ASC (NON-DISTINCT PART)					
59		OTHER ANCILLARY					
59	01	PULMONARY MEDICINE					
59	02	HEMODIALYSIS					
59	03	VASCULAR LABORATORY					
59	04	CT SCAN					
59	05	ECT					
59	06	MRI		3,728			
59	07	ONCOLOGY					
59	08	HYPERBARIC MEDICINE					
59	09	PSYCHIATRIC PARTIAL PROGRAM					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	OCCUP HLTH/CORP CARE CLINIC					
60	02	GYN/PRENATAL CLINIC					
60	03	PEDIATRIC CLINIC					
60	04	WOUND CARE CLINIC					
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
63	50	RHC					
63	60	FQHC					
101		SUBTOTAL		20,607			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES		20,607			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009
COMPONENT NO: 41-0005 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	ENDOSCOPY					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC					
41 01	DIAGNOSTIC ULTRASOUND				854	
43	RADIOISOTOPE					
44	LABORATORY				57	
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS				5,498	
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY					
59 01	PULMONARY MEDICINE					
59 02	HEMODIALYSIS					
59 03	VASCULAR LABORATORY					
59 04	CT SCAN					
59 05	ECT					
59 06	MRI				954	
59 07	ONCOLOGY					
59 08	HYPERBARIC MEDICINE					
59 09	PSYCHIATRIC PARTIAL PROGRAM					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OCCUP HLTH/CORP CARE CLINIC					
60 02	GYN/PRENATAL CLINIC					
60 03	PEDIATRIC CLINIC					
60 04	WOUND CARE CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63 50	RHC					
63 60	FQHC					
101	SUBTOTAL				7,363	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				7,363	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009
COMPONENT NO: 41-0005 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	ENDOSCOPY			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC			
41 01	DIAGNOSTIC ULTRASOUND			
43	RADIOISOTOPE			
44	LABORATORY			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY			
59 01	PULMONARY MEDICINE			
59 02	HEMODIALYSIS			
59 03	VASCULAR LABORATORY			
59 04	CT SCAN			
59 05	ECT			
59 06	MRI			
59 07	ONCOLOGY			
59 08	HYPERBARIC MEDICINE			
59 09	PSYCHIATRIC PARTIAL PROGRAM			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCCUP HLTH/CORP CARE CLINIC			
60 02	GYN/PRENATAL CLINIC			
60 03	PEDIATRIC CLINIC			
60 04	WOUND CARE CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63 50	RHC			
63 60	FQHC			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 41-0005 I COMPONENT NO: 41-S005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,084	862,769	18,313,380	35,541	.000168	6
37 01	ENDOSCOPY	303	106,892	15,219,260	48,423	.000020	1
38	RECOVERY ROOM	72	86,171	5,214,225	93,496	.000014	1
41	RADIOLOGY-DIAGNOSTIC	536	98,509	21,513,177	211,433	.000025	5
41 01	DIAGNOSTIC ULTRASOUND	43	522,246	4,692,716	54,195	.000009	
43	RADIOISOTOPE	120	56,542	5,327,300	23,226	.000023	1
44	LABORATORY	1,044	732,759	85,565,348	1,468,973	.000012	18
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	62	23,588	6,550,249	17,916	.000009	
49	RESPIRATORY THERAPY	184	68,553	5,706,517	49,007	.000032	2
50	PHYSICAL THERAPY	318	195,581	9,485,717	42,913	.000034	1
51	OCCUPATIONAL THERAPY	48	16,304	5,186,570	1,920	.000009	
52	SPEECH PATHOLOGY	86	10,330	2,118,013	28,648	.000041	1
53	ELECTROCARDIOLOGY	51	73,805	7,214,180	125,542	.000007	1
54	ELECTROENCEPHALOGRAPHY	99	31,534	1,670,053		.000059	
55	MEDICAL SUPPLIES CHARGED	396	151,405	23,933,058	5,721	.000017	
56	DRUGS CHARGED TO PATIENTS	442	178,753	27,140,166	999,799	.000016	16
58	ASC (NON-DISTINCT PART)	16,409	211,584	14,470,580	7,332	.001134	8
59	OTHER ANCILLARY						
59 01	PULMONARY MEDICINE	83	21,067	1,209,099	2,393	.000069	
59 02	HEMODIALYSIS	3	5,882	285,795	13,770	.000010	
59 03	VASCULAR LABORATORY	33	11,823	3,771,776	28,525	.000009	
59 04	CT SCAN	284	197,293	21,812,302	295,414	.000013	4
59 05	ECT						
59 06	MRI	982	341,206	5,454,383	92,059	.000180	17
59 07	ONCOLOGY	140	21,671	934,683		.000150	
59 08	HYPERBARIC MEDICINE	19	5,269	2,073,625		.000009	
59 09	PSYCHIATRIC PARTIAL PROGR	93	8,744	2,827,205		.000033	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,338	70,245	1,670,633	180	.000801	
60 01	OCCUP HLTH/CORP CARE CLIN	29	10,580	616,002		.000047	
60 02	GYN/PRENATAL CLINIC	153	23,061	669,377		.000229	
60 03	PEDIATRIC CLINIC	716	28,078	927,818		.000772	
60 04	WOUND CARE CLINIC	241	26,084	4,107,933	5,772	.000059	
61	EMERGENCY	10,262	187,789	37,679,141	541,352	.000272	147
62	OBSERVATION BEDS (NON-DIS	101	27,267	1,570,275		.000064	
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	37,774	4,413,384	344,930,556	4,193,550		229

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 9/30/2008	PART II
41-5005		

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.047111	1,674
37	01	ENDOSCOPY	.007023	340
38		RECOVERY ROOM	.016526	1,545
41		RADIOLOGY-DIAGNOSTIC	.004579	968
41	01	DIAGNOSTIC ULTRASOUND	.111289	6,031
43		RADIOISOTOPE	.010614	247
44		LABORATORY	.008564	12,580
46	30	BLOOD CLOTTING FACTORS AD		
47		BLOOD STORING, PROCESSING	.003601	65
49		RESPIRATORY THERAPY	.012013	589
50		PHYSICAL THERAPY	.020618	885
51		OCCUPATIONAL THERAPY	.003144	6
52		SPEECH PATHOLOGY	.004877	140
53		ELECTROCARDIOLOGY	.010231	1,284
54		ELECTROENCEPHALOGRAPHY	.018882	
55		MEDICAL SUPPLIES CHARGED	.006326	36
56		DRUGS CHARGED TO PATIENTS	.006586	6,585
58		ASC (NON-DISTINCT PART)	.014622	107
59		OTHER ANCILLARY		
59	01	PULMONARY MEDICINE	.017424	42
59	02	HEMODIALYSIS	.020581	283
59	03	VASCULAR LABORATORY	.003135	89
59	04	CT SCAN	.009045	2,672
59	05	ECT		
59	06	MRI	.062556	5,759
59	07	ONCOLOGY	.023185	
59	08	HYPERBARIC MEDICINE	.002541	
59	09	PSYCHIATRIC PARTIAL PROGR	.003093	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.042047	8
60	01	OCCUP HLTH/CORP CARE CLIN	.017175	
60	02	GYN/PRENATAL CLINIC	.034451	
60	03	PEDIATRIC CLINIC	.030262	
60	04	WOUND CARE CLINIC	.006350	37
61		EMERGENCY	.004984	2,698
62		OBSERVATION BEDS (NON-DIS	.017364	
63	50	RHC		
63	60	FQHC		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		44,670

