

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY RHODE ISLAND HOSPITAL (41-0007) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2006 AND ENDING 09/30/2007, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	6482941	214736		2
3	SWING BED - SNF	-63314			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	6419627	214736		100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 593 EDDY STREET P.O.BOX: 1
 1.01 CITY: PROVIDENCE STATE: RI ZIP CODE: 02901 COUNTY: PROVIDENCE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	RHODE ISLAND HOSPITAL	41-0007	07/01/1966	N	P	N	2
3	SUBPROVIDER I	PSYCH UNIT	41-S007	10/01/1983	N	T	N	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	RI HOSPITAL DIALYSIS UNIT	41-2300	07/01/1973				16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2006	TO: 09/30/2007	1	2		17
18	TYPE OF CONTROL				2			18
19	HOSPITAL				1			19
20	SUBPROVIDER I				4			20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		YES					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N	39300	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		YES					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)		10/30/1996					23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE		06/06/2002					23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy)							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERT. DATE (mm/dd/yyyy)							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2							24
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES					25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES					25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		YES			YES		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	YES	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	048900	40
40.01	NAME: ENTER NAME IN COLUMN 1	FI/CONTRACTOR'S NAME: PINNACLE MEDICARE SERVICES	FI/CONTRACTOR'S NUMBER: 00021	40.01
40.02	STREET: 167 POINT STREET	P.O. BOX:		40.02
40.03	CITY: PROVIDENCE	STATE: RI	ZIP CODE: 02903	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 10264265 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			YES		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? 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)	YES	NO	60
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.)	YES	NO	60.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		8949	2469	34079	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
7.01	PEDIATRIC INTENSIVE CARE UNIT					7.01
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		8949	2469	34079	12
13	RPCH VISITS					13
14	SUBPROVIDER I		288	187	1078	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	334882087		334882087	12125131.00	27.62		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	6758788		6758788	47276.00	142.96		4
4.01	TEACHING PHYSICIAN SALARIES	7692403		7692403	58447.00	131.61		4.01
5	PHYSICIAN - PART B	2721891		2721891	40053.00	67.96		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	27999215	-5023105	22976110	966368.00	23.78		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	32715264	3390643	36105907	1382410.00	26.12		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	16906567		16906567	230780.00	73.26		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	5374281		5374281	46914.00	114.56		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	8529668		8529668	85171.00	100.15		10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	37532628		37532628	746069.00	50.31		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	72432644		72432644			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	9672144		9672144			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	408487		408487			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	508596		508596			CMS 339	18.01
19	PHYSICIAN PART B	141335		141335			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	6126099		6126099			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	832210		832210	33654.00	24.73		21
22	ADMINISTRATIVE & GENERAL	14692810	116587	14809397	449550.00	32.94		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	4913236	-90820	4822416	216403.00	22.28		23
24	OPERATION OF PLANT	3242190	-85354	3156836	261581.00	12.07		24
25	LAUNDRY & LINEN SERVICE	3413669		3413669	207334.00	16.46		25
26	HOUSEKEEPING	5893779		5893779	417227.00	14.13		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	4074707	-289198	3785509	209706.00	18.05		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	1212030	239293	1451323	84386.00	17.20		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	10088691	-46036	10042655	245440.00	40.92		30
31	CENTRAL SERVICES AND SUPPLY	1396163		1396163	87901.00	15.88		31
32	PHARMACY	5669706	-43188	5626518	163530.00	34.41		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	4308186		4308186	220043.00	19.58		33
34	SOCIAL SERVICE	1750638	-15095	1735543	71656.00	24.22		34
35	OTHER GENERAL SERVICE	29333739	3087741	32421480	738234.00	43.92		35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)		WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	296468578	5023105	301491683	11060263.00	27.26		1
2	EXCLUDED AREA SALARIES	32715264	3390643	36105907	1382410.00	26.12		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	263753314	1632462	265385776	9677853.00	27.42		3
4	SUBTOTAL OTHER WAGES & REL COSTS	68343144		68343144	1108934.00	61.63		4
5	SUBTOTAL WAGE-RELATED COSTS	72841131		72841131		27.45%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	404937589	1632462	406570051	10786787.00	37.69		6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	90821754	2873930	93695684	3406645.00	27.50		13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 41-2300

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	6						1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00						3
4 CAPD EXCHANGES PER DAY							4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6 NUMBER OF STATIONS	8						6
7 TREATMENT CAPACITY PER DAY PER STATION	2						7
8 UTILIZATION	8.13						8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						88	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						59	12
EPOIETIN							
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)							
15 MCP X INITIAL METHOD							15

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	141751419 17
17.01	GROSS MEDICAID REVENUES	114775000 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	256526419 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	168120000 23
24	COST TO CHARGE RATIO	0.303904 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	51092340 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	193338000 28
29	TOTAL GROSS MEDICAID COST	58756192 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	141751419 30
31	UNCOMPENSATED CARE COST	43078823 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	109848532 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT		300293	300293	1342001	1642294	452393	2094687	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		18251	18251	966800	985051	-39146	945905	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		14476223	14476223	4508804	18985027	3878844	22863871	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		10763765	10763765	2231022	12994787	2511916	15506703	4
5	0500 EMPLOYEE BENEFITS	832210	92429517	93261727	-117037	93144690	-33239	93111451	5
6.01	0660 TELEPHONE		301210	301210		301210		301210	6.01
6.02	0661 DATA PROCESSING								6.02
6.03	0662 PURCHASING	1111153	368166	1479319	-6	1479313	-500184	979129	6.03
6.04	0663 ADMITTING	2041055	174558	2215613	-22674	2192939		2192939	6.04
6.05	0664 ACCOUNTING	2852992	203852	3056844		3056844		3056844	6.05
6.06	0665 OTHER ADMINISTRATIVE AND GENERA	8687610	104531350	113218960	-12330	113206630	-5382700	107823930	6.06
7	0700 MAINTENANCE & REPAIRS	4913236	6983218	11896454	-90985	11805469	-166	11805303	7
8	0800 OPERATION OF PLANT	3242190	18960960	22203150	1174429	23377579	-3041966	20335613	8
9	0900 LAUNDRY & LINEN SERVICE	3413669	5901464	9315133		9315133	-5418159	3896974	9
10	1000 HOUSEKEEPING	5893779	674430	6568209		6568209	-215	6567994	10
11	1100 DIETARY	4074707	4096385	8171092	-2156328	6014764	-910	6013854	11
12	1200 CAFETERIA	1212030	497599	1709629	2106423	3816052	-3355198	460854	12
13	1300 MAINTENANCE OF PERSONNEL						-29485	-29485	13
14	1400 NURSING ADMINISTRATION	10088691	530996	10619687	-46258	10573429	-5010	10568419	14
15	1500 CENTRAL SERVICES & SUPPLY	1396163	1572331	2968494	-10914	2957580	-297227	2660353	15
16	1600 PHARMACY	5669706	19126560	24796266	21986312	46782578	-264	46782314	16
17	1700 MEDICAL RECORDS & LIBRARY	4308186	2173574	6481760		6481760	-29708	6452052	17
18	1800 SOCIAL SERVICE	1750638	1320608	3071246	-372442	2698804	-149	2698655	18
19	1950 CO-OPERATIVE CARE - GENERAL								19
19.01	1951 CENTRAL TRANSPORTATION	2182463	523710	2706173		2706173	-642	2705531	19.01
19.02	1952 DEPARTMENT OF MEDICINE	2177043	6599571	8776614	513678	9290292	-466937	8823355	19.02
19.03	1953 DEPARTMENT OF SURGERY	3205315	7605900	10811215	532865	11344080	-718662	10625418	19.03
19.04	1954 DEPARTMENT OF PEDIATRICS	18075936	1770951	19846887	-226826	19620061	-5749849	13870212	19.04
19.05	1955 DEPARTMENT OF ORTHOPEDICS	244145	1136114	1380259	-156147	1224112	33305	1257417	19.05
19.06	1956 DEPARTMENT OF PSYCHIATRY	2609698	897060	3506758	3894052	7400810	-3248694	4152116	19.06
19.07	1957 PRE-ADMISSION TESTING	355803	3756	359559	-224	359335		359335	19.07
19.08	1958 DEPARTMENT OF RADIOLOGY	483336	43922	527258	-11309	515949		515949	19.08
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	27999215	2159970	30159185	-7183075	22976110	-1838072	21138038	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	1363896	826002	2189898	3075292	5265190	-39300	5225890	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
24.01	2401 PARAMED ED PRGM - TECHNICIANS	87541	7550	95091		95091	-45514	49577	24.01
24.02	2402 PARAMED ED PRGM-PSYCH								24.02
24.03	2403 PARAMED ED PRGM- RADIOLOGY	687075	162649	849724	1517114	2366838	-204167	2162671	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	61819310	13286244	75105554	-216936	74888618	-367	74888251	25
26	2600 INTENSIVE CARE UNIT	11490975	2997740	14488715	-55901	14432814	-32035	14400779	26
27	2700 CORONARY CARE UNIT	2706739	672656	3379395	-4528	3374867		3374867	27
27.01	2080 PEDIATRIC INTENSIVE CARE UNIT	3534685	710438	4245123	-7593	4237530		4237530	27.01
31	3100 SUBPROVIDER I	4013100	588149	4601249	93061	4694310	-118479	4575831	31
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	12974212	11142556	24116768	-2223242	21893526	-127450	21766076	37
37.01	3330 ENDOSCOPY	3394624	2167616	5562240	-350416	5211824		5211824	37.01
37.02	3560 PULMONARY FUNCTION TESTING	1361923	514494	1876417	-136368	1740049	-40419	1699630	37.02
37.03	3701 GAMMA KNIFE	313653	30255	343908	-1467	342441		342441	37.03
38	3800 RECOVERY ROOM	3785850	761167	4547017	-31848	4515169		4515169	38
41	4100 RADIOLOGY-DIAGNOSTIC	10180619	4153961	14334580	-980970	13353610	-1506	13352104	41
42	4200 RADIOLOGY-THERAPEUTIC	3325301	1784303	5109604	-154107	4955497	-197333	4758164	42
43	4300 RADIOISOTOPE	1681764	2094792	3776556	-2318359	1458197	-6272	1451925	43
43.01	4301 ULTRASOUND	1538442	180349	1718791	-64929	1653862		1653862	43.01
43.02	3230 CAT SCAN	3004359	1916223	4920582	-527005	4393577		4393577	43.02
43.03	3430 MAGNETIC RESONANCE IMAGING(MRI)	1511793	997409	2509202	-526185	1983017	6367	1989384	43.03
43.04	4304 PET IMAGING	224985	527798	752783	-628800	123983		123983	43.04
44	4400 LABORATORY	12161828	9937387	22099215	-845577	21253638	-2746989	18506649	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	1040073	6196066	7236139	65	7236204	-11	7236193	47
49	4900 RESPIRATORY THERAPY	4675605	921562	5597167	-5153	5592014	-53079	5538935	49
50	5000 PHYSICAL THERAPY	3451834	448459	3900293	-24651	3875642	-23730	3851912	50
51	5100 OCCUPATIONAL THERAPY	854197	180515	1034712		1034712	-2286	1032426	51
52	5200 SPEECH PATHOLOGY	1145573	334921	1480494	-3482	1477012	-248412	1228600	52
53	5300 ELECTROCARDIOLOGY	276629	27268	303897		303897		303897	53
54	5400 ELECTROENCEPHALOGRAPHY	1177035	1787625	2964660	-701816	2262844	-309455	1953389	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		49858242	49858242	-651942	49206300	-374530	48831770	55
56	5600 DRUGS CHARGED TO PATIENTS						-12520	-12520	56
57	5700 RENAL DIALYSIS	673498	1148835	1822333	-140780	1681553	-121034	1560519	57
59	3950 VASCULAR LAB	2473197	1626543	4099740	-468095	3631645	-2052	3629593	59
59.01	3951 APPLIANCE SHOP		5707	5707	651942	657649	-1680	655969	59.01
59.02	3952 LITHOTRIPSY		361194	361194		361194		361194	59.02