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I COMPONENT NO: 41-5005 I PREPARED 3/ 3/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			31,897			
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	DIAGNOSTIC ULTRASOUND						
43	RADIOISOTOPE						
44	LABORATORY				158,518		
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)			38,277			
59	OTHER ANCILLARY						
59 01	PULMONARY MEDICINE						
59 02	HEMODIALYSIS						
59 03	VASCULAR LABORATORY						
59 04	CT SCAN						
59 05	ECT						
59 06	MRI						
59 07	ONCOLOGY						
59 08	HYPERBARIC MEDICINE						
59 09	PSYCHIATRIC PARTIAL PROGR						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCCUP HLTH/CORP CARE CLIN						
60 02	GYN/PRENATAL CLINIC			32,961			
60 03	PEDIATRIC CLINIC			97,464			
60 04	WOUND CARE CLINIC			30,568			
61	EMERGENCY			38,277			
62	OBSERVATION BEDS (NON-DIS			30,869			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			300,313	158,518		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009
I COMPONENT NO: 41-S005 I WORKSHEET D PART IV

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM	31,897	31,897	18,313,380	.001742	.001742	35,541	62
37	01	ENDOSCOPY			15,219,260			48,423	
38		RECOVERY ROOM			5,214,225			93,496	
41		RADIOLOGY-DIAGNOSTIC			21,513,177			211,433	
41	01	DIAGNOSTIC ULTRASOUND			4,692,716			54,195	
43		RADIOISOTOPE			5,327,300			23,226	
44		LABORATORY	158,518	158,518	85,565,348	.001853	.001853	1,468,973	2,722
46	30	BLOOD CLOTTING FACTORS AD							
47		BLOOD STORING, PROCESSING			6,550,249			17,916	
49		RESPIRATORY THERAPY			5,706,517			49,007	
50		PHYSICAL THERAPY			9,485,717			42,913	
51		OCCUPATIONAL THERAPY			5,186,570			1,920	
52		SPEECH PATHOLOGY			2,118,013			28,648	
53		ELECTROCARDIOLOGY			7,214,180			125,542	
54		ELECTROENCEPHALOGRAPHY			1,670,053				
55		MEDICAL SUPPLIES CHARGED			23,933,058			5,721	
56		DRUGS CHARGED TO PATIENTS			27,140,166			999,799	
58		ASC (NON-DISTINCT PART)	38,277	38,277	14,470,580	.002645	.002645	7,332	19
59		OTHER ANCILLARY							
59	01	PULMONARY MEDICINE			1,209,099			2,393	
59	02	HEMODIALYSIS			285,795			13,770	
59	03	VASCULAR LABORATORY			3,771,776			28,525	
59	04	CT SCAN			21,812,302			295,414	
59	05	ECT							
59	06	MRI			5,454,383			92,059	
59	07	ONCOLOGY			934,683				
59	08	HYPERBARIC MEDICINE			2,073,625				
59	09	PSYCHIATRIC PARTIAL PROGR			2,827,205				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			1,670,633			180	
60	01	OCCUP HLTH/CORP CARE CLIN			616,002				
60	02	GYN/PRENATAL CLINIC	32,961	32,961	669,377	.049241	.049241		
60	03	PEDIATRIC CLINIC	97,464	97,464	927,818	.105046	.105046		
60	04	WOUND CARE CLINIC	30,568	30,568	4,107,933	.007441	.007441	5,772	43
61		EMERGENCY	38,277	38,277	37,679,141	.001016	.001016	541,352	550
62		OBSERVATION BEDS (NON-DIS	30,869	30,869	1,570,275	.019658	.019658		
63	50	RHC							
63	60	FQHC							
		OTHER REIMBURS COST CNTRS							
101		TOTAL	458,831	458,831	344,930,556			4,193,550	3,396

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART IV
I COMPONENT NO: 41-S005 I

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	ENDOSCOPY						
38		RECOVERY ROOM						
41		RADIOLOGY-DIAGNOSTIC	3,592					
41	01	DIAGNOSTIC ULTRASOUND	392					
43		RADIOISOTOPE						
44		LABORATORY	4,180			8		
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	2,172					
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS	2,825					
58		ASC (NON-DISTINCT PART)						
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE						
59	02	HEMODIALYSIS						
59	03	VASCULAR LABORATORY	1,836					
59	04	CT SCAN	8,376					
59	05	ECT						
59	06	MRI						
59	07	ONCOLOGY						
59	08	HYPERBARIC MEDICINE						
59	09	PSYCHIATRIC PARTIAL PROGR						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OCCUP HLTH/CORP CARE CLIN						
60	02	GYN/PRENATAL CLINIC						
60	03	PEDIATRIC CLINIC						
60	04	WOUND CARE CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL	23,373			8		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009

COMPONENT NO: 41-S005 | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.563916	.563916			
37	01	ENDOSCOPY	.286508	.286508			
38		RECOVERY ROOM	.313742	.313742			
41		RADIOLOGY-DIAGNOSTIC	.268904	.268904			
41	01	DIAGNOSTIC ULTRASOUND	.327353	.327353			
43		RADIOISOTOPE	.171395	.171395			
44		LABORATORY	.187134	.187134			
46	30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47		BLOOD STORING, PROCESSING & TRANS.	.303053	.303053			
49		RESPIRATORY THERAPY	.319928	.319928			
50		PHYSICAL THERAPY	.317122	.317122			
51		OCCUPATIONAL THERAPY	.255944	.255944			
52		SPEECH PATHOLOGY	.254313	.254313			
53		ELECTROCARDIOLOGY	.024885	.024885			
54		ELECTROENCEPHALOGRAPHY	.298316	.298316			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.424263	.424263			
56		DRUGS CHARGED TO PATIENTS	.393654	.393654			
58		ASC (NON-DISTINCT PART)	.357165	.357165			
59		OTHER ANCILLARY					
59	01	PULMONARY MEDICINE	.152692	.152692			
59	02	HEMODIALYSIS	.166392	.166392			
59	03	VASCULAR LABORATORY	.114843	.114843			
59	04	CT SCAN	.083686	.083686			
59	05	ECT					
59	06	MRI	.255839	.255839			
59	07	ONCOLOGY	.718022	.718022			
59	08	HYPERBARIC MEDICINE	.210941	.210941			
59	09	PSYCHIATRIC PARTIAL PROGRAM	.120731	.120731			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	.993492	.993492			
60	01	OCCUP HLTH/CORP CARE CLINIC	1.202298	1.202298			
60	02	GYN/PRENATAL CLINIC	1.942406	1.942406			
60	03	PEDIATRIC CLINIC	.952005	.952005			
60	04	WOUND CARE CLINIC	.204486	.204486			
61		EMERGENCY	.203849	.203849			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.632296	.632296			
63	50	RHC					
63	60	FQHC					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART V I COMPONENT NO: 41-5005

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	ENDOSCOPY					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC		3,592			
41 01	DIAGNOSTIC ULTRASOUND		392			
43	RADIOISOTOPE					
44	LABORATORY		4,180			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		2,172			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS		2,825			
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY					
59 01	PULMONARY MEDICINE					
59 02	HEMODIALYSIS					
59 03	VASCULAR LABORATORY		1,836			
59 04	CT SCAN		8,376			
59 05	ECT					
59 06	MRI					
59 07	ONCOLOGY					
59 08	HYPERBARIC MEDICINE					
59 09	PSYCHIATRIC PARTIAL PROGRAM					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OCCUP HLTH/CORP CARE CLINIC					
60 02	GYN/PRENATAL CLINIC					
60 03	PEDIATRIC CLINIC					
60 04	WOUND CARE CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63 50	RHC					
63 60	FQHC					
101	SUBTOTAL		23,373			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		23,373			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009 | WORKSHEET D PART V

COMPONENT NO: 41-S005

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	Outpatient Radialogy	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	ENDOSCOPY					
38	RECOVERY ROOM				966	
41	RADIOLOGY-DIAGNOSTIC				128	
41 01	DIAGNOSTIC ULTRASOUND					
43	RADIOISOTOPE				782	
44	LABORATORY					
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY				54	
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,112	
56	DRUGS CHARGED TO PATIENTS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY					
59 01	PULMONARY MEDICINE					
59 02	HEMODIALYSIS				211	
59 03	VASCULAR LABORATORY				701	
59 04	CT SCAN					
59 05	ECT					
59 06	MRI					
59 07	ONCOLOGY					
59 08	HYPERBARIC MEDICINE					
59 09	PSYCHIATRIC PARTIAL PROGRAM					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OCCUP HLTH/CORP CARE CLINIC					
60 02	GYN/PRENATAL CLINIC					
60 03	PEDIATRIC CLINIC					
60 04	WOUND CARE CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63 50	RHC					
63 60	FQHC				3,954	
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES				3,954	
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009
COMPONENT NO: 41-S005 | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	ENDOSCOPY			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC			
41 01	DIAGNOSTIC ULTRASOUND			
43	RADIOISOTOPE			
44	LABORATORY			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY			
59 01	PULMONARY MEDICINE			
59 02	HEMODIALYSIS			
59 03	VASCULAR LABORATORY			
59 04	CT SCAN			
59 05	ECT			
59 06	MRI			
59 07	ONCOLOGY			
59 08	HYPERBARIC MEDICINE			
59 09	PSYCHIATRIC PARTIAL PROGRAM			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCCUP HLTH/CORP CARE CLINIC			
60 02	GYN/PRENATAL CLINIC			
60 03	PEDIATRIC CLINIC			
60 04	WOUND CARE CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63 50	RHC			
63 60	FQHC			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 41-0005
COMPONENT NO: 41-T005

PERIOD: FROM 10/ 1/2007 TO 9/30/2008

PREPARED 3/ 3/2009
WORKSHEET D
PART II

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,084	862,769	18,313,380		.000168	
37 01	ENDOSCOPY	303	106,892	15,219,260		.000020	
38	RECOVERY ROOM	72	86,171	5,214,225		.000014	
41	RADIOLOGY-DIAGNOSTIC	536	98,509	21,513,177	22,522	.000025	1
41 01	DIAGNOSTIC ULTRASOUND	43	522,246	4,692,716	1,301	.000009	
43	RADIOISOTOPE	120	56,542	5,327,300	4,952	.000023	
44	LABORATORY	1,044	732,759	85,565,348	252,470	.000012	3
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	62	23,588	6,550,249	18,292	.000009	
49	RESPIRATORY THERAPY	184	68,553	5,706,517		.000032	
50	PHYSICAL THERAPY	318	195,581	9,485,717	1,009,299	.000034	34
51	OCCUPATIONAL THERAPY	48	16,304	5,186,570	962,970	.000009	9
52	SPEECH PATHOLOGY	86	10,330	2,118,013	390,125	.000041	16
53	ELECTROCARDIOLOGY	51	73,805	7,214,180	2,397	.000007	
54	ELECTROENCEPHALOGRAPHY	99	31,534	1,670,053		.000059	
55	MEDICAL SUPPLIES CHARGED	396	151,405	23,933,058	77	.000017	
56	DRUGS CHARGED TO PATIENTS	442	178,753	27,140,166	269,269	.000016	4
58	ASC (NON-DISTINCT PART)	16,409	211,584	14,470,580		.001134	
59	OTHER ANCILLARY						
59 01	PULMONARY MEDICINE	83	21,067	1,209,099	189	.000069	
59 02	HEMODIALYSIS	3	5,882	285,795		.000010	
59 03	VASCULAR LABORATORY	33	11,823	3,771,776	57,883	.000009	1
59 04	CT SCAN	284	197,293	21,812,302	9,831	.000013	
59 05	ECT						
59 06	MRI	982	341,206	5,454,383	5,527	.000180	1
59 07	ONCOLOGY	140	21,671	934,683		.000150	
59 08	HYPERBARIC MEDICINE	19	5,269	2,073,625	7,092	.000009	
59 09	PSYCHIATRIC PARTIAL PROGR	93	8,744	2,827,205		.000033	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,338	70,245	1,670,633		.000801	
60 01	OCCUP HLTH/CORP CARE CLIN	29	10,580	616,002		.000047	
60 02	GYN/PRENATAL CLINIC	153	23,061	669,377		.000229	
60 03	PEDIATRIC CLINIC	716	28,078	927,818		.000772	
60 04	WOUND CARE CLINIC	241	26,084	4,107,933		.000059	
61	EMERGENCY	10,262	187,789	37,679,141	3,838	.000272	1
62	OBSERVATION BEDS (NON-DIS	101	27,267	1,570,275		.000064	
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	37,774	4,413,384	344,930,556	3,018,034		70

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART II I COMPONENT NO: 41-T005 I

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.047111	
37	01	ENDOSCOPY	.007023	
38		RECOVERY ROOM	.016526	
41		RADIOLOGY-DIAGNOSTIC	.004579	103
41	01	DIAGNOSTIC ULTRASOUND	.111289	145
43		RADIOISOTOPE	.010614	53
44		LABORATORY	.008564	2,162
46	30	BLOOD CLOTTING FACTORS AD		
47		BLOOD STORING, PROCESSING	.003601	66
49		RESPIRATORY THERAPY	.012013	
50		PHYSICAL THERAPY	.020618	20,810
51		OCCUPATIONAL THERAPY	.003144	3,028
52		SPEECH PATHOLOGY	.004877	1,903
53		ELECTROCARDIOLOGY	.010231	25
54		ELECTROENCEPHALOGRAPHY	.018882	
55		MEDICAL SUPPLIES CHARGED	.006326	
56		DRUGS CHARGED TO PATIENTS	.006586	1,773
58		ASC (NON-DISTINCT PART)	.014622	
59		OTHER ANCILLARY		
59	01	PULMONARY MEDICINE	.017424	3
59	02	HEMODIALYSIS	.020581	
59	03	VASCULAR LABORATORY	.003135	181
59	04	CT SCAN	.009045	89
59	05	ECT		
59	06	MRI	.062556	346
59	07	ONCOLOGY	.023185	
59	08	HYPERBARIC MEDICINE	.002541	18
59	09	PSYCHIATRIC PARTIAL PROGR	.003093	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.042047	
60	01	OCCUP HLTH/CORP CARE CLIN	.017175	
60	02	GYN/PRENATAL CLINIC	.034451	
60	03	PEDIATRIC CLINIC	.030262	
60	04	WOUND CARE CLINIC	.006350	
61		EMERGENCY	.004984	19
62		OBSERVATION BEDS (NON-DIS	.017364	
63	50	RHC		
63	60	FQHC		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		30,724

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART IV

I COMPONENT NO: 41-T005

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			31,897			
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	DIAGNOSTIC ULTRASOUND						
43	RADIOISOTOPE						
44	LABORATORY				158,518		
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)			38,277			
59	OTHER ANCILLARY						
59 01	PULMONARY MEDICINE						
59 02	HEMODIALYSIS						
59 03	VASCULAR LABORATORY						
59 04	CT SCAN						
59 05	ECT						
59 06	MRI						
59 07	ONCOLOGY						
59 08	HYPERBARIC MEDICINE						
59 09	PSYCHIATRIC PARTIAL PROGR						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCCUP HLTH/CORP CARE CLIN						
60 02	GYN/PRENATAL CLINIC			32,961			
60 03	PEDIATRIC CLINIC			97,464			
60 04	WOUND CARE CLINIC			30,568			
61	EMERGENCY			38,277			
62	OBSERVATION BEDS (NON-DIS			30,869			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			300,313	158,518		

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I COMPONENT NO: 41-T005 I PERIOD: FROM 10/ 1/2007 TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D PART IV