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
OUTPATIENT SERVICE COST CENTERS									
60	6000								
	CLINIC	6116818	17901928	24018746	-12152376	11866370	-2495877	9370493	60
60.01	4040	1865606	94079	1959685	21938	1981623	-62719	1918904	60.01
60.02	6002	4567340	2566578	7133918	-1147660	5986258	-414483	5571775	60.02
61	6100	18653491	6661853	25315344	-1236226	24079118	-10901	24068217	61
62	6200								62
	OBSERVATION BEDS (NON-DISTINCT								
63.50	6310								63.50
	RHC								
63.60	6320								63.60
	FQHC								
OTHER REIMBURSABLE COST CENTERS									
65	6500	246364	77016	323380	-89	323291		323291	65
	AMBULANCE SERVICES								
69.10	6910								69.10
	CMHC								
69.20	6920								69.20
	OUTPATIENT PHYSICAL THERAPY								
69.30	6930								69.30
	OUTPATIENT OCCUPATIONAL THERAPY								
69.40	6940								69.40
	OUTPATIENT SPEECH PATHOLOGY								
71	7100								71
	HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS									
83	8300	574842	1914338	2489180	-1040070	1449110	-884949	564161	83
	KIDNEY ACQUISITION								
85.01	8510		109485	109485	51367	160852		160852	85.01
	PANCREAS ACQUISITION								
85.02	8520								85.02
	INTESTINAL ACQUISITION								
88	8800		10192195	10192195	-10192195				88
	INTEREST EXPENSE								
95		307775745	464020411	771796156	-2578156	769218000	-31851306	737366694	95
	SUBTOTALS								
NONREIMBURSABLE COST CENTERS									
96	9600	40664	2241	42905		42905		42905	96
	GIFT, FLOWER, COFFEE SHOP & CAN								
97	9700	20821229	20220993	41042222	-1528581	39513641		39513641	97
	RESEARCH								
97.01	9701	907825	454419	1362244	-192235	1170009		1170009	97.01
	DENTAL CLINIC								
97.02	9702	66375	401551	467926	19104	487030		487030	97.02
	FUND RAISING								
97.03	9703		22369	22369		22369		22369	97.03
	CARDIOLOGY FOUNDATION								
97.04	9704		133627	133627	-11622	122005		122005	97.04
	ORTHOPAEDIC FOUNDATION								
97.05	9705	58577	90771	149348	-390	148958		148958	97.05
	MEDICAL FOUNDATION								
97.06	9706		33674	33674		33674		33674	97.06
	SURGICAL FOUNDATION								
97.07	9707	23567	42692	66259	-87	66172		66172	97.07
	NEUROLOGY FOUNDATION								
97.08	9708				1804546	1804546	228906	2033452	97.08
	RESEARCH FINANCE ADMINISTRATION								
98	9800	4396844	1363748	5760592	-4473822	1286770		1286770	98
	PHYSICIANS' PRIVATE OFFICES								
98.01	9801								98.01
	NOPCO								
99.01	9901								99.01
	HASBRO VNA								
99.02	9902								99.02
	PATIENT TELEPHONES								
99.03	9903	88915	2565506	2654421		2654421		2654421	99.03
	RIH VENTURES								
99.04	9904								99.04
	NON-PATIENT RELATED								
99.05	9905								99.05
	DAY CARE CENTER								
99.06	9906								99.06
	WORK LAB								
99.07	9907				7314209	7314209		7314209	99.07
	PAYROLL BILLED								
99.08	9908								99.08
	O/P MEALS								
99.09	9909								99.09
	WEIGHT LOSS PROGRAM								
99.10	9910								99.10
	UNALLOWABLE FLOOR AREA								
99.11	9911	372934	152806	525740	-379043	146697		146697	99.11
	OTHER NON-REIMBURSEABLE								
99.12	9912								99.12
	SATALITE PHYSICIANS OFFICE								
99.13	9913	329412	151236	480648	-332257	148391		148391	99.13
	SNE REHAB								
99.14	9914								99.14
	CO-OPERATIVE CARE W & I								
99.15	9915								99.15
	BROWN UNIV. STUDENTS				358334	358334		358334	
99.16	9916								99.16
	LCS CORO								
99.17	9917								99.17
	TMH CORO								
101	TOTAL	334882087	489656044	824538131		824538131	-31622400	792915731	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1 PAYROLL BILLED-PHYSICIAN	A	OTHER ADMINISTRATIVE AND GENE	6.06	45000	1
2	A	PHYSICIANS' PRIVATE OFFICES	98	18090	2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12	A	PAYROLL BILLED	99.07	7125293	12
13 ALLIED HEALTH-RADIOLOGY	B	PARAMED ED PRGM- RADIOLOGY	24.03	1517114	13
14	B				14
15	B				15
16	B				16
17	B				17
18 WOMAN & INFANTS	C	OPERATION OF PLANT	8		1121143 18
19	C	RESPIRATORY THERAPY	49		100 19
20	C	OTHER ADMINISTRATIVE AND GENE	6.06		2127 20
21	C	OPERATION OF PLANT	8		138640 21
22 CAFETERIA	D	CAFETERIA	12	239293	1867130 22
23 INTEREST EXPENSE	E	OLD CAP REL COSTS-BLDG & FIXT	1		2585249 23
24	E	OLD CAP REL COSTS-MVBLE EQUIP	2		959836 24
25	E	NEW CAP REL COSTS-BLDG & FIXT	3		4446776 25
26	E	NEW CAP REL COSTS-MVBLE EQUIP	4		2200334 26
27 HEMOPHILIA COST	G	PHARMACY	16		5186677 27
28	G	BLOOD STORING, PROCESSING & T	47		65 28
29 INTERNS & RESIDENTS	I	I&R SERVICES-SALARY & FRINGES	22	1030867	
30	I				
31	I				
32	I				
33	I				
34	I				
35 ALLIED HEALTH-PSYCH	J	DEPARTMENT OF PSYCHIATRY	19.06	667720	
36 SUBTOTAL				10643377	18508077 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 PAYROLL BILLED-PHYSICIAN	A	DEPARTMENT OF MEDICINE	19.02	275399		1
2	A	DEPARTMENT OF SURGERY	19.03	180060		2
3	A	DEPARTMENT OF PEDIATRICS	19.04	174079		3
4	A	DEPARTMENT OF PSYCHIATRY	19.06	138411		4
5	A	I&R SERVICES-SALARY & FRINGES	22	6150714		5
6	A	I&R SERVICES-OTHER PRGM COSTS	23	228044		6
7	A	LABORATORY	44	11140		7
8	A	ELECTROENCEPHALOGRAPHY	54	6817		8
9	A	NON MEDICARE CLINICS	60.02	23719		9
10	A					10
11	A					11
12	A					12
13 ALLIED HEALTH-RADIOLOGY	B	RADIOLOGY-DIAGNOSTIC	41	713956		13
14	B	RADIOISOTOPE	43	524811		14
15	B	ULTRASOUND	43.01	50181		15
16	B	MAGNETIC RESONANCE IMAGING(MR	43.03	105620		16
17	B	PET IMAGING	43.04	122546		17
18 WOMAN & INFANTS	C	OLD CAP REL COSTS-BLDG & FIXT	1		1262010	9 18
19	C					19
20	C					20
21	C					21
22 CAFETERIA	D	DIETARY	11	239293	1867130	22
23 INTEREST EXPENSE	E	INTEREST EXPENSE	88		10192195	11 23
24	E					11 24
25	E					11 25
26	E					11 26
27 HEMOPHILIA COST	G	CLINIC	60		3190645	27
28	G	LABORATORY	44		1996097	28
29 INTERNS & RESIDENTS	I	DEPARTMENT OF MEDICINE	19.02	166337		29
30	I	DEPARTMENT OF PEDIATRICS	19.04	317571		30
31	I	DEPARTMENT OF PSYCHIATRY	19.06	76438		31
32	I	DEPARTMENT OF ORTHOPEDICS	19.05	83022		32
33	I	PHYSICIANS' PRIVATE OFFICES	98	73444		33
34	I	OTHER NON-REIMBURSEABLE	99.11	314055		34
35 ALLIED HEALTH-PSYCH	J	PHYSICIANS' PRIVATE OFFICES	98	667720		35
36 SUBTOTAL				10643377	18508077	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 PHYSICIAN SALARIES	K	DEPARTMENT OF PSYCHIATRY	19.06	3681581	1
2	K	DEPARTMENT OF PEDIATRICS	19.04	102618	2
3	K	DEPARTMENT OF PSYCHIATRY	19.06	156708	3
4	K	EMERGENCY	61	66066	4
5	K	LABORATORY	44	923965	5
6 PHYSICIAN FEES	M	KIDNEY ACQUISITION	83		312686 6
7	M	DEPARTMENT OF MEDICINE	19.02		1013644 7
8	M				8
9	M				9
10 I&R SAL,TEACH,RESCH	N	I&R SERVICES-OTHER PRGM COSTS	23		2279218 10
11	N	BROWN UNIV. STUDENTS	99.15		358334 11
12	N	RESEARCH	97		341365 12
13	N				13
14	N				14
15	N				15
16	N				16
17	N				17
18 RESEARCH ADMINISTRATION	O	RESEARCH FINANCE ADMINISTRATI	97.08	923360	881186 18
19 RECLASS I&R COSTS	P	I&R SERVICES-SALARY & FRINGES	22	181849	19
20	P	I&R SERVICES-OTHER PRGM COSTS	23		2159970 20
21 KIDNEY TRANSPLANT BILLING	Q	KIDNEY ACQUISITION	83		35276 21
22 DRUGS CHARGED	R	PHARMACY	16		16842823 22
23	R				23
24	R				24
25	R				25
26	R				26
27	R				27
28	R				28
29	R				29
30	R				30
31	R				31
32	R				32
33	R				33
34	R				34
35	R				35
36 SUBTOTAL				16679524	42732579 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	6	7	8	9		
1	K	PHYSICIANS' PRIVATE OFFICES	98	3681581		1
2	K	CLINIC	60	102618		2
3	K	DEPARTMENT OF PEDIATRICS	19.04	156708		3
4	K	DEPARTMENT OF PEDIATRICS	19.04	66066		4
5	K	I&R SERVICES-OTHER PRGM COSTS	23	923965		5
6	M	DEPARTMENT OF SURGERY	19.03		312686	6
7	M	CLINIC	60		1013644	7
8	M					8
9	M					9
10	N	RADIOLOGY-THERAPEUTIC	42		72314	10
11	N	RADIOLOGY-DIAGNOSTIC	41		287109	11
12	N	OPERATING ROOM	37		229294	12
13	N	LABORATORY	44		676719	13
14	N	ELECTROENCEPHALOGRAPHY	54		732283	14
15	N	EMERGENCY	61		629489	15
16	N	CLINIC	60		95068	16
17	N	KIDNEY ACQUISITION	83		256641	17
18	O	RESEARCH	97	923360	881186	18
19	P	I&R SERVICES-OTHER PRGM COSTS	23	181849		19
20	P	I&R SERVICES-SALARY & FRINGES	22		2159970	20
21	Q	OTHER ADMINISTRATIVE AND GENE	6.06		35276	21
22	R	EMPLOYEE BENEFITS	5		117037	22
23	R	PURCHASING	6.03		6	23
24	R					24
25	R	MAINTENANCE & REPAIRS	7		165	25
26	R	NURSING ADMINISTRATION	14		222	26
27	R	CENTRAL SERVICES & SUPPLY	15		10914	27
28	R	SOCIAL SERVICE	18		357347	28
29	R	EMERGENCY	61		132	29
30	R	DEPARTMENT OF MEDICINE	19.02		404	30
31	R	DEPARTMENT OF SURGERY	19.03		304	31
32	R	DEPARTMENT OF PEDIATRICS	19.04		2245	32
33	R	DEPARTMENT OF ORTHOPEDICS	19.05		1125	33
34	R	PRE-ADMISSION TESTING	19.07		224	34
35	R	DEPARTMENT OF CARDIOLOGY	19.08		502	35
36		SUBTOTAL		16679524	26380383	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	R				1
2	R				2
3	R				3
4	R				4
5	R				5
6	R				6
7	R				7
8	R				8
9	R				9
10	R				10
11	R				11
12	R				12
13	R				13
14	R				14
15	R				15
16	R				16
17	R				17
18	R				18
19	R				19
20	R				20
21	R				21
22	R				22
23	R				23
24	R				24
25	R				25
26	R				26
27	R				27
28	R				28
29	R				29
30	R				30
31	R				31
32	R				32
33	R				33
34	R				34
35	R				35
36 SUBTOTAL				16679524	42732579 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	R	ADULTS & PEDIATRICS	25		234153	1
2	R	INTENSIVE CARE UNIT	26		55901	2
3	R	CORONARY CARE UNIT	27		4528	3
4	R	PEDIATRIC INTENSIVE CARE UNIT	27.01		7593	4
5	R	SUBPROVIDER I	31		4372	5
6	R	OPERATING ROOM	37		319296	6
7	R	ENDOSCOPY	37.01		149657	7
8	R	PULMONARY FUNCTION TESTING	37.02		6663	8
9	R	GAMMA KNIFE	37.03		1467	9
10	R	RECOVERY ROOM	38		31848	10
11	R	OPERATING ROOM	37		1674652	11
12	R	RADIOLOGY-DIAGNOSTIC	41		178719	12
13	R	RADIOLOGY-THERAPEUTIC	42		14269	13
14	R	RADIOISOTOPE	43		1793548	14
15	R	ULTRASOUND	43.01		14748	15
16	R	CAT SCAN	43.02		527005	16
17	R	MAGNETIC RESONANCE IMAGING(MR	43.03		420565	17
18	R	PET IMAGING	43.04		506254	18
19	R	LABORATORY	44		85836	19
20	R	RESPIRATORY THERAPY	49		5253	20
21	R	PHYSICAL THERAPY	50		344	21
22	R	SPEECH PATHOLOGY	52		2932	22
23	R	ELECTROENCEPHALOGRAPHY	54		2716	23
24	R	RENAL DIALYSIS	57		140780	24
25	R	VASCULAR LAB	59		468095	25
26	R	CLINIC	60		7761637	26
27	R	OUTPATIENT PSYCHIATRY	60.01		1045	27
28	R	NON MEDICARE CLINICS	60.02		1050091	28
29	R	EMERGENCY	61		672671	29
30	R	AMBULANCE SERVICES	65		89	30
31	R	KIDNEY ACQUISITION	83		148084	31
32	R	RESEARCH	97		55000	32
33	R	DENTAL CLINIC	97.01		286	33
34	R	ORTHOPAEDIC FOUNDATION	97.04		11622	34
35	R	MEDICAL FOUNDATION	97.05		390	35
36	SUBTOTAL			16679524	42732492	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			OTHER
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	R				1
2 APPLIANCE SHOP	S	APPLIANCE SHOP	59.01		651942 2
3 TRANSPLANT SERVICES	T	PANCREAS ACQUISITION	85.01		21837 3
4	T	DEPARTMENT OF SURGERY	19.03		496132 4
5 TRANSPLANT SERVICES	U	PANCREAS ACQUISITION	85.01	25772	5
6	U	DEPARTMENT OF SURGERY	19.03	169746	6
7 TRANSPLANT SERVICES	V	PANCREAS ACQUISITION	85.01		3758 7
8	V	DEPARTMENT OF SURGERY	19.03		266062 8
9 PAYROLL BILLED-NON PHYSICIAN	AA	OTHER ADMINISTRATIVE AND GENE	6.06	94261	9
10	AA	DEPARTMENT OF SURGERY	19.03	93975	10
11	AA	DEPARTMENT OF PEDIATRICS	19.04	387225	11
12	AA				12
13	AA				13
14	AA	ADULTS & PEDIATRICS	25	17217	14
15	AA	SUBPROVIDER I	31	97433	15
16	AA	RADIOLOGY-DIAGNOSTIC	41	198814	16
17	AA	LABORATORY	44	1000250	17
18	AA	ELECTROENCEPHALOGRAPHY	54	40000	18
19	AA				19
20	AA	CLINIC	60	11236	20
21	AA	OUTPATIENT PSYCHIATRY	60.01	22983	21
22	AA	FUND RAISING	97.02	19104	22
23	AA				23
24	AA				24
25	AA				25
26	AA				26
27	AA				27
28	AA				28
29	AA				29
30	AA				30
31	AA				31
32	AA				32
33	AA				33
34	AA	PAYROLL BILLED	99.07	188916	34
35 BOND AMORTIZATION	EE	OLD CAP REL COSTS-BLDG & FIXT	1		18762 35
36 SUBTOTAL				19046456	44191072 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	R	NEUROLOGY FOUNDATION	97.07		87	1
2 APPLIANCE SHOP	S	MEDICAL SUPPLIES CHARGED TO P	55		651942	2
3 TRANSPLANT SERVICES	T	KIDNEY ACQUISITION	83		517969	3
4	T					4
5 TRANSPLANT SERVICES	U	KIDNEY ACQUISITION	83	195518		5
6	U					6
7 TRANSPLANT SERVICES	V	KIDNEY ACQUISITION	83		269820	7
8	V					8
9 PAYROLL BILLED-NON PHYSICIAN	AA	ADMITTING	6.04	22674		9
10	AA	MAINTENANCE & REPAIRS	7	90820		10
11	AA	OPERATION OF PLANT	8	85354		11
12	AA	DIETARY	11	49905		12
13	AA	NURSING ADMINISTRATION	14	46036		13
14	AA	PHARMACY	16	43188		14
15	AA	SOCIAL SERVICE	18	15095		15
16	AA	DEPARTMENT OF MEDICINE	19.02	57826		16
17	AA	DEPARTMENT OF ORTHOPEDICS	19.05	72000		17
18	AA	DEPARTMENT OF PSYCHIATRY	19.06	397108		18
19	AA	DEPARTMENT OF CARDIOLOGY	19.08	10807		19
20	AA	I&R SERVICES-SALARY & FRINGES	22	85107		20
21	AA	I&R SERVICES-OTHER PRGM COSTS	23	30038		21
22	AA	ENDOSCOPY	37.01	200759		22
23	AA	PULMONARY FUNCTION TESTING	37.02	129705		23
24	AA	RADIOLOGY-THERAPEUTIC	42	67524		24
25	AA	PHYSICAL THERAPY	50	24307		25
26	AA	SPEECH PATHOLOGY	52	550		26
27	AA	NON MEDICARE CLINICS	60.02	73850		27
28	AA					28
29	AA	RESEARCH	97	10400		29
30	AA	DENTAL CLINIC	97.01	191949		30
31	AA	PHYSICIANS' PRIVATE OFFICES	98	69167		31
32	AA	OTHER NON-REIMBURSEABLE	99.11	64988		32
33	AA	SNE REHAB	99.13	332257		33
34	AA					34
35 BOND AMORTIZATION	EE	OTHER ADMINISTRATIVE AND GENE	6.06		118442	14 35
36 SUBTOTAL				19046456	44290752	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	EE	OLD CAP REL COSTS-MVBLE EQUIP	2		6964 1
2	EE	NEW CAP REL COSTS-BLDG & FIXT	3		62028 2
3	EE	NEW CAP REL COSTS-MVBLE EQUIP	4		30688 3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36	TOTAL RECLASSIFICATIONS			19046456	44290752 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 5

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	14
1	EE					1
2	EE					2
3	EE					3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				19046456	44290752	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	8924384					8924384	1
2 LAND IMPROVEMENTS	10805966					10805966	2
3 BUILDINGS AND FIXTURES	126510162					126510162	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	50981903					50981903	6
7 SUBTOTAL	197222415					197222415	7
8 RECONCILING ITEMS							8
9 TOTAL	197222415					197222415	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	6150558					6150558	1
2 LAND IMPROVEMENTS	3068448	561631		561631		3630079	2
3 BUILDINGS AND FIXTURES	407507508	52417150		52417150	9437883	450486775	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	233839644	-9135519		-9135519		224704125	6
7 SUBTOTAL	650566158	43843262		43843262	9437883	684971537	7
8 RECONCILING ITEMS							8
9 TOTAL	650566158	43843262		43843262	9437883	684971537	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	-509324		2585249			18762	2094687	1
2 OLD CAP REL COSTS-MVBLE EQUIP	-20895		959836			6964	945905	2
3 NEW CAP REL COSTS-BLDG & FIXT	18355067		4446776			62028	22863871	3
4 NEW CAP REL COSTS-MVBLE EQUIP	13275681		2200334			30688	15506703	4
5 TOTAL	31100529		10192195			118442	41411166	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	300293						300293	1
2 OLD CAP REL COSTS-MVBLE EQUIP	18251						18251	2
3 NEW CAP REL COSTS-BLDG & FIXT	14476223						14476223	3
4 NEW CAP REL COSTS-MVBLE EQUIP	10763765						10763765	4
5 TOTAL	25558532						25558532	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-164424	PURCHASING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-11568560			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1552003			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-3292384	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 AFFILIATION REIMBURSEMENT	B	-1550749	I&R SERVICES-SALARY & FRINGES A	22	37
38					38
39 RENTAL-GERRY HOUSE MOP	B	-21670	MAINTENANCE OF PERSONNEL	13	39
40 RENTAL-SUPPLIES	B	-7815	MAINTENANCE OF PERSONNEL	13	40
41 RENTAL-BANK	B	-1861	OPERATION OF PLANT	8	41
42 RENTAL-NEOB	B	-1027	OLD CAP REL COSTS-BLDG & FIXT	1	42
43 RENTAL-TELEPHONE	B	-22500	OTHER ADMINISTRATIVE AND GENERA	6.06	43
44 RENTAL-STEERE HOUSE	B	-50000	OPERATION OF PLANT	8	44
45 RENTAL-CORO ELECTRIC	B	-185064	OTHER ADMINISTRATIVE AND GENERA	6.06	45
46 RENTAL-CORO MAINT	B	-284035	OPERATION OF PLANT	8	46
47 RENTAL-AU BON PAIN	B	-141829	OPERATION OF PLANT	8	47
47.01 RENTAL -MISC	B	-4123	OTHER ADMINISTRATIVE AND GENERA	6.06	47.01
48 W&I-HEAT, LIGHT, POWER (5300-3635)	B	-2282044	OPERATION OF PLANT	8	48
48.01 WASTE DISPOSAL (5300-3636)	B	-282197	OPERATION OF PLANT	8	48.01
48.02 LIBRARY REVENUE (4920-3637)	B	-58119	OTHER ADMINISTRATIVE AND GENERA	6.06	48.02
48.03 W&I OXYGEN (5300-3638)	B	-53079	RESPIRATORY THERAPY	49	48.03
48.04 SERVICES RENDERED (3665)	B	-32562	EMPLOYEE BENEFITS	5	48.04
48.05 SERVICES RENDERED (3665)	B	-13717	OTHER ADMINISTRATIVE AND GENERA	6.06	48.05
48.06 SERVICES RENDERED (3665)	B	-5170871	LAUNDRY & LINEN SERVICE	9	48.06
48.07 SERVICES RENDERED (3665)	B	-241139	LAUNDRY & LINEN SERVICE	9	48.07
48.08 SERVICES RENDERED (3665)	B	-642	CENTRAL TRANSPORTATION	19.01	48.08
48.10 SERVICES RENDERED (3665)	B	-117623	DEPARTMENT OF PEDIATRICS	19.04	48.10
48.11 SERVICES RENDERED (3665)	B	-338	NURSING ADMINISTRATION	14	48.11
48.12 SERVICES RENDERED (3665)	B	-45248	PARAMED ED PRGM - TECHNICIANS	24.01	48.12
48.13 SERVICES RENDERED (3665)	B	-608715	LABORATORY	44	48.13
48.14 SERVICES RENDERED (3665)	B	-7200	ELECTROENCEPHALOGRAPHY	54	48.14
48.15 SERVICES RENDERED (3665)	B	-10535	CLINIC	60	48.15
49 SERVICES RENDERED (3665)	B	-62369	OUTPATIENT PSYCHIATRY	60.01	49
49.01 MISC REVENUE (3670)	B	-11	EMPLOYEE BENEFITS	5	49.01
49.02 MISC REVENUE(3670)	B	-335760	PURCHASING	6.03	49.02