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	31,897	31,897	18,313,380	.001742	.001742		
37 01	ENDOSCOPY			15,219,260				
38	RECOVERY ROOM			5,214,225				
41	RADIOLOGY-DIAGNOSTIC			21,513,177			22,522	
41 01	DIAGNOSTIC ULTRASOUND			4,692,716			1,301	
43	RADIOISOTOPE			5,327,300			4,952	
44	LABORATORY	158,518	158,518	85,565,348	.001853	.001853	252,470	468
46 30	BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING			6,550,249			18,292	
49	RESPIRATORY THERAPY			5,706,517				
50	PHYSICAL THERAPY			9,485,717			1,009,299	
51	OCCUPATIONAL THERAPY			5,186,570			962,970	
52	SPEECH PATHOLOGY			2,118,013			390,125	
53	ELECTROCARDIOLOGY			7,214,180			2,397	
54	ELECTROENCEPHALOGRAPHY			1,670,053				
55	MEDICAL SUPPLIES CHARGED			23,933,058			77	
56	DRUGS CHARGED TO PATIENTS			27,140,166			269,269	
58	ASC (NON-DISTINCT PART)	38,277	38,277	14,470,580	.002645	.002645		
59	OTHER ANCILLARY							
59 01	PULMONARY MEDICINE			1,209,099			189	
59 02	HEMODIALYSIS			285,795				
59 03	VASCULAR LABORATORY			3,771,776			57,883	
59 04	CT SCAN			21,812,302			9,831	
59 05	ECT							
59 06	MRI			5,454,383			5,527	
59 07	ONCOLOGY			934,683				
59 08	HYPERBARIC MEDICINE			2,073,625			7,092	
59 09	PSYCHIATRIC PARTIAL PROGR			2,827,205				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,670,633				
60 01	OCCUP HLTH/CORP CARE CLIN			616,002				
60 02	GYN/PRENATAL CLINIC	32,961	32,961	669,377	.049241	.049241		
60 03	PEDIATRIC CLINIC	97,464	97,464	927,818	.105046	.105046		
60 04	WOUND CARE CLINIC	30,568	30,568	4,107,933	.007441	.007441		
61	EMERGENCY	38,277	38,277	37,679,141	.001016	.001016	3,838	4
62	OBSERVATION BEDS (NON-DIS	30,869	30,869	1,570,275	.019658	.019658		
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	458,831	458,831	344,930,556			3,018,034	472

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	2,258,799			3,935		
37	01	ENDOSCOPY	2,865,440					
38		RECOVERY ROOM	724,142					
41		RADIOLOGY-DIAGNOSTIC	2,268,814					
41	01	DIAGNOSTIC ULTRASOUND	508,740					
43		RADIOISOTOPE	804,776					
44		LABORATORY	2,589,066			4,798		
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING	527,351					
49		RESPIRATORY THERAPY	56,808					
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	614,499					
54		ELECTROENCEPHALOGRAPHY	214,326					
55		MEDICAL SUPPLIES CHARGED	742,773					
56		DRUGS CHARGED TO PATIENTS	3,150,481					
58		ASC (NON-DISTINCT PART)	1,430,920			3,785		
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE	268,857					
59	02	HEMODIALYSIS	10,200					
59	03	VASCULAR LABORATORY	538,819					
59	04	CT SCAN	3,113,872					
59	05	ECT						
59	06	MRI	663,947					
59	07	ONCOLOGY	244,787					
59	08	HYPERBARIC MEDICINE	519,489					
59	09	PSYCHIATRIC PARTIAL PROGR	539,127					
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OCCUP HLTH/CORP CARE CLIN	2,344					
60	02	GYN/PRENATAL CLINIC	9,598			473		
60	03	PEDIATRIC CLINIC	5,635			592		
60	04	WOUND CARE CLINIC	1,949,759			14,508		
61		EMERGENCY	4,113,710			4,180		
62		OBSERVATION BEDS (NON-DIS	350,649			6,893		
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL	31,087,728			39,164		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 41-0005
COMPONENT NO: 41-T005
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 3/ 3/2009
WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 2

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	Cost Center Description	1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.563916	.563916			
37 01	ENDOSCOPY	.286508	.286508			
38	RECOVERY ROOM	.313742	.313742			
41	RADIOLOGY-DIAGNOSTIC	.268904	.268904			
41 01	DIAGNOSTIC ULTRASOUND	.327353	.327353			
43	RADIOISOTOPE	.171395	.171395			
44	LABORATORY	.187134	.187134			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.	.303053	.303053			
49	RESPIRATORY THERAPY	.319928	.319928			
50	PHYSICAL THERAPY	.317122	.317122			
51	OCCUPATIONAL THERAPY	.255944	.255944			
52	SPEECH PATHOLOGY	.254313	.254313			
53	ELECTROCARDIOLOGY	.024885	.024885			
54	ELECTROENCEPHALOGRAPHY	.298316	.298316			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.424263	.424263			
56	DRUGS CHARGED TO PATIENTS	.393654	.393654			
58	ASC (NON-DISTINCT PART)	.357165	.357165			
59	OTHER ANCILLARY					
59 01	PULMONARY MEDICINE	.152692	.152692			
59 02	HEMODIALYSIS	.166392	.166392			
59 03	VASCULAR LABORATORY	.114843	.114843			
59 04	CT SCAN	.083686	.083686			
59 05	ECT					
59 06	MRI	.255839	.255839			
59 07	ONCOLOGY	.718022	.718022			
59 08	HYPERBARIC MEDICINE	.210941	.210941			
59 09	PSYCHIATRIC PARTIAL PROGRAM	.120731	.120731			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.993492	.993492			
60 01	OCCUP HLTH/CORP CARE CLINIC	1.202298	1.202298			
60 02	GYN/PRENATAL CLINIC	1.942406	1.942406			
60 03	PEDIATRIC CLINIC	.952005	.952005			
60 04	WOUND CARE CLINIC	.204486	.204486			
61	EMERGENCY	.203849	.203849			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.632296	.632296			
63 50	RHC					
63 60	FQHC					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 41-0005 I COMPONENT NO: 41-T005
I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008
I PREPARED 3/ 3/2009 I WORKSHEET D I PART V

TITLE XVIII, PART B SUBPROVIDER 2

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,258,799			
37 01	ENDOSCOPY		2,865,440			
38	RECOVERY ROOM		724,142			
41	RADIOLOGY-DIAGNOSTIC		2,268,814			
41 01	DIAGNOSTIC ULTRASOUND		508,740			
43	RADIOISOTOPE		804,776			
44	LABORATORY		2,589,066			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.		527,351			
49	RESPIRATORY THERAPY		56,808			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		614,499			
54	ELECTROENCEPHALOGRAPHY		214,326			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		742,773			
56	DRUGS CHARGED TO PATIENTS		3,150,481	1,447		
58	ASC (NON-DISTINCT PART)		1,430,920			
59	OTHER ANCILLARY					
59 01	PULMONARY MEDICINE		268,857			
59 02	HEMODIALYSIS		10,200			
59 03	VASCULAR LABORATORY		538,819			
59 04	CT SCAN		3,113,872			
59 05	ECT					
59 06	MRI		663,947			
59 07	ONCOLOGY		244,787			
59 08	HYPERBARIC MEDICINE		519,489			
59 09	PSYCHIATRIC PARTIAL PROGRAM		539,127			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OCCUP HLTH/CORP CARE CLINIC		2,344			
60 02	GYN/PRENATAL CLINIC		9,598			
60 03	PEDIATRIC CLINIC		5,635			
60 04	WOUND CARE CLINIC		1,949,759			
61	EMERGENCY		4,113,710			
62	OBSERVATION BEDS (NON-DISTINCT PART)		350,649			
63 50	RHC					
63 60	FQHC					
101	SUBTOTAL		31,087,728	1,447		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		31,087,728	1,447		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B SUBPROVIDER 2

		Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
			7	8	9	9.01	9.02
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM				1,273,773	
37	01	ENDOSCOPY				820,971	
38		RECOVERY ROOM				227,194	
41		RADIOLOGY-DIAGNOSTIC				610,093	
41	01	DIAGNOSTIC ULTRASOUND				166,538	
43		RADIOISOTOPE				137,935	
44		LABORATORY				484,502	
46	30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47		BLOOD STORING, PROCESSING & TRANS.				159,815	
49		RESPIRATORY THERAPY				18,174	
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY				15,292	
53		ELECTROCARDIOLOGY				63,937	
54		ELECTROENCEPHALOGRAPHY				315,131	
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				1,240,199	570
56		DRUGS CHARGED TO PATIENTS				511,075	
58		ASC (NON-DISTINCT PART)					
59		OTHER ANCILLARY				41,052	
59	01	PULMONARY MEDICINE				1,697	
59	02	HEMODIALYSIS				61,880	
59	03	VASCULAR LABORATORY				260,587	
59	04	CT SCAN					
59	05	ECT				169,864	
59	06	MRI				175,762	
59	07	ONCOLOGY				109,582	
59	08	HYPERBARIC MEDICINE				65,089	
59	09	PSYCHIATRIC PARTIAL PROGRAM					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC				2,818	
60	01	OCCUP HLTH/CORP CARE CLINIC				18,643	
60	02	GYN/PRENATAL CLINIC				5,365	
60	03	PEDIATRIC CLINIC				398,698	
60	04	WOUND CARE CLINIC				838,576	
61		EMERGENCY				221,714	
62		OBSERVATION BEDS (NON-DISTINCT PART)					
63	50	RHC					
63	60	FQHC				8,415,956	570
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES				8,415,956	570
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B SUBPROVIDER 2

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	ENDOSCOPY			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC			
41 01	DIAGNOSTIC ULTRASOUND			
43	RADIOISOTOPE			
44	LABORATORY			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY			
59 01	PULMONARY MEDICINE			
59 02	HEMODIALYSIS			
59 03	VASCULAR LABORATORY			
59 04	CT SCAN			
59 05	ECT			
59 06	MRI			
59 07	ONCOLOGY			
59 08	HYPERBARIC MEDICINE			
59 09	PSYCHIATRIC PARTIAL PROGRAM			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCCUP HLTH/CORP CARE CLINIC			
60 02	GYN/PRENATAL CLINIC			
60 03	PEDIATRIC CLINIC			
60 04	WOUND CARE CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63 50	RHC			
63 60	FQHC			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I COMPONENT NO: 41-5122 I PREPARED 3/ 3/2009 I WORKSHEET D I PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	ENDOSCOPY						
38		RECOVERY ROOM						
41		RADIOLOGY-DIAGNOSTIC						
41	01	DIAGNOSTIC ULTRASOUND						
43		RADIOISOTOPE						
44		LABORATORY						
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
58		ASC (NON-DISTINCT PART)						
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE						
59	02	HEMODIALYSIS						
59	03	VASCULAR LABORATORY						
59	04	CT SCAN						
59	05	ECT						
59	06	MRI						
59	07	ONCOLOGY						
59	08	HYPERBARIC MEDICINE						
59	09	PSYCHIATRIC PARTIAL PROGR						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OCCUP HLTH/CORP CARE CLIN						
60	02	GYN/PRENATAL CLINIC						
60	03	PEDIATRIC CLINIC						
60	04	WOUND CARE CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 9/30/2008	PART II
41-5122		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM		
37	01	ENDOSCOPY		
38		RECOVERY ROOM		
41		RADIOLOGY-DIAGNOSTIC		
41	01	DIAGNOSTIC ULTRASOUND		
43		RADIOISOTOPE		
44		LABORATORY		
46	30	BLOOD CLOTTING FACTORS AD		
47		BLOOD STORING, PROCESSING		
49		RESPIRATORY THERAPY		
50		PHYSICAL THERAPY		
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY		
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED		
56		DRUGS CHARGED TO PATIENTS		
58		ASC (NON-DISTINCT PART)		
59		OTHER ANCILLARY		
59	01	PULMONARY MEDICINE		
59	02	HEMODIALYSIS		
59	03	VASCULAR LABORATORY		
59	04	CT SCAN		
59	05	ECT		
59	06	MRI		
59	07	ONCOLOGY		
59	08	HYPERBARIC MEDICINE		
59	09	PSYCHIATRIC PARTIAL PROGR		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	OCCUP HLTH/CORP CARE CLIN		
60	02	GYN/PRENATAL CLINIC		
60	03	PEDIATRIC CLINIC		
60	04	WOUND CARE CLINIC		
61		EMERGENCY		
62		OBSERVATION BEDS (NON-DIS		
63	50	RHC		
63	60	FQHC		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I COMPONENT NO: 41-5122 I PREPARED 3/ 3/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM			31,897			
37	01	ENDOSCOPY						
38		RECOVERY ROOM						
41		RADIOLOGY-DIAGNOSTIC						
41	01	DIAGNOSTIC ULTRASOUND						
43		RADIOISOTOPE						
44		LABORATORY				158,518		
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
58		ASC (NON-DISTINCT PART)			38,277			
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE						
59	02	HEMODIALYSIS						
59	03	VASCULAR LABORATORY						
59	04	CT SCAN						
59	05	ECT						
59	06	MRI						
59	07	ONCOLOGY						
59	08	HYPERBARIC MEDICINE						
59	09	PSYCHIATRIC PARTIAL PROGR						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OCCUP HLTH/CORP CARE CLIN						
60	02	GYN/PRENATAL CLINIC			32,961			
60	03	PEDIATRIC CLINIC			97,464			
60	04	WOUND CARE CLINIC			30,568			
61		EMERGENCY			38,277			
62		OBSERVATION BEDS (NON-DIS						
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL			269,444	158,518		

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I COMPONENT NO: 41-5122
I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008
I PREPARED 3/ 3/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	31,897	31,897	18,313,380	.001742	.001742		
37 01	ENDOSCOPY			15,219,260			308	
38	RECOVERY ROOM			5,214,225			19,664	
41	RADIOLOGY-DIAGNOSTIC			21,513,177			699	
41 01	DIAGNOSTIC ULTRASOUND			4,692,716			4,069	
43	RADIOISOTOPE			5,327,300			214,244	397
44	LABORATORY	158,518	158,518	85,565,348	.001853	.001853		
46 30	BLOOD CLOTTING FACTORS AD			6,550,249			7,288	
47	BLOOD STORING, PROCESSING			5,706,517				
49	RESPIRATORY THERAPY			9,485,717			610,168	
50	PHYSICAL THERAPY			5,186,570			494,859	
51	OCCUPATIONAL THERAPY			2,118,013			66,673	
52	SPEECH PATHOLOGY			7,214,180			1,810	
53	ELECTROCARDIOLOGY			1,670,053				
54	ELECTROENCEPHALOGRAPHY			23,933,058			1,275	
55	MEDICAL SUPPLIES CHARGED			27,140,166			231,715	
56	DRUGS CHARGED TO PATIENTS	38,277	38,277	14,470,580	.002645	.002645		
58	ASC (NON-DISTINCT PART)							
59	OTHER ANCILLARY			1,209,099				
59 01	PULMONARY MEDICINE			285,795				
59 02	HEMODIALYSIS			3,771,776			22,742	
59 03	VASCULAR LABORATORY			21,812,302			3,797	
59 04	CT SCAN							
59 05	ECT			5,454,383			3,598	
59 06	MRI			934,683			1,021	
59 07	ONCOLOGY			2,073,625				
59 08	HYPERBARIC MEDICINE			2,827,205				
59 09	PSYCHIATRIC PARTIAL PROGR							
	OUTPAT SERVICE COST CNTRS			1,670,633				
60	CLINIC			616,002				
60 01	OCCUP HLTH/CORP CARE CLIN	32,961	32,961	669,377	.049241	.049241		
60 02	GYN/PRENATAL CLINIC	97,464	97,464	927,818	.105046	.105046		
60 03	PEDIATRIC CLINIC	30,568	30,568	4,107,933	.007441	.007441		
60 04	WOUND CARE CLINIC	38,277	38,277	37,679,141	.001016	.001016		
61	EMERGENCY			1,570,275				
62	OBSERVATION BEDS (NON-DIS							
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	427,962	427,962	344,930,556			1,683,930	397