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.03 MISC REVENUE (3670)	B	-437949	OTHER ADMINISTRATIVE AND GENERA	6.06	49.03
49.04 MISC REVENUE (3670)	B	-61644	CAFETERIA	12	49.04
49.05 MISC REVENUE (3670)	B	-3239	NURSING ADMINISTRATION	14	49.05
49.06 MISC REVENUE (3670)	B	-297227	CENTRAL SERVICES & SUPPLY	15	49.06
49.07 MISC REVENUE (3670)	B	-29708	MEDICAL RECORDS & LIBRARY	17	49.07
49.08 MISC REVENUE (3670)	B	-3781	DEPARTMENT OF MEDICINE	19.02	49.08
49.09 MISC REVENUE (3670)	B	-534477	DEPARTMENT OF PEDIATRICS	19.04	49.09
49.10 MISC REVENUE (3670)	B	-169815	DEPARTMENT OF PEDIATRICS	19.04	49.10
49.11 MISC REVENUE (3670)	B	-1080	DEPARTMENT OF PEDIATRICS	19.04	49.11
49.12 MISC REVENUE (3670)	B	-94427	DEPARTMENT OF PEDIATRICS	19.04	49.12
49.13 MISC REVENUE (3670)	B	-205482	DEPARTMENT OF PEDIATRICS	19.04	49.13
49.14 MISC REVENUE (3670)	B	-131406	I&R SERVICES-SALARY & FRINGES A	22	49.14
49.15 MISC REVENUE (3670)	B	-204167	PARAMED ED PRGM- RADIOLOGY	24.03	49.15
49.16 MISC REVENUE (3670)	B	-1280	RADIOLOGY-THERAPEUTIC	42	49.16
49.17 MISC REVENUE (3670)	B	6367	MAGNETIC RESONANCE IMAGING(MRI)	43.03	49.17
49.18 MISC REVENUE (3670)	B	-2690	LABORATORY	44	49.18
49.19 MISC REVENUE (3670)	B	-7259	PHYSICAL THERAPY	50	49.19
49.20 MISC REVENUE (3670)	B	-16163	PHYSICAL THERAPY	50	49.20
49.21 MISC REVENUE (3670)	B	-2286	OCCUPATIONAL THERAPY	51	49.21
49.22 MISC REVENUE (3670)	B	-2816	SPEECH PATHOLOGY	52	49.22
49.23 MISC REVENUE (3670)	B	-16	ELECTROENCEPHALOGRAPHY	54	49.23
49.24 MISC REVENUE (3670)	B	-374530	MEDICAL SUPPLIES CHARGED TO PAT	55	49.24
49.25 MISC REVENUE (3670)	B	-12520	DRUGS CHARGED TO PATIENTS	56	49.25
49.26 MISC REVENUE (3670)	B	25000	RENAL DIALYSIS	57	49.26
49.27 MISC REVENUE (3670)	B	-2052	VASCULAR LAB	59	49.27
49.28 MISC REVENUE (3670)	B	-1680	APPLIANCE SHOP	59.01	49.28
49.29 MISC REVENUE (3670)	B	-6149	LAUNDRY & LINEN SERVICE	9	49.29
49.30 MISC REVENUE (3670)	B	-1767	CLINIC	60	49.30
49.31 MISC REVENUE (3670)	B	-54	EMERGENCY	61	49.31
49.32 INVESTMENT INCOME (5300-3678)	B	-105456	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.32
49.33 INVESTMENT INCOME (5300-3678)	B	-39146	OLD CAP REL COSTS-MVBLE EQUIP	2	9 49.33
49.34 INVESTMENT INCOME (5300-3678)	B	-348656	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.34
49.35 INVESTMENT INCOME (5300-3678)	B	-172497	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.35
49.36 HEARING AID COSTS	A	-245541	SPEECH PATHOLOGY	52	49.36
49.37 AMBULANCE EXPENSE	A	-10163	EMERGENCY	61	49.37
49.38 1988 ADDITIONS - USEFUL LIVES	A	115881	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.38
49.39 1983 USEFUL LIVES	A	-199450	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.39
49.41 PHYSICIAN FEES (4210)	B	-417022	DEPARTMENT OF MEDICINE	19.02	49.41
49.43 PHYSICIAN FEES (4210)	B	-45278	DEPARTMENT OF SURGERY	19.03	49.43
49.44 PHYSICIAN FEES (4210)	B	-44355	DEPARTMENT OF PEDIATRICS	19.04	49.44
49.45 PHYSICIAN FEES (4210)	B	-289262	DEPARTMENT OF PSYCHIATRY	19.06	49.45
49.46 PHYSICIAN FEES (4210)	B	-152337	I&R SERVICES-SALARY & FRINGES A	22	49.46
49.47 PHYSICIAN FEES (4210)	B	-23650	I&R SERVICES-OTHER PRGM COSTS A	23	49.47
49.48 PHYSICIAN FEES (4210)	B	-31980	INTENSIVE CARE UNIT	26	49.48
49.49 PHYSICIAN FEES (4210)	B	-118450	SUBPROVIDER I	31	49.49
49.50 PHYSICIAN FEES (4210)	B	-40000	PULMONARY FUNCTION TESTING	37.02	49.50
49.51 PHYSICIAN FEES (4210)	B	-2000	RADIOLOGY-THERAPEUTIC	42	49.51
49.52 PHYSICIAN FEES (4210)	B	-1035	LABORATORY	44	49.52
49.53 PHYSICIAN FEES (4210)	B	-265539	ELECTROENCEPHALOGRAPHY	54	49.53
49.54 PHYSICIAN FEES (4210)	B	-2482988	CLINIC	60	49.54
49.55 PHYSICIAN FEES (4210)	B	-350	OUTPATIENT PSYCHIATRY	60.01	49.55
49.56 PHYSICIAN FEES (4210)	B	-333557	NON MEDICARE CLINICS	60.02	49.56
49.57 PHYSICIAN FEES (4210)	B	-19739	KIDNEY ACQUISITION	83	49.57
49.58 1990 USEFUL LIVES - BLDG	A	642445	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.58
49.59 NON REIMB. EXPENSES	A	-666	EMPLOYEE BENEFITS	5	49.59
49.60 NON REIMB. EXPENSES	A	-189562	OTHER ADMINISTRATIVE AND GENERA	6.06	49.60
49.61 NON REIMB. EXPENSES	A	-166	MAINTENANCE & REPAIRS	7	49.61
49.62 NON REIMB. EXPENSES	A	-215	HOUSEKEEPING	10	49.62
49.63 NON REIMB. EXPENSES	A	-910	DIETARY	11	49.63
49.64 NON REIMB. EXPENSES	A	-1170	CAFETERIA	12	49.64
49.65 NON REIMB. EXPENSES	A	-1433	NURSING ADMINISTRATION	14	49.65
49.66 NON REIMB. EXPENSES	A	-264	PHARMACY	16	9 49.66
49.68 NON REIMB. EXPENSES	A	-149	SOCIAL SERVICE	18	49.68
49.69 NON REIMB. EXPENSES	A	-4241	DEPARTMENT OF MEDICINE	19.02	49.69
49.70 NON REIMB. EXPENSES	A	-106431	DEPARTMENT OF SURGERY	19.03	49.70
49.71 NON REIMB. EXPENSES	A	-2852	DEPARTMENT OF PEDIATRICS	19.04	49.71
49.72 NON REIMB. EXPENSES	A	33305	DEPARTMENT OF ORTHOPEDICS	19.05	49.72
49.73 NON REIMB. EXPENSES	A	-4250	DEPARTMENT OF PSYCHIATRY	19.06	49.73
49.74 NON REIMB. EXPENSES	A	-3580	I&R SERVICES-SALARY & FRINGES A	22	49.74
49.75 NON REIMB. EXPENSES	A	-15650	I&R SERVICES-OTHER PRGM COSTS A	23	49.75
49.76 NON REIMB. EXPENSES	A	-266	PARAMED ED PRGM - TECHNICIANS	24.01	49.76
49.77 NON REIMB. EXPENSES	A	-367	ADULTS & PEDIATRICS	25	49.77
49.78 NON REIMB. EXPENSES	A	-55	INTENSIVE CARE UNIT	26	49.78
49.79 NON REIMB. EXPENSES	A	-29	SUBPROVIDER I	31	49.79
49.80 NON REIMB. EXPENSES	A	-584	OPERATING ROOM	37	49.80
49.81 NON REIMB. EXPENSES	A	-419	PULMONARY FUNCTION TESTING	37.02	49.81

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.82 NON REIMB. EXPENSES	A	-179	OPERATING ROOM	37	49.82
49.83 NON REIMB. EXPENSES	A	-1506	RADIOLOGY-DIAGNOSTIC	41	49.83
49.84 NON REIMB. EXPENSES	A	-45	RADIOLOGY-THERAPEUTIC	42	49.84
49.85 NON REIMB. EXPENSES	A	-6272	RADIOISOTOPE	43	49.85
49.86 NON REIMB. EXPENSES	A	-3604	LABORATORY	44	49.86
49.87 NON REIMB. EXPENSES	A	-11	BLOOD STORING, PROCESSING & TRA	47	49.87
49.88 NON REIMB. EXPENSES	A	-308	PHYSICAL THERAPY	50	49.88
49.89 NON REIMB. EXPENSES	A	-55	SPEECH PATHOLOGY	52	49.89
49.90 NON REIMB. EXPENSES	A	-693	ELECTROENCEPHALOGRAPHY	54	49.90
49.91 NON REIMB. EXPENSES	A	-146034	RENAL DIALYSIS	57	49.91
49.92 NON REIMB. EXPENSES	A	-587	CLINIC	60	49.92
49.93 NON REIMB. EXPENSES	A	-7985	NON MEDICARE CLINICS	60.02	49.93
49.94 NON REIMB. EXPENSES	A	-684	EMERGENCY	61	49.94
49.95 NON REIMB. EXPENSES	A	-1004	KIDNEY ACQUISITION	83	49.95
49.98 LOBBYING EXPENSE	A	-6344	OTHER ADMINISTRATIVE AND GENERA	6.06	49.98
49.99 CAPITAL ASSET LIFE ADJUSTMENT	A	4227500	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.99
50 TOTAL		-31622400			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	98	PHYSICIANS' PRIVATE OFFICES	PHYSICIANS OFFICE BUILDING	5709514	5709514	1
2	99.03	RIH VENTURES	RI VENTURES	2429576	2429576	2
3	6.06	OTHER ADMINISTRATIVE AND GENERA	HOME OFFICE	52190797	56656119	3
4	97.08	RESEARCH FINANCE ADMINISTRATION	RESEARCH ADMIN	228906		4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	2684413		9 4.01
4.02	5	EMPLOYEE BENEFITS	WORKERS COMP	3485020	3485020	4.02
4.03	6.06	OTHER ADMINISTRATIVE AND GENERA	PURCHASED SVCS-LCS	3034070	3034070	4.03
4.04	97.03	CARDIOLOGY FOUNDATION	CARDIOLOGY FOUNDATION	22369	22369	4.04
4.05	97.05	MEDICAL FOUNDATION	MEDICINE FOUNDATION	54585	54585	4.05
4.06	97.06	SURGICAL FOUNDATION	SURGICAL FOUNDATION	33674	33674	4.06
4.07	97.07	NEUROLOGY FOUNDATION	NEUROLOGY FOUNDATION	29067	29067	4.07
4.08	99.13	SNE REHAB	SNE REHAB	148562	148562	4.08
4.09	61	EMERGENCY	U.E. MEDICINE FOUNDATIN	1635948	1635948	4.09
4.10	6.06	OTHER ADMINISTRATIVE AND GENERA	PSO SUPPORT	1318557	1318557	4.10
5		TOTALS		73005058	74557061	-1552003 5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP		NAME	PERCENT OF OWNERSHIP		TYPE OF BUSINESS	
		3	4		5	6		
1	C	21.95	MRI			IMAGING SERVICE	1	
2	C	21.95	MRI			IMAGING SERVICE	2	
3	G					PARKING	3	
4	G					PHYSICIANS OFFI	4	
5	G					ADMINISTRATION	5	
5.01	G					CARDIOLOGY	5.01	
5.02	G					MEDICAL	5.02	
5.03	G					NEUROLOGY	5.03	
5.04	G					SNE REHAB	5.04	
5.05	G					EMERGENCY	5.05	
5.06	G					PSO	5.06	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY: LIFESPAN CORPORATE SERVICES

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	19.02 DEPARTMENT OF MEDICINE	224569		224569	177200	4339	369649	18482
2	19.02 DEPARTMENT OF MEDICINE	3790597		3790597	165600	66154	5266876	263344
3	19.02 DEPARTMENT OF MEDICINE	89516		89516	177200	559	47623	2381
4	19.03 DEPARTMENT OF SURGERY	139467		139467	208000	2028	202800	10140
5	19.03 DEPARTMENT OF SURGERY	204527		204527	208000	2005	200500	10025
6	19.03 DEPARTMENT OF SURGERY	510995		510995	208000	1177	117700	5885
7	19.03 DEPARTMENT OF SURGERY	3176631		3176631	208000	30070	3007000	150350
8	19.03 DEPARTMENT OF SURGERY	102810		102810	208000	3686	368600	18430
9	19.03 DEPARTMENT OF SURGERY	86857		86857	208000	5623	562300	28115
10	19.04 DEPARTMENT OF PEDIATRICS	8247235		8247235	140600	54256	3667497	183375
11	19.05 DEPARTMENT OF ORTHOPEDIC	757292		757292	177200	17100	1456788	72839
12	19.06 DEPARTMENT OF PSYCHIATRY	4734815		4734815	154100	24021	1779633	88982
13	22 I&R SERVICES-SALARY & FR	2692541		2692541	138700	63847	4257490	212875
14	37 OPERATING ROOM	326409		326409	200300	2074	199722	9986
15	41 RADIOLOGY-DIAGNOSTIC	147407		147407	225300	16257	1760914	88046
16	42 RADIOLOGY-THERAPEUTIC	260922	194008	66914	225300	1905	206344	10317
17	44 LABORATORY	2664178	2130945	533233	215700	5285	548065	27403
18	54 ELECTROENCEPHALOGRAPHY	443141		443141	177200	4779	407134	20357
19	60.02 NON MEDICARE CLINICS	98947		98947	138700	390	26006	1300
20	61 EMERGENCY	1196563		1196563	177200	20586	1753769	87688
21	83 KIDNEY ACQUISITION	1002906	644373	358533	208000	1387	138700	6935
22	85.01 PANCREAS ACQUISITION							
101	TOTAL	30898325	2969326	27928999		327528	26345110	1317255

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	19.02 DEPARTMENT OF MEDICINE	DERMATOLOGY				369649		
2	19.02 DEPARTMENT OF MEDICINE	MEDICAL FOUND				5266876		
3	19.02 DEPARTMENT OF MEDICINE	MEDICAL ONCOLOGY				47623	41893	41893
4	19.03 DEPARTMENT OF SURGERY	PLASTIC SURGERY				202800		
5	19.03 DEPARTMENT OF SURGERY	UROLOGY				200500	4027	4027
6	19.03 DEPARTMENT OF SURGERY	NEUROSURGERY				117700	393295	393295
7	19.03 DEPARTMENT OF SURGERY	SURGERY FOUND				3007000	169631	169631
8	19.03 DEPARTMENT OF SURGERY	OTOLARYNGOLOGY				368600		
9	19.03 DEPARTMENT OF SURGERY	OPHTHALMOLOGY				562300		
10	19.04 DEPARTMENT OF PEDIATRICS	PEDIATRICS				3667497	4579738	4579738
11	19.05 DEPARTMENT OF ORTHOPEDIC	OTHOPEdic FOUND				1456788		
12	19.06 DEPARTMENT OF PSYCHIATRY	PSYCHIATRY				1779633	2955182	2955182
13	22 I&R SERVICES-SALARY & FR	I&R				4257490		
14	37 OPERATING ROOM	ANESTHESIOLOGY				199722	126687	126687
15	41 RADIOLOGY-DIAGNOSTIC	X-RAY				1760914		
16	42 RADIOLOGY-THERAPEUTIC	X-RAY THERAPY				206344		194008
17	44 LABORATORY	PATHOLOGY				548065		2130945
18	54 ELECTROENCEPHALOGRAPHY	NEUROLOGY				407134	36007	36007
19	60.02 NON MEDICARE CLINICS	CLINIC				26006	72941	72941
20	61 EMERGENCY	EMERGENCY				1753769		
21	83 KIDNEY ACQUISITION	KIDNEY TRANSPLANT				138700	219833	864206
22	85.01 PANCREAS ACQUISITION	PANCREAS TRANSPLANT						
101	TOTAL					26345110	8599234	11568560