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D I PART IV I
I COMPONENT NO: 41-5122 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	ENDOSCOPY						
38		RECOVERY ROOM						
41		RADIOLOGY-DIAGNOSTIC						
41	01	DIAGNOSTIC ULTRASOUND						
43		RADIOISOTOPE						
44		LABORATORY						
46	30	BLOOD CLOTTING FACTORS AD						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
58		ASC (NON-DISTINCT PART)						
59		OTHER ANCILLARY						
59	01	PULMONARY MEDICINE						
59	02	HEMODIALYSIS						
59	03	VASCULAR LABORATORY						
59	04	CT SCAN						
59	05	ECT						
59	06	MRI						
59	07	ONCOLOGY						
59	08	HYPERBARIC MEDICINE						
59	09	PSYCHIATRIC PARTIAL PROGR						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OCCUP HLTH/CORP CARE CLIN						
60	02	GYN/PRENATAL CLINIC						
60	03	PEDIATRIC CLINIC						
60	04	WOUND CARE CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	39,239
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,239
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,981
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,258
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 0 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 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	16,708
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 0 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 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 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

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	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30,038,247
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST 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 REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	30,038,247
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49,661,324
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,888,909
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31,772,415
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.604862
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,378.08
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,210.01
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	168.07
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	101.66
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1,319,648
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	28,718,599

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	765.52
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12,790,308
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12,790,308

		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	INTENSIVE CARE UNIT	6,137,779	4,106	1,494.83	1,867	2,790,848
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					12,627,675
49	TOTAL PROGRAM INPATIENT COSTS					28,208,831

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	891,969
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	619,691
52	TOTAL PROGRAM EXCLUDABLE COST	1,511,660
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	26,697,171

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS 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 DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES 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

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

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,297
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	765.52
85	OBSERVATION BED COST	992,879

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,054	30,038,247	.000102	992,879	101
87	NEW CAPITAL-RELATED COST	824,948	30,038,247	.027463	992,879	27,267
88	NON PHYSICIAN ANESTHETIST		30,038,247		992,879	
89	MEDICAL EDUCATION	933,881	30,038,247	.031090	992,879	30,869
89.01	MEDICAL EDUCATION - ALLIED HEA		30,038,247		992,879	
89.02	MEDICAL EDUCATION - ALL OTHER		30,038,247		992,879	

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,873
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,873
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	411
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,462
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 0 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 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,877
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 0 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 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 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

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	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19,448,111
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST 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 REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19,448,111

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61,183,429
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,055,448
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	60,127,981
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.317866
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,568.00
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,562.78
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	5.22
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	1.66
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	682
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19,447,429

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	814.62
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8,046,002
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8,046,002

		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	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1,026,880
49	TOTAL PROGRAM INPATIENT COSTS					9,072,882

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	340,460
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	48,295
52	TOTAL PROGRAM EXCLUDABLE COST	388,755
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	8,684,127

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	763
55	TARGET AMOUNT PER DISCHARGE	10,589.15
56	TARGET AMOUNT	8,079,521
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	-604,606
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	2,508.43
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	16,753.91
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	8,468,276
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES 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

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	814.65
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,461	19,448,111	.000127		
87	NEW CAPITAL-RELATED COST	417,059	19,448,111	.021445		
88	NON PHYSICIAN ANESTHETIST		19,448,111			
89	MEDICAL EDUCATION	403,412	19,448,111	.020743		
89.01	MEDICAL EDUCATION - ALLIED HEA		19,448,111			
89.02	MEDICAL EDUCATION - ALL OTHER		19,448,111			

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,114
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,114
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,106
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 0 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 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,416
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 0 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 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 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	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	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,568,122
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST 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 REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,568,122
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,154,193
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,405
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,145,788
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.742278
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,050.63
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,006.52
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	44.11
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	32.74
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	262
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,567,860

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	747.16
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,805,139
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,805,139

		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	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					843,154
49	TOTAL PROGRAM INPATIENT COSTS					2,648,293

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	128,459
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	31,266
52	TOTAL PROGRAM EXCLUDABLE COST	159,725
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,488,568

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS 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 DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES 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

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	747.16
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST	6,712	4,568,122	.001469		
87	NEW CAPITAL-RELATED COST	229,003	4,568,122	.050131		
88	NON PHYSICIAN ANESTHETIST		4,568,122			
89	MEDICAL EDUCATION	89,312	4,568,122	.019551		
89.01	MEDICAL EDUCATION - ALLIED HEA		4,568,122			
89.02	MEDICAL EDUCATION - ALL OTHER		4,568,122			

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,368
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,368
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,368
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 0 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 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,824
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 0 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 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 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	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	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,158,394
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST 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 REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,158,394
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,711,642
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,711,642
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	.581520
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	849.73
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,158,394

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,158,394
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	494.14
68	PROGRAM ROUTINE SERVICE COST	901,311
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	901,311
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	73,376
72	PER DIEM CAPITAL-RELATED COSTS	16.80
73	PROGRAM CAPITAL-RELATED COSTS	30,643
74	INPATIENT ROUTINE SERVICE COST	870,668
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	870,668
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	901,311
80	PROGRAM INPATIENT ANCILLARY SERVICES	482,108
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	1,383,419

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 41-0005 I COMPONENT NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		21,977,833	
26	INTENSIVE CARE UNIT		5,173,349	
31	SUBPROVIDER			
31 01	SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.563916	3,118,730	1,758,702
37 01	ENDOSCOPY	.286508	933,101	267,341
38	RECOVERY ROOM	.313742	411,543	129,118
41	RADIOLOGY-DIAGNOSTIC	.268904	2,777,855	746,976
41 01	DIAGNOSTIC ULTRASOUND	.327353	532,453	174,300
43	RADIOISOTOPE	.171395	591,287	101,344
44	LABORATORY	.187134	11,332,593	2,120,713
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.303053	2,311,096	700,385
49	RESPIRATORY THERAPY	.319928	2,525,081	807,844
50	PHYSICAL THERAPY	.317122	844,704	267,874
51	OCCUPATIONAL THERAPY	.255944	206,776	52,923
52	SPEECH PATHOLOGY	.254313	170,673	43,404
53	ELECTROCARDIOLOGY	.024885	2,071,498	51,549
54	ELECTROENCEPHALOGRAPHY	.298316	5,125	1,529
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.424263	5,139,544	2,180,518
56	DRUGS CHARGED TO PATIENTS	.393654	4,195,207	1,651,460
58	ASC (NON-DISTINCT PART)	.357165	76,240	27,230
59	OTHER ANCILLARY			
59 01	PULMONARY MEDICINE	.152692	52,809	8,064
59 02	HEMODIALYSIS	.166392	94,350	15,699
59 03	VASCULAR LABORATORY	.114843	882,179	101,312
59 04	CT SCAN	.083686	3,197,628	267,597
59 05	ECT			
59 06	MRI	.255839	830,750	212,538
59 07	ONCOLOGY	.718022	14,493	10,406
59 08	HYPERBARIC MEDICINE	.210941	24,231	5,111
59 09	PSYCHIATRIC PARTIAL PROGRAM	.120731		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.993492	862	856
60 01	OCCUP HLTH/CORP CARE CLINIC	1.202298		
60 02	GYN/PRENATAL CLINIC	1.942406		
60 03	PEDIATRIC CLINIC	.952005		
60 04	WOUND CARE CLINIC	.204486	85,495	17,483
61	EMERGENCY	.203849	4,441,520	905,399
62	OBSERVATION BEDS (NON-DISTINCT PART)	.632296		
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		46,867,823	12,627,675
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		46,867,823	

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(05/2004)