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONE	PURCHASING	
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS	6.01	6.03	
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT				
	0	1	2	3	4	5			
GENERAL SERVICE COST CENTERS									
1	2094687	2094687							1
2	945905		945905						2
3	22863871			22863871					3
4	15506703				15506703				4
5	93111451	14		53000	35947	93200412			5
6.01	301210	36116	16530	23678	16059		393593		6.01
6.02									6.02
6.03	979129			13493	9151	309934	2592	1314299	6.03
6.04	2192939	627	311	123068	83468	562987	3222	1305	6.04
6.05	3056844	7145	3265	166901	113195	795785	5254	1981	6.05
6.06	107823930	34696	15857	641622	435159	2462079	13169	15835	6.06
7	11805303	62992	28811	125527	85135	1345116	16041	239	7
8	20335613	861935	394032	11281194	7651113	880536	1331	355	8
9	3896974			181540	123124	952175	771	25382	9
10	6567994	896	415	64021	43421	1643952	1401	181	10
11	6013854	60966	27879	279386	189484	1055892	3292	5772	11
12	460854	104316	47674	213620	144881	404818	2101	6105	12
13	-29485								13
14	10568419	18671	8550	53654	36389	2801198	7215	1843	14
15	2660353	22440	10260	246519	167193	389432	560	441	15
16	46782314	22446	10260	81880	55532	1569405	4623	2513	16
17	6452052			135698	92034	1201682	11768	1486	17
18	2698655	7455	3420	41319	28023	484095	3152	591	18
19				44508	30186			22	19
19.01	2705531			26078	17687	608754	1681	105	19.01
19.02	8823355	6180	2850	214034	145162	467900	18773	1342	19.02
19.03	10625418			90071	61087	870047	8476	1128	19.03
19.04	13870212	13579	6218	160193	108646	4979278	15200	1723	19.04
19.05	1257417			5594	3793	24859	2382	2521	19.05
19.06	4152116	14		106394	72159	1814091	16741	1186	19.06
19.07	359335	14344	6581	44599	30248	99244	700	101	19.07
19.08	515949			53303	36151	131803	1751	170	19.08
20									20
21									21
22	21138038			823	559	6408726	2592	390	22
23	5225890	5594	2539	220482	149535		2382	467	23
24									24
24.01	49577			2358	1599	24418	210	30	24.01
24.02									24.02
24.03	2162671					614814		282	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25	74888251	253367	104053	1286749	872697	17247971	31942	9525	25
26	14400779	52451	23992	163107	110622	3205178	4133	1994	26
27	3374867	22564	10312	72013	48841	754991	2312	248	27
27.01	4237530			122925	83370	985930	2662	441	27.01
31	4575831			37620	25514	1146551	1751	234	31
ANCILLARY SERVICE COST CENTERS									
37	21766076			640321	434278	3618897	15060	1507	37
37.01	5211824	24624	11245	98015	66475	890865	3853	710	37.01
37.02	1699630			3092	2098	343703	3712	894	37.02
37.03	342441			19842	13457	87487	630	88	37.03
38	4515169			31940	21663	1055987	1961	255	38
41	13352104	73389	33527	350540	237743	2695991	25357	3315	41
42	4758164	203362	92963	159264	108016	908692	4763	994	42
43	1451925	24382	11141	203818	138232	322709	2031	372	43
43.01	1653862			27084	18368	415121	1121	89	43.01
43.02	4393577			27531	18672	838006	1051	53	43.02
43.03	1989384			37167	25207	392224	1401	133	43.03
43.04	123983					28573		170	43.04
44	18506649			350266	237556	3925913	13239	81904	44
46.30									46.30
47	7236193	10700	4871	35777	24265	290108	771	5854	47
49	5538935	2556	1192	41641	28242	1304167	1471	259	49
50	3851912			78110	52975	956040	1541	345	50
51	1032426					238261	1331	32	51
52	1228600			37656	25540	319381	2171	134	52
53	303897			21570	14628	77160	911	115	53
54	1953389			85539	58015	337566	5254	893	54
55	48831770							1056582	55
56	-12520								56
57	1560519	7765	3576	59182	40138	187859	700	2035	57
59	3629593	9363	4301	134547	91253	689849	4693	1540	59
59.01	655969						630	85	59.01
59.02	361194						280		59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONE	PURCHASING	
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		6.01	6.03
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT				
	0	1	2	3	4	5			
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	9370493	7		415269	281643	1680675	22695	2145	60
60.01 OUTPATIENT PSYCHIATRY	1918904			903	614	526784	1961	472	60.01
60.02 NON-MEDICARE CLINICS	5571775			238860	162000	1246753	21294	2554	60.02
61 EMERGENCY	24068217	5346	2435	654659	444002	5221446	17021	6279	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	323291					68718		150	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	564161			36383	24675	153152	1471	319	83
85.01 PANCREAS ACQUISITION	160852			2646	1795	7189	140	23	85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	737366694	1970302	889060	20168593	13678714	85072917	348694	1256238	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	42905	4340	1969	23898	16209	11342	420		96
97 RESEARCH	39513641	111419	50938	1127373	764605	5547212	28859	54335	97
97.01 DENTAL CLINIC	1170009			11702	7936	199679	1611	102	97.01
97.02 FUND RAISING	487030			212	144	23843	630	32	97.02
97.03 CARDIOLOGY FOUNDATION	22369						981	272	97.03
97.04 ORTHOPAEDIC FOUNDATION	122005			217497	147511		280	2	97.04
97.05 MEDICAL FOUNDATION	148958			158249	107328	16339	771	127	97.05
97.06 SURGICAL FOUNDATION	33674			370747	251448		350	696	97.06
97.07 NEUROLOGY FOUNDATION	66172					6574	1471		97.07
97.08 RESEARCH FINANCE ADMINISTRATION	2033452			2048	1389	257553	1751		97.08
98 PHYSICIANS' PRIVATE OFFICES	1286770			6727	4563		6935	1837	98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES	2654421			35197	23871	24801	560	562	99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER				17520	11882				99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED	7314209					2040152			99.07
99.08 O/P MEALS									99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE	146697			35319	23954		210	96	99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB	148391						70		99.13
99.14 CO-OPERATIVE CARE W & I				244060	165525				99.14
99.15 BROWN UNIV. STUDENTS	358334			14205	9634				99.15
99.16 LCS CORO		8626	3938	304216	206325				99.16
99.17 TMH CORO				126308	85665				99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	792915731	2094687	945905	22863871	15506703	93200412	393593	1314299	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	ACCOUNTING	SUBTOTAL	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	
	6.04	6.05		5A	NISTRATIVE	TENANCE &	OF PLANT	& LINEN	
				AND GENE	REPAIRS		SERVICE		10
				6.06	7	8	9		
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELEPHONE									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	2967927								6.04
6.05 ACCOUNTING		4150370							6.05
6.06 OTHER ADMINISTRATIVE AND GENERA			111442347	111442347					6.06
7 MAINTENANCE & REPAIRS			13469164	2202437	15671601				7
8 OPERATION OF PLANT			41406109	6770603	606721	48783433			8
9 LAUNDRY & LINEN SERVICE			5179966	847013	258917	838430	7124326		9
10 HOUSEKEEPING			8322281	1360834	203101	657685	70775	10614676	10
11 DIETARY			7636525	1248702	320756	1038681	14869	355733	11
12 CAFETERIA			1384369	226368	278537	901965		164623	12
13 MAINTENANCE OF PERSONNEL			-29485	4811				91559	13
14 NURSING ADMINISTRATION			13495939	2206815	117563	380695		48405	14
15 CENTRAL SERVICES & SUPPLY			3497198	571851	398245	1289605	9942	72836	15
16 PHARMACY			48528973	7935312	104218	337481	53	78316	16
17 MEDICAL RECORDS & LIBRARY			7894720	1290921	251397	814079		79914	17
18 SOCIAL SERVICE			3266710	534163	59774	193563	155	53428	18
19 CO-OPERATIVE CARE - GENERAL			74716	12217	50163	162439			19
19.01 CENTRAL TRANSPORTATION			3359836	549390	33429	108249	46	19179	19.01
19.02 DEPARTMENT OF MEDICINE			9679596	1582778	336709	1090340	2942	174442	19.02
19.03 DEPARTMENT OF SURGERY			11656227	1905991	108428	351114	1337	72608	19.03
19.04 DEPARTMENT OF PEDIATRICS			19155049	3132176	245823	796030	621		19.04
19.05 DEPARTMENT OF ORTHOPEDICS			1296566	212011	7176	23236	25396	3653	19.05
19.06 DEPARTMENT OF PSYCHIATRY			6162701	1007706	241123	780811		29226	19.06
19.07 PRE-ADMISSION TESTING			555152	90777	39956	129385	29315		19.07
19.08 DEPARTMENT OF RADIOLOGY			739127	120860	68327	221258	41		19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A			27551128	4505078	9056	29324			22
23 I&R SERVICES-OTHER PRGM COSTS A			5606889	916822	388832	1259124	5137	29454	23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS			78192	12786	13755	44543			24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY			2777767	454212			34		24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	643720	506022	95844297	15672402	1928365	6244473	3775672	4736407	25
26 INTENSIVE CARE UNIT	214797	168936	18345989	2999881	146133	473211	363445	200699	26
27 CORONARY CARE UNIT	21930	17247	4325325	707264	64699	209511	133614	73749	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	43894	34522	5511274	901187	125745	407190	83986		27.01
31 SUBPROVIDER I	60954	47945	5896400	964162	96142	311330	76080	136768	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	225757	289451	26991347	4413544	748299	2423159	858326	295683	37
37.01 ENDOSCOPY	24686	65943	6398240	1046221	96632	312916	64904	94071	37.01
37.02 PULMONARY FUNCTION TESTING	24353	37884	2115366	345898	3972	12861	676		37.02
37.03 GAMMA KNIFE	33831	28172	525948	86001	24267	78583	1761		37.03
38 RECOVERY ROOM	31754	67490	5726219	936334	91416	296025	39643		38
41 RADIOLOGY-DIAGNOSTIC	69088	159540	17000594	2779886	379101	1227613	139019	456653	41
42 RADIOLOGY-THERAPEUTIC	4181	72968	6313367	1032343	174253	564269	30708	75119	42
43 RADIOISOTOPE	11666	47676	2213952	362019	195422	632820	27363		43
43.01 ULTRASOUND	7693	39909	2163247	353728	42418	137359	72049	31966	43.01
43.02 CAT SCAN	100994	278144	5658028	925184	46562	150778	81044	11645	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	39462	92415	2577393	421448	45450	147176	35225	36076	43.03
43.04 PET IMAGING	285	22590	175601	28714			6773		43.04
44 LABORATORY	258614	421612	23795753	3891010	488681	1582457	1550	453457	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	28185	29973	7666697	1253635	32303	104605	126	20321	47
49 RESPIRATORY THERAPY	42322	35940	6996725	1144083	54015	174914		26486	49
50 PHYSICAL THERAPY	19145	28948	4989016	815789	131782	426739	29896	25573	50
51 OCCUPATIONAL THERAPY	8150	12143	1292343	211320			17550		51
52 SPEECH PATHOLOGY	3529	8878	1625889	265860	64699	209511		15755	52
53 ELECTROCARDIOLOGY	16369	17989	452639	74014	27656	89588	1847		53
54 ELECTROENCEPHALOGRAPHY	7411	10499	2458566	402017	271560	879372	4630	7306	54
55 MEDICAL SUPPLIES CHARGED TO PAT	377236	385972	50651560	8282391					55
56 DRUGS CHARGED TO PATIENTS	367513	553816	908809	148606					56
57 RENAL DIALYSIS	17494	16730	1895998	310028	85035	275361	25836	36989	57
59 VASCULAR LAB	148266	165633	4879038	797806	153957	498548	48381	156860	59
59.01 APPLIANCE SHOP	2315	1958	660957	108078	18164	58819	2050		59.01
59.02 LITHOTRIPSY	77	4588	366139	59870			6831		59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	ACCOUNTING	SUBTOTAL	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	
	6.04	6.05		5A	NISTRATIVE	TENANCE &	OF PLANT	& LINEN	
				AND GENER	REPAIRS		SERVICE		
				6.06	7	8	9	10	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	136	33198	11806261	1930524	676504	2190669	57549	223532	60
60.01 OUTPATIENT PSYCHIATRY	40	12663	2462341	402635	1072	3473	1503	29682	60.01
60.02 NON-MEDICARE CLINICS	147	50960	7294343	1192749	302235	978704	11408		60.02
61 EMERGENCY	108740	374819	30902964	5053160	606932	1965382	918889	1295069	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES			392159	64125					65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	2950	2420	785531	128448	49964	161795			83
85.01 PANCREAS ACQUISITION	215	176	173036	28294	3628	11747			85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	2967899	4145769	724427113	100243292	11319069	34688965	7078997	9713242	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			101083	16529	22731	73610			96
97 RESEARCH			47198382	7717738	2387006	7729654	15894	136768	97
97.01 DENTAL CLINIC	28	4601	1395668	228215	73040	236520	5411	32651	97.01
97.02 FUND RAISING			511891	83703	16972	54961			97.02
97.03 CARDIOLOGY FOUNDATION			23622	3863			3606		97.03
97.04 ORTHOPAEDIC FOUNDATION			487295	79681	192073	621974	8900		97.04
97.05 MEDICAL FOUNDATION			431772	70602	139752	452547	227		97.05
97.06 SURGICAL FOUNDATION			656915	107417	327402	1060202			97.06
97.07 NEUROLOGY FOUNDATION			74217	12136			181		97.07
97.08 RESEARCH FINANCE ADMINISTRATION			2296193	375467	22520	72924			97.08
98 PHYSICIANS' PRIVATE OFFICES			1306832	213689	39227	127027	11110	729960	98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES			2739412	447940	39333	127370		2055	99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER			29402	4808	63680	206210			99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED			9354361	1529597					99.07
99.08 O/P MEALS									99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE			206276	33730					99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB			148461	24276					99.13
99.14 CO-OPERATIVE CARE W & I			409585	66974	301030	974803			99.14
99.15 BROWN UNIV. STUDENTS			382173	62492	21090	68294			99.15
99.16 LCS CORO			523105	85537	519184	1681232			99.16
99.17 TMH CORO			211973	34661	187492	607140			99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2967927	4150370	792915731	111442347	15671601	48783433	7124326	10614676	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAIN- TENANCE & PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11	12	13	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELEPHONE									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 ACCOUNTING									6.05
6.06 OTHER ADMINISTRATIVE AND GENERA									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY	10615266								11
12 CAFETERIA		2955862							12
13 MAINTENANCE OF PERSONNEL			66885						13
14 NURSING ADMINISTRATION		70806		16320223					14
15 CENTRAL SERVICES & SUPPLY		25202			5864879				15
16 PHARMACY		47404			12494	57044251			16
17 MEDICAL RECORDS & LIBRARY		63606			31		10394668		17
18 SOCIAL SERVICE		20402			20	577245		4705460	18
19 CO-OPERATIVE CARE - GENERAL					106	213			19
19.01 CENTRAL TRANSPORTATION		42004			55				19.01
19.02 DEPARTMENT OF MEDICINE		13801			399	653			19.02
19.03 DEPARTMENT OF SURGERY		18602			1929	491			19.03
19.04 DEPARTMENT OF PEDIATRICS		94208			7829	3626			19.04
19.05 DEPARTMENT OF ORTHOPEDICS		600			5042	1817			19.05
19.06 DEPARTMENT OF PSYCHIATRY		34803			44				19.06
19.07 PRE-ADMISSION TESTING		3600			701	362			19.07
19.08 DEPARTMENT OF CARDIOLOGY		5400				811			19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		279025			7256				22
23 I&R SERVICES-OTHER PRGM COSTS A			54425		67				23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS		600							24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY		17402							24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8828139	660062		12523634	398227	378242	1267365	1127315	25
26 INTENSIVE CARE UNIT	365131	95408		1814294	139194	90300	423111	5646	26
27 CORONARY CARE UNIT	192725	25202		476782	14707	7314	43196	2823	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	35685	32403		619380	30129	12265	86462	329820	27.01
31 SUBPROVIDER I	401077	46804		886133	4533	7062	120081	832783	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		150013			3721480	3220948	724950		37
37.01 ENDOSCOPY		29403			163998	241750	165159		37.01
37.02 PULMONARY FUNCTION TESTING		13801			8722	10763	94883		37.02
37.03 GAMMA KNIFE		2400			836	2370	70559		37.03
38 RECOVERY ROOM		30003			15827	51446	169034		38
41 RADIOLOGY-DIAGNOSTIC		106209			345822	288696	399578		41
42 RADIOLOGY-THERAPEUTIC		25202			20361	23050	182753	42815	42
43 RADIOISOTOPE		9601			7056	2897229	119408		43
43.01 ULTRASOUND		12001			17037	23823	99953		43.01
43.02 CAT SCAN		29403			69567	851304	696629		43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)		16201			14046	679365	231460		43.03
43.04 PET IMAGING		1200			156	817783	56578		43.04
44 LABORATORY		120011			20398	138656	1055954		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		10201			1960		75069		47
49 RESPIRATORY THERAPY		42004			65791	8485	90014		49
50 PHYSICAL THERAPY		32403			7254	556	72502		50
51 OCCUPATIONAL THERAPY		8401			903		30412		51
52 SPEECH PATHOLOGY		11401			31323	4736	22236		52
53 ELECTROCARDIOLOGY		4200			1052		45055		53
54 ELECTROENCEPHALOGRAPHY		16801			2276	4387	26296		54
55 MEDICAL SUPPLIES CHARGED TO PAT					158825		966693		55
56 DRUGS CHARGED TO PATIENTS						29855262	1386867		56
57 RENAL DIALYSIS		7801			21315	227411	41901	35287	57
59 VASCULAR LAB		21602			127799	756143	414838		59
59.01 APPLIANCE SHOP					75158		4905		59.01
59.02 LITHOTRIPSY					35		11491		59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAIN- TENANCE & PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11	12	13	14	15	16	17	18	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		72606			27131	12537853	83146	1724850	60
60.01 OUTPATIENT PSYCHIATRY		13801			423	1688	31714		60.01
60.02 NON MEDICARE CLINICS		49804			19422	1696277	127632		60.02
61 EMERGENCY		186016			253936	1086607	938759	369342	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		2400			33	144			65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		4800			4468	222991	6061	218782	83
85.01 PANCREAS ACQUISITION		600			325	16218	441	15997	85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	9822757	2627633	54425	16320223	5827498	56746342	10383145	4705460	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2400							96
97 RESEARCH		190217			13714	88845			97
97.01 DENTAL CLINIC		4800			5303	462	11523		97.01
97.02 FUND RAISING		600							97.02
97.03 CARDIOLOGY FOUNDATION									97.03
97.04 ORTHOPAEDIC FOUNDATION					17575	18774			97.04
97.05 MEDICAL FOUNDATION		600			423	630			97.05
97.06 SURGICAL FOUNDATION									97.06
97.07 NEUROLOGY FOUNDATION		600			6	141			97.07
97.08 RESEARCH FINANCE ADMINISTRATION		7801							97.08
98 PHYSICIANS' PRIVATE OFFICES		15001	3263		216				98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES		29403			108				99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER									99.05
99.06 WORK LAB						189057			99.06
99.07 PAYROLL BILLED		76807							99.07
99.08 O/P MEALS	792509								99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE			9197						99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB					36				99.13
99.14 CO-OPERATIVE CARE W & I									99.14
99.15 BROWN UNIV. STUDENTS									99.15
99.16 LCS CORO									99.16
99.17 TMH CORO									99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	10615266	2955862	66885	16320223	5864879	57044251	10394668	4705460	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CO-OPERATIVE CARE - GENERAL 19	SUBTOTAL	CENTRAL TR	DEPARTMENT	DEPARTMENT	DEPARTMENT	DEPARTMENT	DEPARTMENT		
			ANSPORTATI ON	OF MEDICINE	OF SURGERY	OF PEDIATRICS	OF ORTHOPEDICS	OF PSYCHIATRY		
			19.01	19.02	19.03	19.04	19.05	19.06		
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT							1		
2	OLD CAP REL COSTS-MVBLE EQUIP							2		
3	NEW CAP REL COSTS-BLDG & FIXT							3		
4	NEW CAP REL COSTS-MVBLE EQUIP							4		
5	EMPLOYEE BENEFITS							5		
6.01	TELEPHONE							6.01		
6.02	DATA PROCESSING							6.02		
6.03	PURCHASING							6.03		
6.04	ADMITTING							6.04		
6.05	ACCOUNTING							6.05		
6.06	OTHER ADMINISTRATIVE AND GENERA							6.06		
7	MAINTENANCE & REPAIRS							7		
8	OPERATION OF PLANT							8		
9	LAUNDRY & LINEN SERVICE							9		
10	HOUSEKEEPING							10		
11	DIETARY							11		
12	CAFETERIA							12		
13	MAINTENANCE OF PERSONNEL							13		
14	NURSING ADMINISTRATION							14		
15	CENTRAL SERVICES & SUPPLY							15		
16	PHARMACY							16		
17	MEDICAL RECORDS & LIBRARY							17		
18	SOCIAL SERVICE							18		
19	CO-OPERATIVE CARE - GENERAL	299854						19		
19.01	CENTRAL TRANSPORTATION	4112188	4112188					19.01		
19.02	DEPARTMENT OF MEDICINE	12881660	67152	12948812				19.02		
19.03	DEPARTMENT OF SURGERY	14116727	73590		14190317			19.03		
19.04	DEPARTMENT OF PEDIATRICS	23435362	122169			23557531		19.04		
19.05	DEPARTMENT OF ORTHOPEDICS	1575497	8213				1583710	19.05		
19.06	DEPARTMENT OF PSYCHIATRY	8256414	43041					8299455	19.06	
19.07	PRE-ADMISSION TESTING	849248	4427						19.07	
19.08	DEPARTMENT OF RADIOLOGY	1155824	6025						19.08	
20	NONPHYSICIAN ANESTHETISTS								20	
21	NURSING SCHOOL								21	
22	I&R SERVICES-SALARY & FRINGES A	32380867	168801	7251335	7349165	8989554	1017060	2069054	22	
23	I&R SERVICES-OTHER PRGM COSTS A	8260750	43063						23	
24	PARAMED ED PRGM-(SPECIFY)								24	
24.01	PARAMED ED PRGM - TECHNICIANS	149876	781						24.01	
24.02	PARAMED ED PRGM-PSYCH								24.02	
24.03	PARAMED ED PRGM- RADIOLOGY	3249415	16939						24.03	
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	246357	153630957	801033	3749976	4194658	8318164	299321	2516396	25
26	INTENSIVE CARE UNIT	23042	25485484	132856	337964	378881	751485	27081	227405	26
27	CORONARY CARE UNIT	7131	6284042	32759	106180	119199	235575	8552	71375	27
27.01	PEDIATRIC INTENSIVE CARE UNIT	5495	8181021	42648	84167	92237	181393	6493	54776	27.01
31	SUBPROVIDER I	17829	9797184	51073					1266497	31
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM		43547749	227014						37
37.01	ENDOSCOPY		8613294	44901						37.01
37.02	PULMONARY FUNCTION TESTING		2606942	13590						37.02
37.03	GAMMA KNIFE		792725	4132						37.03
38	RECOVERY ROOM		7355947	38347						38
41	RADIOLOGY-DIAGNOSTIC		23123171	120541						41
42	RADIOLOGY-THERAPEUTIC		8484240	44228						42
43	RADIOISOTOPE		6464870	33701						43
43.01	ULTRASOUND		2953581	15397						43.01
43.02	CAT SCAN		8520144	44416						43.02
43.03	MAGNETIC RESONANCE IMAGING(MRI)		4203840	21915						43.03
43.04	PET IMAGING		1086805	5666						43.04
44	LABORATORY		31547927	164459						44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA		9164917	47777						47
49	RESPIRATORY THERAPY		8602517	44845						49
50	PHYSICAL THERAPY		6531510	34049						50
51	OCCUPATIONAL THERAPY		1560929	8137						51
52	SPEECH PATHOLOGY		2251410	11737						52
53	ELECTROCARDIOLOGY		696021	3628						53
54	ELECTROENCEPHALOGRAPHY		4073211	21234						54
55	MEDICAL SUPPLIES CHARGED TO PAT		60059469	313090						55
56	DRUGS CHARGED TO PATIENTS		32299544	168378						56
57	RENAL DIALYSIS		2962962	15446						57
59	VASCULAR LAB		7854972	40948						59
59.01	APPLIANCE SHOP		928131	4838						59.01
59.02	LITHOTRIPSY		444366	2316						59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CO-OPERATI	SUBTOTAL	CENTRAL TR	DEPARTMENT	DEPARTMENT	DEPARTMENT	DEPARTMENT	DEPARTMENT
	VE CARE -		ANSPORTATI	OF MEDICI	OF SURGER	OF PEDIAT	OF ORTHOP	OF PSYCHI
	GENERAL		ON	NE	Y	RICS	EDICS	ATRY
	19		19.01	19.02	19.03	19.04	19.05	19.06
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		31330625	163327					60
60.01 OUTPATIENT PSYCHIATRY		2948332	15370					60.01
60.02 NON MEDICARE CLINICS		11672574	60849					60.02
61 EMERGENCY		43577056	227167					61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		458861	2392					65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		1582840	8251					83
85.01 PANCREAS ACQUISITION		250286	1305					85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	299854	692354284	3587961	11529622	12134140	18476171	1358507	6205503
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		216353	1128					96
97 RESEARCH		65478218	341338	625428	977713	2320417	135090	1019173
97.01 DENTAL CLINIC		1993593	10393					97.01
97.02 FUND RAISING		668127	3483					97.02
97.03 CARDIOLOGY FOUNDATION		31091	162					97.03
97.04 ORTHOPAEDIC FOUNDATION		1426272	7435					97.04
97.05 MEDICAL FOUNDATION		1096553	5716					97.05
97.06 SURGICAL FOUNDATION		2151936	11218					97.06
97.07 NEUROLOGY FOUNDATION		87281	455					97.07
97.08 RESEARCH FINANCE ADMINISTRATION		2774905	14466					97.08
98 PHYSICIANS' PRIVATE OFFICES		2446325	12753					559383
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES		3385621	17649					99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER		304100	1585					99.05
99.06 WORK LAB		189057	986					99.06
99.07 PAYROLL BILLED		10960765	57138					99.07
99.08 O/P MEALS		792509	4131					99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE		249203	1299					99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB		172773	901					99.13
99.14 CO-OPERATIVE CARE W & I		1752392	9135					99.14
99.15 BROWN UNIV. STUDENTS		534049	2784	793762	1078464	2760943	90113	515396
99.16 LCS CORO		2809058	14644					99.16
99.17 TMH CORO		1041266	5428					99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	299854	792915731	4112188	12948812	14190317	23557531	1583710	8299455

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PRE-ADMISS ION TESTIN G	DEPARTMENT OF CARDIO LOGY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED ED PRGM - TE CHNICIANS	PARAMED ED PRGM-RADI OLOGY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	19.07	19.08	22	23	24.01	24.03	25	26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 TELEPHONE								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 ACCOUNTING								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
19 CO-OPERATIVE CARE - GENERAL								19
19.01 CENTRAL TRANSPORTATION								19.01
19.02 DEPARTMENT OF MEDICINE								19.02
19.03 DEPARTMENT OF SURGERY								19.03
19.04 DEPARTMENT OF PEDIATRICS								19.04
19.05 DEPARTMENT OF ORTHOPEDICS								19.05
19.06 DEPARTMENT OF PSYCHIATRY								19.06
19.07 PRE-ADMISSION TESTING	853675							19.07
19.08 DEPARTMENT OF RADIOLOGY		1161849						19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		750671	59976507					22
23 I&R SERVICES-OTHER PRGM COSTS A				8303813				23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS					150657			24.01
24.02 PARAMED ED PRGM-PSYCH								24.02
24.03 PARAMED ED PRGM- RADIOLOGY						3266354		24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		274313	29520437	4087137			207392392	-33607574 25
26 INTENSIVE CARE UNIT		24747					27365903	26
27 CORONARY CARE UNIT		7784					6865466	27
27.01 PEDIATRIC INTENSIVE CARE UNIT		6042					8648777	27.01
31 SUBPROVIDER I			1361467	188497			12664718	-1549964 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			7629012	1056245			52460020	-8685257 37
37.01 ENDOSCOPY							8658195	37.01
37.02 PULMONARY FUNCTION TESTING							2620532	37.02
37.03 GAMMA KNIFE							796857	37.03
38 RECOVERY ROOM							7394294	38
41 RADIOLOGY-DIAGNOSTIC	161836		3688555	510684		3266354	30871141	-4199239 41
42 RADIOLOGY-THERAPEUTIC			281890	39028			8849386	-320918 42
43 RADIOISOTOPE							6498571	43
43.01 ULTRASOUND							2968978	43.01
43.02 CAT SCAN							8564560	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)							4225755	43.03
43.04 PET IMAGING							1092471	43.04
44 LABORATORY	572511		1325481	183514	150657		33944549	-1508995 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	87246						9299940	47
49 RESPIRATORY THERAPY							8647362	49
50 PHYSICAL THERAPY							6565559	50
51 OCCUPATIONAL THERAPY							1569066	51
52 SPEECH PATHOLOGY							2263147	52
53 ELECTROCARDIOLOGY	32082						731731	53
54 ELECTROENCEPHALOGRAPHY			1937241	268213			6299899	-2205454 54
55 MEDICAL SUPPLIES CHARGED TO PAT							60372559	55
56 DRUGS CHARGED TO PATIENTS							32467922	56
57 RENAL DIALYSIS							2978408	57
59 VASCULAR LAB							7895920	59
59.01 APPLIANCE SHOP							932969	59.01
59.02 LITHOTRIPSY							446682	59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PRE-ADMISS ION TESTIN G	DEPARTMENT OF CARDIO LOGY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED ED PRGM - TE CHNICIANS	PARAMED ED PRGM-RADI OLOGY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
	19.07	19.08	22	23	24.01	24.03	25	26	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			6759352	935840			39189144	-7695192	60
60.01 OUTPATIENT PSYCHIATRY							2963702		60.01
60.02 NON-MEDICARE CLINICS							11733423		60.02
61 EMERGENCY			6501453	900133			51205809	-7401586	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES							461253		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION							1591091		83
85.01 PANCREAS ACQUISITION							251591		85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	853675	1063557	59004888	8169291	150657	3266354	679749742	-67174179	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN							217481		96
97 RESEARCH		83188	971619	134522			72086706	-1106141	97
97.01 DENTAL CLINIC							2003986		97.01
97.02 FUND RAISING							671610		97.02
97.03 CARDIOLOGY FOUNDATION							31253		97.03
97.04 ORTHOPAEDIC FOUNDATION							1433707		97.04
97.05 MEDICAL FOUNDATION							1102269		97.05
97.06 SURGICAL FOUNDATION							2163154		97.06
97.07 NEUROLOGY FOUNDATION							87736		97.07
97.08 RESEARCH FINANCE ADMINISTRATION							2789371		97.08
98 PHYSICIANS' PRIVATE OFFICES							3018461		98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES							3403270		99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER							305685		99.05
99.06 WORK LAB							190043		99.06
99.07 PAYROLL BILLED							11017903		99.07
99.08 O/P MEALS							796640		99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE							250502		99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB							173674		99.13
99.14 CO-OPERATIVE CARE W & I							1761527		99.14
99.15 BROWN UNIV. STUDENTS		15104					5790615		99.15
99.16 LCS CORO							2823702		99.16
99.17 TMH CORO							1046694		99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	853675	1161849	59976507	8303813	150657	3266354	792915731	-68280320	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 TELEPHONE		6.01
6.02 DATA PROCESSING		6.02
6.03 PURCHASING		6.03
6.04 ADMITTING		6.04
6.05 ACCOUNTING		6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		6.06
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
19 CO-OPERATIVE CARE - GENERAL		19
19.01 CENTRAL TRANSPORTATION		19.01
19.02 DEPARTMENT OF MEDICINE		19.02
19.03 DEPARTMENT OF SURGERY		19.03
19.04 DEPARTMENT OF PEDIATRICS		19.04
19.05 DEPARTMENT OF ORTHOPEDICS		19.05
19.06 DEPARTMENT OF PSYCHIATRY		19.06
19.07 PRE-ADMISSION TESTING		19.07
19.08 DEPARTMENT OF RADIOLOGY		19.08
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES A		22
23 I&R SERVICES-OTHER PRGM COSTS A		23
24 PARAMED ED PRGM-(SPECIFY)		24
24.01 PARAMED ED PRGM - TECHNICIANS		24.01
24.02 PARAMED ED PRGM-PSYCH		24.02
24.03 PARAMED ED PRGM- RADIOLOGY		24.03
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	173784818	25
26 INTENSIVE CARE UNIT	27365903	26
27 CORONARY CARE UNIT	6865466	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	8648777	27.01
31 SUBPROVIDER I	11114754	31
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	43774763	37
37.01 ENDOSCOPY	8658195	37.01
37.02 PULMONARY FUNCTION TESTING	2620532	37.02
37.03 GAMMA KNIFE	796857	37.03
38 RECOVERY ROOM	7394294	38
41 RADIOLOGY-DIAGNOSTIC	26671902	41
42 RADIOLOGY-THERAPEUTIC	8528468	42
43 RADIOISOTOPE	6498571	43
43.01 ULTRASOUND	2968978	43.01
43.02 CAT SCAN	8564560	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	4225755	43.03
43.04 PET IMAGING	1092471	43.04
44 LABORATORY	32435554	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
47 BLOOD STORING, PROCESSING & TRA	9299940	47
49 RESPIRATORY THERAPY	8647362	49
50 PHYSICAL THERAPY	6565559	50
51 OCCUPATIONAL THERAPY	1569066	51
52 SPEECH PATHOLOGY	2263147	52
53 ELECTROCARDIOLOGY	731731	53
54 ELECTROENCEPHALOGRAPHY	4094445	54
55 MEDICAL SUPPLIES CHARGED TO PAT	60372559	55
56 DRUGS CHARGED TO PATIENTS	32467922	56
57 RENAL DIALYSIS	2978408	57
59 VASCULAR LAB	7895920	59
59.01 APPLIANCE SHOP	932969	59.01
59.02 LITHOTRIPSY	446682	59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	31493952	60
60.01	OUTPATIENT PSYCHIATRY	2963702	60.01
60.02	NON-MEDICARE CLINICS	11733423	60.02
61	EMERGENCY	43804223	61
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
65	AMBULANCE SERVICES	461253	65
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
83	KIDNEY ACQUISITION	1591091	83
85.01	PANCREAS ACQUISITION	251591	85.01
85.02	INTESTINAL ACQUISITION		85.02
95	SUBTOTALS	612575563	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	217481	96
97	RESEARCH	70980565	97
97.01	DENTAL CLINIC	2003986	97.01
97.02	FUND RAISING	671610	97.02
97.03	CARDIOLOGY FOUNDATION	31253	97.03
97.04	ORTHOPAEDIC FOUNDATION	1433707	97.04
97.05	MEDICAL FOUNDATION	1102269	97.05
97.06	SURGICAL FOUNDATION	2163154	97.06
97.07	NEUROLOGY FOUNDATION	87736	97.07
97.08	RESEARCH FINANCE ADMINISTRATION	2789371	97.08
98	PHYSICIANS' PRIVATE OFFICES	3018461	98
98.01	NOPCO		98.01
99.01	HASBRO VNA		99.01
99.02	PATIENT TELEPHONES		99.02
99.03	RIH VENTURES	3403270	99.03
99.04	NON-PATIENT RELATED		99.04
99.05	DAY CARE CENTER	305685	99.05
99.06	WORK LAB	190043	99.06
99.07	PAYROLL BILLED	11017903	99.07
99.08	O/P MEALS	796640	99.08
99.09	WEIGHT LOSS PROGRAM		99.09
99.10	UNALLOWABLE FLOOR AREA		99.10
99.11	OTHER NON-REIMBURSEABLE	250502	99.11
99.12	SATELITE PHYSICIANS OFFICE		99.12
99.13	SNE REHAB	173674	99.13
99.14	CO-OPERATIVE CARE W & I	1761527	99.14
99.15	BROWN UNIV. STUDENTS	5790615	99.15
99.16	LCS CORO	2823702	99.16
99.17	TMH CORO	1046694	99.17
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	724635411	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	TELEPHONE	PURCHASING	ADMITTING
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	COST TO BE ALLOC 4A	BENEFITS 5	6.01	6.03	6.04
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		14		14	14			5
6.01	36116		16530	52646		52646		6.01
6.02								6.02
6.03						347	347	6.03
6.04		627	311	938		431		1369
6.05		7145	3265	10410		703	1	6.05
6.06		34696	15857	50553		1761	4	6.06
7		62992	28811	91803		2146		7
8		861935	394032	1255967		178		8
9						103	7	9
10		896	415	1311		187		10
11		60966	27879	88845		440	2	11
12		104316	47674	151990		281	2	12
13								13
14		18671	8550	27221		965	1	14
15		22440	10260	32700		75		15
16		22446	10260	32706		618	1	16
17						1574		17
18		7455	3420	10875		422		18
19								19
19.01						225		19.01
19.02		6180	2850	9030		2511		19.02
19.03						1134		19.03
19.04		13579	6218	19797		2033		19.04
19.05						319	1	19.05
19.06		14		14		2239		19.06
19.07		14344	6581	20925		94		19.07
19.08						234		19.08
20								20
21								21
22						347		22
23		5594	2539	8133		319		23
24								24
24.01						28		24.01
24.02								24.02
24.03								24.03
INPATIENT ROUTINE SERV COST CENTERS								
25		253367	104053	357420	14	4273	3	491 25
26		52451	23992	76443		553	1	81 26
27		22564	10312	32876		309		8 27
27.01						356		17 27.01
31						234		23 31
ANCILLARY SERVICE COST CENTERS								
37						2014		85 37
37.01		24624	11245	35869		515		9 37.01
37.02						497		9 37.02
37.03						84		13 37.03
38						262		12 38
41		73389	33527	106916		3392	1	26 41
42		203362	92963	296325		637		2 42
43		24382	11141	35523		272		4 43
43.01						150		3 43.01
43.02						141		38 43.02
43.03						187		15 43.03
43.04								43.04
44						1771	23	98 44
46.30								46.30
47		10700	4871	15571		103	2	11 47
49		2556	1192	3748		197		16 49
50						206		7 50
51						178		3 51
52						290		1 52
53						122		6 53
54						703		3 54
55							277	143 55
56								139 56
57		7765	3576	11341		94	1	7 57
59		9363	4301	13664		628		56 59
59.01						84		1 59.01
59.02						37		59.02