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET D-4

I COMPONENT NO: 41-5005

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		25,444,146	
31 01	SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.563916	35,541	20,042
37 01	ENDOSCOPY	.286508	48,423	13,874
38	RECOVERY ROOM	.313742	93,496	29,334
41	RADIOLOGY-DIAGNOSTIC	.268904	211,433	56,855
41 01	DIAGNOSTIC ULTRASOUND	.327353	54,195	17,741
43	RADIOISOTOPE	.171395	23,226	3,981
44	LABORATORY	.187134	1,468,973	274,895
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.303053	17,916	5,429
49	RESPIRATORY THERAPY	.319928	49,007	15,679
50	PHYSICAL THERAPY	.317122	42,913	13,609
51	OCCUPATIONAL THERAPY	.255944	1,920	491
52	SPEECH PATHOLOGY	.254313	28,648	7,286
53	ELECTROCARDIOLOGY	.024885	125,542	3,124
54	ELECTROENCEPHALOGRAPHY	.298316		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.424263	5,721	2,427
56	DRUGS CHARGED TO PATIENTS	.393654	999,799	393,575
58	ASC (NON-DISTINCT PART)	.357165	7,332	2,619
59	OTHER ANCILLARY			
59 01	PULMONARY MEDICINE	.152692	2,393	365
59 02	HEMODIALYSIS	.166392	13,770	2,291
59 03	VASCULAR LABORATORY	.114843	28,525	3,276
59 04	CT SCAN	.083686	295,414	24,722
59 05	ECT			
59 06	MRI	.255839	92,059	23,552
59 07	ONCOLOGY	.718022		
59 08	HYPERBARIC MEDICINE	.210941		
59 09	PSYCHIATRIC PARTIAL PROGRAM	.120731		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.993492	180	179
60 01	OCCUP HLTH/CORP CARE CLINIC	1.202298		
60 02	GYN/PRENATAL CLINIC	1.942406		
60 03	PEDIATRIC CLINIC	.952005		
60 04	WOUND CARE CLINIC	.204486	5,772	1,180
61	EMERGENCY	.203849	541,352	110,354
62	OBSERVATION BEDS (NON-DISTINCT PART)	.632296		
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,193,550	1,026,880
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,193,550	

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(05/2004)

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009 WORKSHEET D-4

COMPONENT NO: 41-T005

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER II		2,424,139	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.563916		
37 01	ENDOSCOPY	.286508		
38	RECOVERY ROOM	.313742		
41	RADIOLOGY-DIAGNOSTIC	.268904	22,522	6,056
41 01	DIAGNOSTIC ULTRASOUND	.327353	1,301	426
43	RADIOISOTOPE	.171395	4,952	849
44	LABORATORY	.187134	252,470	47,246
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.303053	18,292	5,543
49	RESPIRATORY THERAPY	.319928		
50	PHYSICAL THERAPY	.317122	1,009,299	320,071
51	OCCUPATIONAL THERAPY	.255944	962,970	246,466
52	SPEECH PATHOLOGY	.254313	390,125	99,214
53	ELECTROCARDIOLOGY	.024885	2,397	60
54	ELECTROENCEPHALOGRAPHY	.298316		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.424263	77	33
56	DRUGS CHARGED TO PATIENTS	.393654	269,269	105,999
58	ASC (NON-DISTINCT PART)	.357165		
59	OTHER ANCILLARY			
59 01	PULMONARY MEDICINE	.152692	189	29
59 02	HEMODIALYSIS	.166392		
59 03	VASCULAR LABORATORY	.114843	57,883	6,647
59 04	CT SCAN	.083686	9,831	823
59 05	ECT			
59 06	MRI	.255839	5,527	1,414
59 07	ONCOLOGY	.718022		
59 08	HYPERBARIC MEDICINE	.210941	7,092	1,496
59 09	PSYCHIATRIC PARTIAL PROGRAM	.120731		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.993492		
60 01	OCCUP HLTH/CORP CARE CLINIC	1.202298		
60 02	GYN/PRENATAL CLINIC	1.942406		
60 03	PEDIATRIC CLINIC	.952005		
60 04	WOUND CARE CLINIC	.204486		
61	EMERGENCY	.203849	3,838	782
62	OBSERVATION BEDS (NON-DISTINCT PART)	.632296		
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,018,034	843,154
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,018,034	

Health Financial Systems MCRIF32 FOR ST. JOSEPH HLTH SERV OF RHODE ISLAN IN LIEU OF FORM CMS-2552-96(05/2004)

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009
COMPONENT NO: 41-5122 | WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.563916		
37 01	ENDOSCOPY	.286508		
38	RECOVERY ROOM	.313742	308	97
41	RADIOLOGY-DIAGNOSTIC	.268904	19,664	5,288
41 01	DIAGNOSTIC ULTRASOUND	.327353	699	229
43	RADIOISOTOPE	.171395	4,069	697
44	LABORATORY	.187134	214,244	40,092
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.303053	7,288	2,209
49	RESPIRATORY THERAPY	.319928		
50	PHYSICAL THERAPY	.317122	610,168	193,498
51	OCCUPATIONAL THERAPY	.255944	494,859	126,656
52	SPEECH PATHOLOGY	.254313	66,673	16,956
53	ELECTROCARDIOLOGY	.024885	1,810	45
54	ELECTROENCEPHALOGRAPHY	.298316		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.424263	1,275	541
56	DRUGS CHARGED TO PATIENTS	.393654	231,715	91,216
58	ASC (NON-DISTINCT PART)	.357165		
59	OTHER ANCILLARY			
59 01	PULMONARY MEDICINE	.152692		
59 02	HEMODIALYSIS	.166392		
59 03	VASCULAR LABORATORY	.114843	22,742	2,612
59 04	CT SCAN	.083686	3,797	318
59 05	ECT			
59 06	MRI	.255839	3,598	921
59 07	ONCOLOGY	.718022	1,021	733
59 08	HYPERBARIC MEDICINE	.210941		
59 09	PSYCHIATRIC PARTIAL PROGRAM	.120731		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.993492		
60 01	OCCUP HLTH/CORP CARE CLINIC	1.202298		
60 02	GYN/PRENATAL CLINIC	1.942406		
60 03	PEDIATRIC CLINIC	.952005		
60 04	WOUND CARE CLINIC	.204486		
61	EMERGENCY	.203849		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.632296		
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,683,930	482,108
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,683,930	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,306,973	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	15,336,771	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
	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.		
1.08	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	425,793	
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	228.83	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
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.		
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)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
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, ENTER 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		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF 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)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
		SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23	
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.87
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02	SUM OF LINES 4 AND 4.01		
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	335.00	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT	21,069,537	
6	SUBTOTAL (SEE INSTRUCTIONS)		
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000	21,069,537	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	1,815,154	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1,175,939	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS	434,710	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	31,783	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	24,527,123	
16	TOTAL	11,029	
17	PRIMARY PAYER PAYMENTS	24,516,094	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2,040,320	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	167,000	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	566,865	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	396,806	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	566,865	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	22,705,580	
22	SUBTOTAL		
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	22,705,580	
26	AMOUNT DUE PROVIDER		
27	SEQUESTRATION ADJUSTMENT	22,383,980	
28	INTERIM PAYMENTS		
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	321,600	
29	BALANCE DUE PROVIDER (PROGRAM)		
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

----- FI ONLY ----------

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 9/30/2008	PART B
41-0005		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,362
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,384,911
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.852
1.04	LINE 1.01 TIMES LINE 1.03.	6,272
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.	1
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	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	
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)	7,384,912
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,013,923
19	SUBTOTAL (SEE INSTRUCTIONS)	5,370,989
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,370,989
24	PRIMARY PAYER PAYMENTS	3,639
25	SUBTOTAL	5,367,350
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	524,150
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	366,905
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	524,150
28	SUBTOTAL	5,734,255
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	5,734,255
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,367,138
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	367,117
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 9/30/2008	PART B
41-S005		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,946
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,896
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.852
1.04	LINE 1.01 TIMES LINE 1.03.	3,362
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	86.14
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.	8
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	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	
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)	2,904
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	993
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,911
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,911
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,911
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,911
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	1,911
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,903
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	8
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	570
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,376,792
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,800
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.852
1.04	LINE 1.01 TIMES LINE 1.03.	7,137,027
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	.03
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.	39,164
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	570
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	1,447
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,447
	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)	1,447
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	877
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	570
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	40,964
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	532
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	41,002
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	41,002
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	41,002
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	41,002
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	41,002
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,268
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	39,734
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: 41-0005 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 3/ 3/2009 I WORKSHEET E-1

I COMPONENT NO: 41-0005

TITLE XVIII HOSPITAL

DESCRIPTION			INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				22,383,980		5,367,138
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.				NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
SUBTOTAL		.99		NONE		NONE
4 TOTAL INTERIM PAYMENTS				22,383,980		5,367,138
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
SUBTOTAL		.99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01				
	SETTLEMENT TO PROGRAM	.02				
7 TOTAL MEDICARE PROGRAM LIABILITY						

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 9/30/2008	
41-5005		

TITLE XVIII SUBPROVIDER 1

DESCRIPTION			INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				6,795,232		1,903
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.				NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
SUBTOTAL		.99		NONE		NONE
4 TOTAL INTERIM PAYMENTS				6,795,232		1,903
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
SUBTOTAL		.99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01				
	SETTLEMENT TO PROGRAM	.02				
7 TOTAL MEDICARE PROGRAM LIABILITY						

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 9/30/2008	
41-T005		

TITLE XVIII SUBPROVIDER 2

DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,988,172		1,268
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER .01				
	ADJUSTMENTS TO PROVIDER .02				
	ADJUSTMENTS TO PROVIDER .03				
	ADJUSTMENTS TO PROVIDER .04				
	ADJUSTMENTS TO PROVIDER .05				
	ADJUSTMENTS TO PROGRAM .50				
	ADJUSTMENTS TO PROGRAM .51				
	ADJUSTMENTS TO PROGRAM .52				
	ADJUSTMENTS TO PROGRAM .53				
	ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL	.99		NONE		NONE
4 TOTAL INTERIM PAYMENTS			2,988,172		1,268
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER .01				
	TENTATIVE TO PROVIDER .02				
	TENTATIVE TO PROVIDER .03				
	TENTATIVE TO PROGRAM .50				
	TENTATIVE TO PROGRAM .51				
	TENTATIVE TO PROGRAM .52				
SUBTOTAL	.99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
	SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 9/30/2008	
41-5122		

TITLE XVIII SNF

DESCRIPTION			INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				696,538		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.				NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
SUBTOTAL		.99		NONE		NONE
4 TOTAL INTERIM PAYMENTS				696,538		
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
SUBTOTAL		.99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01				
	SETTLEMENT TO PROGRAM	.02				
7 TOTAL MEDICARE PROGRAM LIABILITY						

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2008	PART I
41-S005		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	8,468,276
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	2,117,069
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	5,540,373
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	17,717
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	65.226776
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	5,558,090
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	5,927,793
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	4,445,845
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	7,675,159
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	7,675,159
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	7,675,159
7	DEDUCTIBLES	393,024
8	SUBTOTAL	7,282,135
9	COINSURANCE	402,880
10	SUBTOTAL	6,879,255
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	6,879,255
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	127,738
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2008	PART I
41-S005		

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	7,006,993
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,795,232
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	211,761
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY ----------

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,015,132
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0556
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	263,706
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,278,838
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 X 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	16.704918
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,278,838
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,278,838
7	DEDUCTIBLES	17,280
8	SUBTOTAL	3,261,558
9	COINSURANCE	9,680
10	SUBTOTAL	3,251,878
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	3,251,878
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	35,770
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,287,648
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,988,172
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	299,476
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY ----------

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 41-0005	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 3/ 3/2009
COMPONENT NO: 41-5122		WORKSHEET E-3 PART III

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

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		761,990
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		32,741
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		397
30	SUBTOTAL		795,128
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		795,128
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		795,128
36	COINSURANCE		65,452
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		729,676
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		729,676
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		729,676
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		696,538
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		33,138
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 41-0005	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 3/ 3/2009
COMPONENT NO: 41-5122		WORKSHEET E-3 PART III

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

TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2

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

	ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	5,803,053			
2	TEMPORARY INVESTMENTS	8,230,973			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	21,484,540			
5	OTHER RECEIVABLES	1,289,567			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,318,884			
8	PREPAID EXPENSES	1,261,837			
9	OTHER CURRENT ASSETS	1,162,997			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	41,551,851			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	44,868,564			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	44,868,564			
	OTHER ASSETS				
22	INVESTMENTS	9,728,701			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	396,160			
26	TOTAL OTHER ASSETS	10,124,861			
27	TOTAL ASSETS	96,545,276			

	LIABILITIES AND FUND BALANCE	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	8,548,370			
29	SALARIES, WAGES & FEES PAYABLE	7,616,301			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	2,063,847			
32	DEFERRED INCOME	213,255			
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	8,201,412			
36	TOTAL CURRENT LIABILITIES	26,643,185			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	19,408,021			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	39,603,525			
42	TOTAL LONG-TERM LIABILITIES	59,011,546			
43	TOTAL LIABILITIES	85,654,731			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	10,890,545			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	10,890,545			
52	TOTAL LIABILITIES AND FUND BALANCES	96,545,276			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		39,579,360		
2	NET INCOME (LOSS)		-9,240,743		
3	TOTAL		30,338,617		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	CONTRIBUTIONS	911,827			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		911,827		
11	SUBTOTAL		31,250,444		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	PENSION LIABLITY	18,970,104			
13	UNREALIZED GAINS	1,107,865			
14	ASSETS RELEASED FROM REST	281,930			
15					
16					
17					
18	TOTAL DEDUCTIONS		20,359,899		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		10,890,545		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	CONTRIBUTIONS				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	PENSION LIABLITY				
13	UNREALIZED GAINS				
14	ASSETS RELEASED FROM REST				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009 | WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	49,661,324		49,661,324
2	00	SUBPROVIDER	61,183,429		61,183,429
2	01	SUBPROVIDER II	6,154,193		6,154,193
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
6	00	SKILLED NURSING FACILITY	3,711,642		3,711,642
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	120,710,588		120,710,588
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	11,441,888		11,441,888
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	11,441,888		11,441,888
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	132,152,476		132,152,476
17	00	ANCILLARY SERVICES	137,887,551	178,944,949	316,832,500
18	00	OUTPATIENT SERVICES		47,502,329	47,502,329
18	50	RHC			
18	60	FQHC			
19	00	HOME HEALTH AGENCY			
21	10	CMHC			
21	20	OUTPATIENT PHYSICAL THERAPY			
21	30	OUTPATIENT OCCUPATIONAL THERAPY			
21	40	OUTPATIENT SPEECH PATHOLOGY			
24	00				
25	00	TOTAL PATIENT REVENUES	270,040,027	226,447,278	496,487,305

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES	189,910,147
		ADD (SPECIFY)	
27	00	SW&B	
28	00	SUPPLIES AND SERVICES	
29	00	INTEREST	
30	00	DEPRECIATION	
31	00	BAD DEBT	
32	00		
33	00	TOTAL ADDITIONS	
		DEDUCT (SPECIFY)	
34	00	DEDUCT (SPECIFY)	
35	00		
36	00		
37	00		
38	00		
39	00	TOTAL DEDUCTIONS	
40	00	TOTAL OPERATING EXPENSES	189,910,147

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 41-0005 | PERIOD: FROM 10/ 1/2007 TO 9/30/2008 | PREPARED 3/ 3/2009 WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	496,487,305
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	323,254,279
3	NET PATIENT REVENUES	173,233,026
4	LESS: TOTAL OPERATING EXPENSES	189,910,147
5	NET INCOME FROM SERVICE TO PATIENTS	-16,677,121
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	7,436,378
25	TOTAL OTHER INCOME	7,436,378
26	TOTAL	-9,240,743
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-9,240,743

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 3/2009
41-0005	FROM 10/ 1/2007	WORKSHEET L
COMPONENT NO:	TO 9/30/2008	PARTS I-IV
41-0005		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,757,426
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	4,478
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	114.89
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	6.87
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	7.87
5 .02	SUM OF 5 AND 5.01	14.74
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.03
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	53,250
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,815,154
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT 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)	