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	TELEPHONE	PURCHASING	ADMITTING
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS			
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC				
	0	1	2	4A	5	6.01	6.03	6.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		7		7		3036	1	60
60.01 OUTPATIENT PSYCHIATRY						262		60.01
60.02 NON-MEDICARE CLINICS						2848	1	60.02
61 EMERGENCY		5346	2435	7781		2277	2	41 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION						197		1 83
85.01 PANCREAS ACQUISITION						19		85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS		1970302	889060	2859362	14	46642	331	1369 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		4340	1969	6309		56		96
97 RESEARCH		111419	50938	162357		3860	15	97
97.01 DENTAL CLINIC						215		97.01
97.02 FUND RAISING						84		97.02
97.03 CARDIOLOGY FOUNDATION						131		97.03
97.04 ORTHOPAEDIC FOUNDATION						37		97.04
97.05 MEDICAL FOUNDATION						103		97.05
97.06 SURGICAL FOUNDATION						47		97.06
97.07 NEUROLOGY FOUNDATION						197		97.07
97.08 RESEARCH FINANCE ADMINISTRATION						234		97.08
98 PHYSICIANS' PRIVATE OFFICES						928	1	98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES						75		99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER								99.05
99.06 WORK LAB								99.06
99.07 PAYROLL BILLED								99.07
99.08 O/P MEALS								99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE						28		99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB						9		99.13
99.14 CO-OPERATIVE CARE W & I								99.14
99.15 BROWN UNIV. STUDENTS								99.15
99.16 LCS CORO		8626	3938	12564				99.16
99.17 TMH CORO								99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		2094687	945905	3040592	14	52646	347	1369 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ACCOUNTING	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.05	NISTRATIVE AND GENER 6.06	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELEPHONE									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 ACCOUNTING	11114								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		52318							6.06
7 MAINTENANCE & REPAIRS		1037	94986						7
8 OPERATION OF PLANT		3188	3677	1263010					8
9 LAUNDRY & LINEN SERVICE		399	1569	21707	23785				9
10 HOUSEKEEPING		641	1231	17028	236	20634			10
11 DIETARY		588	1944	26892	50	692	119453		11
12 CAFETERIA		107	1688	23352		320		177740	12
13 MAINTENANCE OF PERSONNEL		2				178			13
14 NURSING ADMINISTRATION		1039	713	9856		94		4258	14
15 CENTRAL SERVICES & SUPPLY		269	2414	33388	33	142		1515	15
16 PHARMACY		3737	632	8737		152		2850	16
17 MEDICAL RECORDS & LIBRARY		608	1524	21077		155		3825	17
18 SOCIAL SERVICE		252	362	5011	1	104		1227	18
19 CO-OPERATIVE CARE - GENERAL		6	304	4206					19
19.01 CENTRAL TRANSPORTATION		259	203	2803		37		2526	19.01
19.02 DEPARTMENT OF MEDICINE		745	2041	28229	10	339		830	19.02
19.03 DEPARTMENT OF SURGERY		898	657	9090	4	141		1119	19.03
19.04 DEPARTMENT OF PEDIATRICS		1475	1490	20609	2			5665	19.04
19.05 DEPARTMENT OF ORTHOPEDICS		100	43	602	85	7		36	19.05
19.06 DEPARTMENT OF PSYCHIATRY		475	1461	20215		57		2093	19.06
19.07 PRE-ADMISSION TESTING		43	242	3350				216	19.07
19.08 DEPARTMENT OF RADIOLOGY		57	414	5728				325	19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		2121	55	759				16778	22
23 I&R SERVICES-OTHER PRGM COSTS A		432	2357	32599	17	57			23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS		6	83	1153				36	24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY		214						1046	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1459	7219	11688	161670	12605	9206	99342	39693	25
26 INTENSIVE CARE UNIT	487	1413	886	12251	1213	390	4109	5737	26
27 CORONARY CARE UNIT	50	333	392	5424	446	143	2169	1515	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	100	424	762	10542	280		402	1948	27.01
31 SUBPROVIDER I	138	454	583	8060	254	266	4513	2814	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	835	2078	4535	62736	2865	575		9021	37
37.01 ENDOSCOPY	190	493	586	8101	217	183		1768	37.01
37.02 PULMONARY FUNCTION TESTING	109	163	24	333	2			830	37.02
37.03 GAMMA KNIFE	81	40	147	2035	6			144	37.03
38 RECOVERY ROOM	195	441	554	7664	132			1804	38
41 RADIOLOGY-DIAGNOSTIC	460	1309	2298	31783	464	888		6387	41
42 RADIOLOGY-THERAPEUTIC	210	486	1056	14609	103	146		1515	42
43 RADIOISOTOPE	137	170	1184	16384	91			577	43
43.01 ULTRASOUND	115	167	257	3556	241	62		722	43.01
43.02 CAT SCAN	802	436	282	3904	271	23		1768	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	266	198	275	3810	118	70		974	43.03
43.04 PET IMAGING	65	14			23			72	43.04
44 LABORATORY	1216	1832	2962	40970	5	881		7216	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	86	590	196	2708		40		613	47
49 RESPIRATORY THERAPY	104	539	327	4529		51		2526	49
50 PHYSICAL THERAPY	83	384	799	11048	100	50		1948	50
51 OCCUPATIONAL THERAPY	35	100			59			505	51
52 SPEECH PATHOLOGY	26	125	392	5424		31		686	52
53 ELECTROCARDIOLOGY	52	35	168	2319	6			253	53
54 ELECTROENCEPHALOGRAPHY	30	189	1646	22767	15	14		1010	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1113	3900							55
56 DRUGS CHARGED TO PATIENTS	743	70							56
57 RENAL DIALYSIS	48	146	515	7129	86	72		469	57
59 VASCULAR LAB	478	376	933	12907	162	305		1299	59
59.01 APPLIANCE SHOP	6	51	110	1523	7				59.01
59.02 LITHOTRIPSY	13	28			23				59.02

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ACCOUNTING	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	6.05	NISTRATIVE AND GENER 6.06	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	96	909	4100	56717	192	435		4366 60
60.01 OUTPATIENT PSYCHIATRY	37	190	6	90	5	58		830 60.01
60.02 NON MEDICARE CLINICS	147	562	1832	25339	38			2995 60.02
61 EMERGENCY	1081	2380	3679	50884	3068	2518		11185 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		30						144 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	7	60	303	4189				289 83
85.01 PANCREAS ACQUISITION	1	13	22	304				36 85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	11101	47045	68603	898100	23633	18882	110535	158004 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		8	138	1906				144 96
97 RESEARCH		3634	14470	200122	53	266		11438 97
97.01 DENTAL CLINIC	13	107	443	6124	18	63		289 97.01
97.02 FUND RAISING		39	103	1423				36 97.02
97.03 CARDIOLOGY FOUNDATION		2			12			97.03
97.04 ORTHOPAEDIC FOUNDATION		38	1164	16103	30			97.04
97.05 MEDICAL FOUNDATION		33	847	11717	1			36 97.05
97.06 SURGICAL FOUNDATION		51	1984	27449				97.06
97.07 NEUROLOGY FOUNDATION		6			1			36 97.07
97.08 RESEARCH FINANCE ADMINISTRATION		177	136	1888				469 97.08
98 PHYSICIANS' PRIVATE OFFICES		101	238	3289	37	1419		902 98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES		211	238	3298		4		1768 99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER		2	386	5339				99.05
99.06 WORK LAB								99.06
99.07 PAYROLL BILLED		720						4618 99.07
99.08 O/P MEALS							8918	99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE		16						99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB		11						99.13
99.14 CO-OPERATIVE CARE W & I		32	1825	25238				99.14
99.15 BROWN UNIV. STUDENTS		29	128	1768				99.15
99.16 LCS CORO		40	3147	43527				99.16
99.17 TMH CORO		16	1136	15719				99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	11114	52318	94986	1263010	23785	20634	119453	177740 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN-	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	CO-OPERATI	CENTRAL TR
	TENANCE & PERSONNEL 13	ADMINIS- TRATION 14	SERVICES & SUPPLY 15		RECORDS & LIBRARY 17	SERVICE 18	VE CARE - GENERAL 19	ANSPORTATI ON 19.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 TELEPHONE								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 ACCOUNTING								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL	125							13
14 NURSING ADMINISTRATION		44147						14
15 CENTRAL SERVICES & SUPPLY			70536					15
16 PHARMACY			150	49583				16
17 MEDICAL RECORDS & LIBRARY					28763			17
18 SOCIAL SERVICE				502		18756		18
19 CO-OPERATIVE CARE - GENERAL			1				4517	19
19.01 CENTRAL TRANSPORTATION			1					6054 19.01
19.02 DEPARTMENT OF MEDICINE			5	1				103 19.02
19.03 DEPARTMENT OF SURGERY			23					113 19.03
19.04 DEPARTMENT OF PEDIATRICS			94	3				187 19.04
19.05 DEPARTMENT OF ORTHOPEDICS			61	2				13 19.05
19.06 DEPARTMENT OF PSYCHIATRY			1					66 19.06
19.07 PRE-ADMISSION TESTING			8					7 19.07
19.08 DEPARTMENT OF RADIOLOGY				1				9 19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			87					259 22
23 I&R SERVICES-OTHER PRGM COSTS A	102		1					66 23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS								1 24.01
24.02 PARAMED ED PRGM-PSYCH								24.02
24.03 PARAMED ED PRGM- RADIOLOGY								26 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		33877	4789	329	3404	4493	3711	974 25
26 INTENSIVE CARE UNIT		4908	1674	78	1137	23	347	204 26
27 CORONARY CARE UNIT		1290	177	6	116	11	107	50 27
27.01 PEDIATRIC INTENSIVE CARE UNIT		1675	362	11	232	1315	83	65 27.01
31 SUBPROVIDER I		2397	55	6	323	3319	269	78 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			44760	2800	1947			348 37
37.01 ENDOSCOPY			1972	210	444			69 37.01
37.02 PULMONARY FUNCTION TESTING			105	9	255			21 37.02
37.03 GAMMA KNIFE			10	2	190			6 37.03
38 RECOVERY ROOM			190	45	454			59 38
41 RADIOLOGY-DIAGNOSTIC			4159	251	1073			185 41
42 RADIOLOGY-THERAPEUTIC			245	20	491	171		68 42
43 RADIOISOTOPE			85	2518	321			52 43
43.01 ULTRASOUND			205	21	268			24 43.01
43.02 CAT SCAN			837	740	1871			68 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)			169	590	622			34 43.03
43.04 PET IMAGING			2	711	152			9 43.04
44 LABORATORY			245	121	2836			252 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA			24		202			73 47
49 RESPIRATORY THERAPY			791	7	242			69 49
50 PHYSICAL THERAPY			87		195			52 50
51 OCCUPATIONAL THERAPY			11		82			12 51
52 SPEECH PATHOLOGY			377	4	60			18 52
53 ELECTROCARDIOLOGY			13		121			6 53
54 ELECTROENCEPHALOGRAPHY			27	4	71			33 54
55 MEDICAL SUPPLIES CHARGED TO PAT			1910		2597			480 55
56 DRUGS CHARGED TO PATIENTS				25954	4565			258 56
57 RENAL DIALYSIS			256	198	113	141		24 57
59 VASCULAR LAB			1537	657	1114			63 59
59.01 APPLIANCE SHOP			904		13			7 59.01
59.02 LITHOTRIPSY					31			4 59.02

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN-	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	CO-OPERATI	CENTRAL TR
	TENANCE & PERSONNEL 13	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	VE CARE - GENERAL 19	ANSPORTATI ON 19.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			326	10897	223	6875		251 60
60.01 OUTPATIENT PSYCHIATRY			5	1	85			24 60.01
60.02 NON MEDICARE CLINICS			234	1474	343			93 60.02
61 EMERGENCY			3054	944	2522	1472		349 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								4 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION			54	194	16	872		13 83
85.01 PANCREAS ACQUISITION			4	14	1	64		2 85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	102	44147	70087	49325	28732	18756	4517	5251 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								2 96
97 RESEARCH			165	77				524 97
97.01 DENTAL CLINIC			64		31			16 97.01
97.02 FUND RAISING								5 97.02
97.03 CARDIOLOGY FOUNDATION								97.03
97.04 ORTHOPAEDIC FOUNDATION			211	16				11 97.04
97.05 MEDICAL FOUNDATION			5	1				9 97.05
97.06 SURGICAL FOUNDATION								17 97.06
97.07 NEUROLOGY FOUNDATION								1 97.07
97.08 RESEARCH FINANCE ADMINISTRATION								22 97.08
98 PHYSICIANS' PRIVATE OFFICES	6		3					20 98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES			1					27 99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER								2 99.05
99.06 WORK LAB				164				2 99.06
99.07 PAYROLL BILLED								88 99.07
99.08 O/P MEALS								6 99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE	17							2 99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB								1 99.13
99.14 CO-OPERATIVE CARE W & I								14 99.14
99.15 BROWN UNIV. STUDENTS								4 99.15
99.16 LCS CORO								22 99.16
99.17 TMH CORO								8 99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER	55							102
103 TOTAL	180	44147	70536	49583	28763	18756	4517	6054 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DEPARTMENT OF MEDICINE	DEPARTMENT OF SURGERY	DEPARTMENT OF PEDIATRICS	DEPARTMENT OF ORTHOPEDICS	DEPARTMENT OF PSYCHIATRY	PRE-ADMISSION TESTING	DEPARTMENT OF CARDIOLOGY	I&R SALARY & FRINGES
	19.02	19.03	19.04	19.05	19.06	19.07	19.08	22
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 OUTPATIENT PSYCHIATRY								60.01
60.02 NON-MEDICARE CLINICS								60.02
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION								83
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	39038	11269	40278	1089	19905	24983	6195	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
97 RESEARCH	2118	908	5058	108	3269		485	97
97.01 DENTAL CLINIC								97.01
97.02 FUND RAISING								97.02
97.03 CARDIOLOGY FOUNDATION								97.03
97.04 ORTHOPAEDIC FOUNDATION								97.04
97.05 MEDICAL FOUNDATION								97.05
97.06 SURGICAL FOUNDATION								97.06
97.07 NEUROLOGY FOUNDATION								97.07
97.08 RESEARCH FINANCE ADMINISTRATION								97.08
98 PHYSICIANS' PRIVATE OFFICES					1794			98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES								99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER								99.05
99.06 WORK LAB								99.06
99.07 PAYROLL BILLED								99.07
99.08 O/P MEALS								99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE								99.11
99.12 SATELITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB								99.13
99.14 CO-OPERATIVE CARE W & I								99.14
99.15 BROWN UNIV. STUDENTS	2688	1002	6019	72	1653		88	99.15
99.16 LCS CORO								99.16
99.17 TMH CORO								99.17
101 CROSS FOOT ADJUSTMENTS								83205 101
102 NEGATIVE COST CENTER								102
103 TOTAL	43844	13179	51355	1269	26621	24983	6768	83205 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM - TECHNICIANS	PARAMED ED PRGM-RADIOLOGY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	23	24.01	24.03	25	26	27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 TELEPHONE							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 ACCOUNTING							6.05
6.06 OTHER ADMINISTRATIVE AND GENERA							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY							17
18 SOCIAL SERVICE							18
19 CO-OPERATIVE CARE - GENERAL							19
19.01 CENTRAL TRANSPORTATION							19.01
19.02 DEPARTMENT OF MEDICINE							19.02
19.03 DEPARTMENT OF SURGERY							19.03
19.04 DEPARTMENT OF PEDIATRICS							19.04
19.05 DEPARTMENT OF ORTHOPEDICS							19.05
19.06 DEPARTMENT OF PSYCHIATRY							19.06
19.07 PRE-ADMISSION TESTING							19.07
19.08 DEPARTMENT OF RADIOLOGY							19.08
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A	44083						23
24 PARAMED ED PRGM-(SPECIFY)							24
24.01 PARAMED ED PRGM - TECHNICIANS		1307					24.01
24.02 PARAMED ED PRGM-PSYCH							24.02
24.03 PARAMED ED PRGM- RADIOLOGY			1286				24.03
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS				801296		801296	25
26 INTENSIVE CARE UNIT				115964		115964	26
27 CORONARY CARE UNIT				46688		46688	27
27.01 PEDIATRIC INTENSIVE CARE UNIT				19556		19556	27.01
31 SUBPROVIDER I				27848		27848	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				134599		134599	37
37.01 ENDOSCOPY				50626		50626	37.01
37.02 PULMONARY FUNCTION TESTING				2357		2357	37.02
37.03 GAMMA KNIFE				2758		2758	37.03
38 RECOVERY ROOM				11812		11812	38
41 RADIOLOGY-DIAGNOSTIC				164329		164329	41
42 RADIOLOGY-THERAPEUTIC				316084		316084	42
43 RADIOISOTOPE				57318		57318	43
43.01 ULTRASOUND				5791		5791	43.01
43.02 CAT SCAN				11181		11181	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)				7328		7328	43.03
43.04 PET IMAGING				1048		1048	43.04
44 LABORATORY				77181		77181	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				22773		22773	47
49 RESPIRATORY THERAPY				13146		13146	49
50 PHYSICAL THERAPY				14959		14959	50
51 OCCUPATIONAL THERAPY				985		985	51
52 SPEECH PATHOLOGY				7434		7434	52
53 ELECTROCARDIOLOGY				4040		4040	53
54 ELECTROENCEPHALOGRAPHY				26512		26512	54
55 MEDICAL SUPPLIES CHARGED TO PAT				10420		10420	55
56 DRUGS CHARGED TO PATIENTS				31729		31729	56
57 RENAL DIALYSIS				20640		20640	57
59 VASCULAR LAB				34179		34179	59
59.01 APPLIANCE SHOP				2706		2706	59.01
59.02 LITHOTRIPSY				136		136	59.02

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM - TECHNICIANS	PARAMED ED PRGM-RADIOLOGY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	23	24.01	24.03	25	26	27	
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				88431		88431	60
60.01 OUTPATIENT PSYCHIATRY				1593		1593	60.01
60.02 NON-MEDICARE CLINICS				35906		35906	60.02
61 EMERGENCY				93237		93237	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				178		178	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION				6195		6195	83
85.01 PANCREAS ACQUISITION				480		480	85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS				2269443		2269443	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				8563		8563	96
97 RESEARCH				408927		408927	97
97.01 DENTAL CLINIC				7383		7383	97.01
97.02 FUND RAISING				1690		1690	97.02
97.03 CARDIOLOGY FOUNDATION				145		145	97.03
97.04 ORTHOPAEDIC FOUNDATION				17610		17610	97.04
97.05 MEDICAL FOUNDATION				12752		12752	97.05
97.06 SURGICAL FOUNDATION				29548		29548	97.06
97.07 NEUROLOGY FOUNDATION				241		241	97.07
97.08 RESEARCH FINANCE ADMINISTRATION				2926		2926	97.08
98 PHYSICIANS' PRIVATE OFFICES				8738		8738	98
98.01 NOPCO							98.01
99.01 HASBRO VNA							99.01
99.02 PATIENT TELEPHONES							99.02
99.03 RIH VENTURES				5622		5622	99.03
99.04 NON-PATIENT RELATED							99.04
99.05 DAY CARE CENTER				5729		5729	99.05
99.06 WORK LAB				166		166	99.06
99.07 PAYROLL BILLED				5426		5426	99.07
99.08 O/P MEALS				8924		8924	99.08
99.09 WEIGHT LOSS PROGRAM							99.09
99.10 UNALLOWABLE FLOOR AREA							99.10
99.11 OTHER NON-REIMBURSEABLE				63		63	99.11
99.12 SATALITE PHYSICIANS OFFICE							99.12
99.13 SNE REHAB				21		21	99.13
99.14 CO-OPERATIVE CARE W & I				27109		27109	99.14
99.15 BROWN UNIV. STUDENTS				13451		13451	99.15
99.16 LCS CORO				59300		59300	99.16
99.17 TMH CORO				16879		16879	99.17
101 CROSS FOOT ADJUSTMENTS	44083	1307	1286	129881		129881	101
102 NEGATIVE COST CENTER				55		55	102
103 TOTAL	44083	1307	1286	3040592		3040592	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	TELEPHONE 6.01	PURCHASING 6.03	ADMITTING 6.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	2666	53000	35947	91613	91613				5
6.01 TELEPHONE		23678	16059	39737		39737			6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING	1436	13493	9151	24080	304	262	24646		6.03
6.04 ADMITTING	400	123068	83468	206936	553	325	24	207838	6.04
6.05 ACCOUNTING	2521	166901	113195	282617	782	530	37		6.05
6.06 OTHER ADMINISTRATIVE AND GENERA	469769	641622	435159	1546550	2419	1330	297		6.06
7 MAINTENANCE & REPAIRS	24630	125527	85135	235292	1321	1619	4		7
8 OPERATION OF PLANT		11281194	7651113	18932307	865	134	7		8
9 LAUNDRY & LINEN SERVICE	69724	181540	123124	374388	935	78	476		9
10 HOUSEKEEPING	570	64021	43421	108012	1615	141	3		10
11 DIETARY	1152	279386	189484	470022	1037	332	108		11
12 CAFETERIA		213620	144881	358501	398	212	114		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	6896	53654	36389	96939	2752	728	35		14
15 CENTRAL SERVICES & SUPPLY	139768	246519	167193	553480	383	57	8		15
16 PHARMACY	35340	81880	55532	172752	1542	467	47		16
17 MEDICAL RECORDS & LIBRARY	13667	135698	92034	241399	1180	1188	28		17
18 SOCIAL SERVICE	3759	41319	28023	73101	476	318	11		18
19 CO-OPERATIVE CARE - GENERAL		44508	30186	74694					19
19.01 CENTRAL TRANSPORTATION	25586	26078	17687	69351	598	170	2		19.01
19.02 DEPARTMENT OF MEDICINE	17201	214034	145162	376397	460	1895	25		19.02
19.03 DEPARTMENT OF SURGERY	29017	90071	61087	180175	855	856	21		19.03
19.04 DEPARTMENT OF PEDIATRICS	10577	160193	108646	279416	4891	1535	32		19.04
19.05 DEPARTMENT OF ORTHOPEDICS	1945	5594	3793	11332	24	240	47		19.05
19.06 DEPARTMENT OF PSYCHIATRY	3190	106394	72159	181743	1782	1690	22		19.06
19.07 PRE-ADMISSION TESTING		44599	30248	74847	97	71	2		19.07
19.08 DEPARTMENT OF RADIOLOGY	7061	53303	36151	96515	129	177	3		19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	7389	823	559	8771	6295	262	7		22
23 I&R SERVICES-OTHER PRGM COSTS A	584	220482	149535	370601		240	9		23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS		2358	1599	3957	24	21	1		24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY	301			301	604		5		24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	555455	1286749	872697	2714901	17003	3225	178	45338	25
26 INTENSIVE CARE UNIT	220623	163107	110622	494352	3149	417	37	15018	26
27 CORONARY CARE UNIT	10623	72013	48841	131477	742	233	5	1533	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	28763	122925	83370	235058	969	269	8	3069	27.01
31 SUBPROVIDER I	26829	37620	25514	89963	1126	177	4	4262	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	185523	640321	434278	1260122	3555	1520	28	15784	37
37.01 ENDOSCOPY	3529	98015	66475	168019	875	389	13	1726	37.01
37.02 PULMONARY FUNCTION TESTING	6775	3092	2098	11965	338	375	17	1703	37.02
37.03 GAMMA KNIFE		19842	13457	33299	86	64	2	2365	37.03
38 RECOVERY ROOM	20759	31940	21663	74362	1037	198	5	2220	38
41 RADIOLOGY-DIAGNOSTIC	87508	350540	237743	675791	2648	2560	62	4830	41
42 RADIOLOGY-THERAPEUTIC	30	159264	108016	267310	893	481	19	292	42
43 RADIOISOTOPE	528	203818	138232	342578	317	205	7	816	43
43.01 ULTRASOUND	435	27084	18368	45887	408	113	2	538	43.01
43.02 CAT SCAN	38486	27531	18672	84689	823	106	1	7061	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	541056	37167	25207	603430	385	141	2	2759	43.03
43.04 PET IMAGING	294			294	28		3	20	43.04
44 LABORATORY	225736	350266	237556	813558	3857	1337	1534	18081	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		35777	24265	60042	285	78	110	1971	47
49 RESPIRATORY THERAPY	3278	41641	28242	73161	1281	149	5	2959	49
50 PHYSICAL THERAPY	441	78110	52975	131526	939	156	6	1339	50
51 OCCUPATIONAL THERAPY	1046			1046	234	134	1	570	51
52 SPEECH PATHOLOGY	900	37656	25540	64096	314	219	3	247	52
53 ELECTROCARDIOLOGY		21570	14628	36198	76	92	2	1144	53
54 ELECTROENCEPHALOGRAPHY	9049	85539	58015	152603	332	530	17	518	54
55 MEDICAL SUPPLIES CHARGED TO PAT							19819	26375	55
56 DRUGS CHARGED TO PATIENTS								25695	56
57 RENAL DIALYSIS	6920	59182	40138	106240	185	71	38	1223	57
59 VASCULAR LAB	9678	134547	91253	235478	678	474	29	10366	59
59.01 APPLIANCE SHOP						64	2	162	59.01
59.02 LITHOTRIPSY						28		5	59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	TELEPHONE	PURCHASING	ADMITTING	
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS				
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC					
	0	3	4	4A	5	6.01	6.03	6.04	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	7070	415269	281643	703982	1651	2291	40	10	60
60.01 OUTPATIENT PSYCHIATRY	1941	903	614	3458	517	198	9	3	60.01
60.02 NON-MEDICARE CLINICS	4407	238860	162000	405267	1225	2150	48	10	60.02
61 EMERGENCY	102494	654659	444002	1201155	5129	1718	118	7603	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES					68		3		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		36383	24675	61058	150	149	6	206	83
85.01 PANCREAS ACQUISITION		2646	1795	4441	7	14		15	85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	2975325	20168593	13678714	36822632	83631	35203	23558	207836	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		23898	16209	40107	11	42			96
97 RESEARCH	45260	1127373	764605	1937238	5449	2914	1018		97
97.01 DENTAL CLINIC		11702	7936	19638	196	163	2	2	97.01
97.02 FUND RAISING		212	144	356	23	64	1		97.02
97.03 CARDIOLOGY FOUNDATION						99	5		97.03
97.04 ORTHOPAEDIC FOUNDATION		217497	147511	365008		28			97.04
97.05 MEDICAL FOUNDATION	2253	158249	107328	267830	16	78	2		97.05
97.06 SURGICAL FOUNDATION		370747	251448	622195		35	13		97.06
97.07 NEUROLOGY FOUNDATION					6	149			97.07
97.08 RESEARCH FINANCE ADMINISTRATION		2048	1389	3437	253	177			97.08
98 PHYSICIANS' PRIVATE OFFICES	4442	6727	4563	15732		700	34		98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES	8100	35197	23871	67168	24	57	11		99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER		17520	11882	29402					99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED					2004				99.07
99.08 O/P MEALS									99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE		35319	23954	59273		21	2		99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB						7			99.13
99.14 CO-OPERATIVE CARE W & I		244060	165525	409585					99.14
99.15 BROWN UNIV. STUDENTS		14205	9634	23839					99.15
99.16 LCS CORO		304216	206325	510541					99.16
99.17 TMH CORO		126308	85665	211973					99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3035380	22863871	15506703	41405954	91613	39737	24646	207838	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ACCOUNTING	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.05	NISTRATIVE AND GENER 6.06	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELEPHONE									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 ACCOUNTING	283966								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		1550596							6.06
7 MAINTENANCE & REPAIRS		30642	268878						7
8 OPERATION OF PLANT		94199	10410	19037922					8
9 LAUNDRY & LINEN SERVICE		11784	4442	327200	719303				9
10 HOUSEKEEPING		18933	3485	256664	7146	395999			10
11 DIETARY		17373	5503	405349	1501	13271	914496		11
12 CAFETERIA		3149	4779	351995		6142		725290	12
13 MAINTENANCE OF PERSONNEL		67				3416			13
14 NURSING ADMINISTRATION		30703	2017	148568		1806		17374	14
15 CENTRAL SERVICES & SUPPLY		7956	6833	503273	1004	2717		6184	15
16 PHARMACY		110403	1788	131703	5	2922		11632	16
17 MEDICAL RECORDS & LIBRARY		17960	4313	317697		2981		15607	17
18 SOCIAL SERVICE		7432	1026	75539	16	1993		5006	18
19 CO-OPERATIVE CARE - GENERAL		170	861	63392					19
19.01 CENTRAL TRANSPORTATION		7644	574	42245	5	716		10307	19.01
19.02 DEPARTMENT OF MEDICINE		22021	5777	425509	297	6508		3386	19.02
19.03 DEPARTMENT OF SURGERY		26518	1860	137024	135	2709		4564	19.03
19.04 DEPARTMENT OF PEDIATRICS		43578	4218	310654	63			23116	19.04
19.05 DEPARTMENT OF ORTHOPEDICS		2950	123	9068	2564	136		147	19.05
19.06 DEPARTMENT OF PSYCHIATRY		14020	4137	304714		1090		8540	19.06
19.07 PRE-ADMISSION TESTING		1263	686	50493		2960		883	19.07
19.08 DEPARTMENT OF RADIOLOGY		1682	1172	86347	4			1325	19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		62679	155	11444				68465	22
23 I&R SERVICES-OTHER PRGM COSTS A		12756	6671	491378	519	1099			23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS		178	236	17383				147	24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY		6319			3			4270	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	34529	218158	33085	2436930	381206	176702	760537	161961	25
26 INTENSIVE CARE UNIT	11528	41737	2507	184672	36695	7487	31456	23411	26
27 CORONARY CARE UNIT	1177	9840	1110	81762	13490	2751	16603	6184	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	2356	12538	2157	158907	8480		3074	7951	27.01
31 SUBPROVIDER I	3272	13414	1650	121498	7681	5102	34552	11484	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	19751	61405	12839	945647	86660	11031		36809	37
37.01 ENDOSCOPY	4500	14556	1658	122117	6553	3509		7215	37.01
37.02 PULMONARY FUNCTION TESTING	2585	4812	68	5019	68			3386	37.02
37.03 GAMMA KNIFE	1922	1197	416	30667	178			589	37.03
38 RECOVERY ROOM	4605	13027	1568	115525	4002			7362	38
41 RADIOLOGY-DIAGNOSTIC	10886	38676	6504	479081	14036	17036		26061	41
42 RADIOLOGY-THERAPEUTIC	4979	14363	2990	202028	3100	2802		6184	42
43 RADIOISOTOPE	3253	5037	3353	246960	2763			2356	43
43.01 ULTRASOUND	2723	4921	728	53605	7274	1193		2945	43.01
43.02 CAT SCAN	18980	12872	799	58842	8183	434		7215	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	6306	5864	780	57436	3556	1346		3975	43.03
43.04 PET IMAGING	1541	399			684			294	43.04
44 LABORATORY	28769	54135	8384	617560	157	16917		29447	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	2045	17442	554	40823	13	758		2503	47
49 RESPIRATORY THERAPY	2452	15918	927	68261		988		10307	49
50 PHYSICAL THERAPY	1975	11350	2261	166536		954		7951	50
51 OCCUPATIONAL THERAPY	829	2940			1772			2061	51
52 SPEECH PATHOLOGY	606	3699	1110	81762		588		2798	52
53 ELECTROCARDIOLOGY	1228	1030	475	34950	187			1031	53
54 ELECTROENCEPHALOGRAPHY	716	5593	4659	343178	468	273		4123	54
55 MEDICAL SUPPLIES CHARGED TO PAT	26337	115232							55
56 DRUGS CHARGED TO PATIENTS	38552	2068							56
57 RENAL DIALYSIS	1142	4313	1459	107461	2609	1380		1914	57
59 VASCULAR LAB	11302	11100	2641	194560	4885	5852		5301	59
59.01 APPLIANCE SHOP	134	1504	312	22954	207				59.01
59.02 LITHOTRIPSY	313	833			690				59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ACCOUNTING	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.05	NISTRATIVE AND GENER 6.06	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2265	26859	11607	854917	5810	8339		17816	60
60.01 OUTPATIENT PSYCHIATRY	864	5602	18	1355	152	1107		3386	60.01
60.02 NON MEDICARE CLINICS	3477	16595	5185	381943	1152			12221	60.02
61 EMERGENCY	25576	70304	10413	766998	92775	48315		45644	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		892						589	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	165	1787	857	63141				1178	83
85.01 PANCREAS ACQUISITION	12	394	62	4584				147	85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	283652	1394785	194202	13537498	714726	362370	846222	644752	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		230	390	28726				589	96
97 RESEARCH		107376	40953	3016531	1605	5102		46674	97
97.01 DENTAL CLINIC	314	3175	1253	92303	546	1218		1178	97.01
97.02 FUND RAISING		1165	291	21449				147	97.02
97.03 CARDIOLOGY FOUNDATION		54			364				97.03
97.04 ORTHOPAEDIC FOUNDATION		1109	3295	242728	899				97.04
97.05 MEDICAL FOUNDATION		982	2398	176608	23			147	97.05
97.06 SURGICAL FOUNDATION		1494	5617	413748					97.06
97.07 NEUROLOGY FOUNDATION		169			18			147	97.07
97.08 RESEARCH FINANCE ADMINISTRATION		5224	386	28459				1914	97.08
98 PHYSICIANS' PRIVATE OFFICES		2973	673	49573	1122	27232		3681	98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES		6232	675	49707		77		7215	99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER		67	1093	80474					99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED		21281						18846	99.07
99.08 O/P MEALS							68274		99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE		469							99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB		338							99.13
99.14 CO-OPERATIVE CARE W & I		932	5165	380420					99.14
99.15 BROWN UNIV. STUDENTS		869	362	26652					99.15
99.16 LCS CORO		1190	8908	656107					99.16
99.17 TMH CORO		482	3217	236939					99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	283966	1550596	268878	19037922	719303	395999	914496	725290	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAIN- TENANCE & PERSONNEL 13	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	CO-OPERATI VE CARE - GENERAL 19	CENTRAL TR ANSPORTATI ON 19.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 TELEPHONE								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 ACCOUNTING								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL	2417							13
14 NURSING ADMINISTRATION		300922						14
15 CENTRAL SERVICES & SUPPLY			1081895					15
16 PHARMACY			2305	435566				16
17 MEDICAL RECORDS & LIBRARY			6		602359			17
18 SOCIAL SERVICE			4	4408		169330		18
19 CO-OPERATIVE CARE - GENERAL			19	2			139138	19
19.01 CENTRAL TRANSPORTATION			10					131622 19.01
19.02 DEPARTMENT OF MEDICINE			74	5				2151 19.02
19.03 DEPARTMENT OF SURGERY			356	4				2357 19.03
19.04 DEPARTMENT OF PEDIATRICS			1444	28				3914 19.04
19.05 DEPARTMENT OF ORTHOPEDICS			930	14				263 19.05
19.06 DEPARTMENT OF PSYCHIATRY			8					1379 19.06
19.07 PRE-ADMISSION TESTING			129	3				142 19.07
19.08 DEPARTMENT OF RADIOLOGY				6				193 19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			1339					5408 22
23 I&R SERVICES-OTHER PRGM COSTS A	1967		12					1380 23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS								25 24.01
24.02 PARAMED ED PRGM-PSYCH								24.02
24.03 PARAMED ED PRGM- RADIOLOGY								543 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		230919	73462	2888	73435	40567	114314	25549 25
26 INTENSIVE CARE UNIT		33453	25677	689	24516	203	10692	4256 26
27 CORONARY CARE UNIT		8791	2713	56	2503	102	3309	1049 27
27.01 PEDIATRIC INTENSIVE CARE UNIT		11420	5558	94	5010	11869	2550	1366 27.01
31 SUBPROVIDER I		16339	836	54	6958	29968	8273	1636 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			686495	24593	42006			7272 37
37.01 ENDOSCOPY			30253	1846	9570			1438 37.01
37.02 PULMONARY FUNCTION TESTING			1609	82	5498			435 37.02
37.03 GAMMA KNIFE			154	18	4088			132 37.03
38 RECOVERY ROOM			2920	393	9794			1228 38
41 RADIOLOGY-DIAGNOSTIC			63795	2204	23153			3862 41
42 RADIOLOGY-THERAPEUTIC			3756	176	10589	1541		1417 42
43 RADIOISOTOPE			1302	22122	6919			1080 43
43.01 ULTRASOUND			3143	182	5792			493 43.01
43.02 CAT SCAN			12833	6500	40365			1423 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)			2591	5187	13412			702 43.03
43.04 PET IMAGING			29	6244	3278			181 43.04
44 LABORATORY			3763	1059	61185			5269 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA			362		4350			1531 47
49 RESPIRATORY THERAPY			12137	65	5216			1437 49
50 PHYSICAL THERAPY			1338	4	4201			1091 50
51 OCCUPATIONAL THERAPY			167		1762			261 51
52 SPEECH PATHOLOGY			5778	36	1288			376 52
53 ELECTROCARDIOLOGY			194		2611			116 53
54 ELECTROENCEPHALOGRAPHY			420	33	1524			680 54
55 MEDICAL SUPPLIES CHARGED TO PAT			29299		56013			10030 55
56 DRUGS CHARGED TO PATIENTS				227965	80417			5394 56
57 RENAL DIALYSIS			3932	1736	2428	1270		495 57
59 VASCULAR LAB			23575	5773	24037			1312 59
59.01 APPLIANCE SHOP			13865		284			155 59.01
59.02 LITHOTRIPSY			7		666			74 59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAIN-	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	CO-OPERATI	CENTRAL TR
	TENANCE & PERSONNEL 13	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	VE CARE - GENERAL 19	ANSPORTATI ON 19.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			5005	95732	4818	62070		5232 60
60.01 OUTPATIENT PSYCHIATRY			78	13	1838			492 60.01
60.02 NON MEDICARE CLINICS			3583	12952	7395			1949 60.02
61 EMERGENCY			46844	8297	54395	13291		7277 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES			6	1				77 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION			824	1703	351	7873		264 83
85.01 PANCREAS ACQUISITION			60	124	26	576		42 85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	1967	300922	1074999	433291	601691	169330	139138	114828 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								36 96
97 RESEARCH			2530	678				10935 97
97.01 DENTAL CLINIC			978	4	668			333 97.01
97.02 FUND RAISING								112 97.02
97.03 CARDIOLOGY FOUNDATION								5 97.03
97.04 ORTHOPAEDIC FOUNDATION			3242	143				238 97.04
97.05 MEDICAL FOUNDATION			78	5				183 97.05
97.06 SURGICAL FOUNDATION								359 97.06
97.07 NEUROLOGY FOUNDATION			1	1				15 97.07
97.08 RESEARCH FINANCE ADMINISTRATION								463 97.08
98 PHYSICIANS' PRIVATE OFFICES	118		40					409 98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES			20					565 99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER								51 99.05
99.06 WORK LAB				1444				32 99.06
99.07 PAYROLL BILLED								1830 99.07
99.08 O/P MEALS								132 99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE	332							42 99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB			7					29 99.13
99.14 CO-OPERATIVE CARE W & I								293 99.14
99.15 BROWN UNIV. STUDENTS								89 99.15
99.16 LCS CORO								469 99.16
99.17 TMH CORO								174 99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER	1066							102
103 TOTAL	3483	300922	1081895	435566	602359	169330	139138	131622 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DEPARTMENT OF MEDICINE	DEPARTMENT OF SURGERY	DEPARTMENT OF PEDIATRICS	DEPARTMENT OF ORTHOPEDICS	DEPARTMENT OF PSYCHIATRY	PRE-ADMISSION TESTING	DEPARTMENT OF CARDIOLOGY	I&R SALARY & FRINGES
	19.02	19.03	19.04	19.05	19.06	19.07	19.08	22
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 OUTPATIENT PSYCHIATRY								60.01
60.02 NON-MEDICARE CLINICS								60.02
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION								83
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	751947	305642	527746	23879	388149	131576	171686	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
97 RESEARCH	40790	24627	66280	2375	63749		13429	97
97.01 DENTAL CLINIC								97.01
97.02 FUND RAISING								97.02
97.03 CARDIOLOGY FOUNDATION								97.03
97.04 ORTHOPAEDIC FOUNDATION								97.04
97.05 MEDICAL FOUNDATION								97.05
97.06 SURGICAL FOUNDATION								97.06
97.07 NEUROLOGY FOUNDATION								97.07
97.08 RESEARCH FINANCE ADMINISTRATION								97.08
98 PHYSICIANS' PRIVATE OFFICES					34989			98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES								99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER								99.05
99.06 WORK LAB								99.06
99.07 PAYROLL BILLED								99.07
99.08 O/P MEALS								99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE								99.11
99.12 SATELITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB								99.13
99.14 CO-OPERATIVE CARE W & I								99.14
99.15 BROWN UNIV. STUDENTS	51768	27165	78863	1584	32238		2438	99.15
99.16 LCS CORO								99.16
99.17 TMH CORO								99.17
101 CROSS FOOT ADJUSTMENTS								1348112
102 NEGATIVE COST CENTER								102
103 TOTAL	844505	357434	672889	27838	519125	131576	187553	1348112

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM - TECHNICIANS	PARAMED ED PRGM-RADIOLOGY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	23	24.01	24.03	25	26	27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 TELEPHONE							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 ACCOUNTING							6.05
6.06 OTHER ADMINISTRATIVE AND GENERA							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY							17
18 SOCIAL SERVICE							18
19 CO-OPERATIVE CARE - GENERAL							19
19.01 CENTRAL TRANSPORTATION							19.01
19.02 DEPARTMENT OF MEDICINE							19.02
19.03 DEPARTMENT OF SURGERY							19.03
19.04 DEPARTMENT OF PEDIATRICS							19.04
19.05 DEPARTMENT OF ORTHOPEDICS							19.05
19.06 DEPARTMENT OF PSYCHIATRY							19.06
19.07 PRE-ADMISSION TESTING							19.07
19.08 DEPARTMENT OF RADIOLOGY							19.08
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A	886632						23
24 PARAMED ED PRGM-(SPECIFY)							24
24.01 PARAMED ED PRGM - TECHNICIANS		21972					24.01
24.02 PARAMED ED PRGM-PSYCH							24.02
24.03 PARAMED ED PRGM- RADIOLOGY			12045				24.03
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS				8339651		8339651	25
26 INTENSIVE CARE UNIT				1023697		1023697	26
27 CORONARY CARE UNIT				307957		307957	27
27.01 PEDIATRIC INTENSIVE CARE UNIT				490211		490211	27.01
31 SUBPROVIDER I				437467		437467	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				3215517		3215517	37
37.01 ENDOSCOPY				374237		374237	37.01
37.02 PULMONARY FUNCTION TESTING				37960		37960	37.02
37.03 GAMMA KNIFE				75177		75177	37.03
38 RECOVERY ROOM				238246		238246	38
41 RADIOLOGY-DIAGNOSTIC				1396125		1396125	41
42 RADIOLOGY-THERAPEUTIC				541100		541100	42
43 RADIOISOTOPE				639068		639068	43
43.01 ULTRASOUND				129947		129947	43.01
43.02 CAT SCAN				261126		261126	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)				707872		707872	43.03
43.04 PET IMAGING				12995		12995	43.04
44 LABORATORY				1753259		1753259	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				146312		146312	47
49 RESPIRATORY THERAPY				195263		195263	49
50 PHYSICAL THERAPY				334645		334645	50
51 OCCUPATIONAL THERAPY				11777		11777	51
52 SPEECH PATHOLOGY				162920		162920	52
53 ELECTROCARDIOLOGY				84278		84278	53
54 ELECTROENCEPHALOGRAPHY				515667		515667	54
55 MEDICAL SUPPLIES CHARGED TO PAT				283105		283105	55
56 DRUGS CHARGED TO PATIENTS				380091		380091	56
57 RENAL DIALYSIS				237896		237896	57
59 VASCULAR LAB				537363		537363	59
59.01 APPLIANCE SHOP				39643		39643	59.01
59.02 LITHOTRIPSY				2616		2616	59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM - TECHNICIANS	PARAMED ED PRGM-RADIOLOGY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	23	24.01	24.03	25	26	27	
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				1808444		1808444	60
60.01 OUTPATIENT PSYCHIATRY				19090		19090	60.01
60.02 NON-MEDICARE CLINICS				855152		855152	60.02
61 EMERGENCY				2405852		2405852	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				1636		1636	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION				139712		139712	83
85.01 PANCREAS ACQUISITION				10504		10504	85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS				28153578		28153578	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				70131		70131	96
97 RESEARCH				5390253		5390253	97
97.01 DENTAL CLINIC				121971		121971	97.01
97.02 FUND RAISING				23608		23608	97.02
97.03 CARDIOLOGY FOUNDATION				527		527	97.03
97.04 ORTHOPAEDIC FOUNDATION				616690		616690	97.04
97.05 MEDICAL FOUNDATION				448350		448350	97.05
97.06 SURGICAL FOUNDATION				1043461		1043461	97.06
97.07 NEUROLOGY FOUNDATION				506		506	97.07
97.08 RESEARCH FINANCE ADMINISTRATION				40313		40313	97.08
98 PHYSICIANS' PRIVATE OFFICES				137276		137276	98
98.01 NOPCO							98.01
99.01 HASBRO VNA							99.01
99.02 PATIENT TELEPHONES							99.02
99.03 RIH VENTURES				131751		131751	99.03
99.04 NON-PATIENT RELATED							99.04
99.05 DAY CARE CENTER				111087		111087	99.05
99.06 WORK LAB				1476		1476	99.06
99.07 PAYROLL BILLED				43961		43961	99.07
99.08 O/P MEALS				68406		68406	99.08
99.09 WEIGHT LOSS PROGRAM							99.09
99.10 UNALLOWABLE FLOOR AREA							99.10
99.11 OTHER NON-REIMBURSEABLE				60139		60139	99.11
99.12 SATALITE PHYSICIANS OFFICE							99.12
99.13 SNE REHAB				381		381	99.13
99.14 CO-OPERATIVE CARE W & I				796395		796395	99.14
99.15 BROWN UNIV. STUDENTS				245867		245867	99.15
99.16 LCS CORO				1177215		1177215	99.16
99.17 TMH CORO				452785		452785	99.17
101 CROSS FOOT ADJUSTMENTS	886632	21972	12045	2268761		2268761	101
102 NEGATIVE COST CENTER				1066		1066	102
103 TOTAL	886632	21972	12045	41405954		41405954	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONE	DATA PROCES	
	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BENEFITS	NUMBER OF LINES	EDP TIME	SSING
	DOLLAR	DOLLAR	DOLLAR	DOLLAR	GROSS SALARIES		6.01	6.02
	1	2	3	4	5			
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	304034							1
2 OLD CAP REL COSTS-MVBLE EQUIP		18254						2
3 NEW CAP REL COSTS-BLDG & FIXT			14476223					3
4 NEW CAP REL COSTS-MVBLE EQUIP				10763767				4
5 EMPLOYEE BENEFITS		2	33557	24952	334135809			5
6.01 TELEPHONE	5242	319	14992	11147		5619		6.01
6.02 DATA PROCESSING							100	6.02
6.03 PURCHASING			8543	6352	1111153		37	6.03
6.04 ADMITTING	91	6	77920	57938	2018381		46	6.04
6.05 ACCOUNTING	1037	63	105673	78573	2852992		75	6.05
6.06 OTHER ADMINISTRATIVE AND GENE	5036	306	406242	302060	8826871	188	100	6.06
7 MAINTENANCE & REPAIRS	9143	556	79477	59095	4822416		229	7
8 OPERATION OF PLANT	125106	7604	7142670	5310917	3156836		19	8
9 LAUNDRY & LINEN SERVICE			114942	85465	3413669		11	9
10 HOUSEKEEPING	130	8	40535	30140	5893779		20	10
11 DIETARY	8849	538	176893	131528	3785509		47	11
12 CAFETERIA	15141	920	135253	100567	1451323		30	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2710	165	33971	25259	10042655	103		14
15 CENTRAL SERVICES & SUPPLY	3257	198	156083	116055	1396163	8		15
16 PHARMACY	3258	198	51842	38547	5626518	66		16
17 MEDICAL RECORDS & LIBRARY			85917	63884	4308186	168		17
18 SOCIAL SERVICE	1082	66	26161	19452	1735543	45		18
19 CO-OPERATIVE CARE - GENERAL			28180	20953				19
19.01 CENTRAL TRANSPORTATION			16511	12277	2182463	24		19.01
19.02 DEPARTMENT OF MEDICINE	897	55	135515	100762	1677481	268		19.02
19.03 DEPARTMENT OF SURGERY			57028	42403	3119230	121		19.03
19.04 DEPARTMENT OF PEDIATRICS	1971	120	101426	75415	17851355	217		19.04
19.05 DEPARTMENT OF ORTHOPEDICS			3542	2633	89123	34		19.05
19.06 DEPARTMENT OF PSYCHIATRY	2		67363	50088	6503750	239		19.06
19.07 PRE-ADMISSION TESTING	2082	127	28238	20996	355803	10		19.07
19.08 DEPARTMENT OF CARDIOLOGY			33749	25094	472529	25		19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			521	388	22976110	37		22
23 I&R SERVICES-OTHER PRGM COSTS	812	49	139598	103798		34		23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS			1493	1110	87541	3		24.01
24.02 PARAMED ED PRGM-PSYCH								24.02
24.03 PARAMED ED PRGM- RADIOLOGY					2204189			24.03
25 INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	36775	2008	814703	605771	61836527	456		25
26 INTENSIVE CARE UNIT	7613	463	103271	76787	11490975	59		26
27 CORONARY CARE UNIT	3275	199	45595	33902	2706739	33		27
27.01 PEDIATRIC INTENSIVE CARE UNIT			77830	57870	3534685	38		27.01
31 SUBPROVIDER I			23819	17710	4110533	25		31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			405418	301448	12974212	215		37
37.01 ENDOSCOPY	3574	217	62058	46143	3193865	55		37.01
37.02 PULMONARY FUNCTION TESTING			1958	1456	1232218	53		37.02
37.03 GAMMA KNIFE			12563	9341	313653	9		37.03
38 RECOVERY ROOM			20223	15037	3785850	28		38
41 RADIOLOGY-DIAGNOSTIC	10652	647	221944	165026	9665477	362		41
42 RADIOLOGY-THERAPEUTIC	29517	1794	100838	74978	3257777	68		42
43 RADIOISOTOPE	3539	215	129047	95952	1156953	29		43
43.01 ULTRASOUND			17148	12750	1488261	16		43.01
43.02 CAT SCAN			17431	12961	3004359	15		43.02
43.03 MAGNETIC RESONANCE IMAGING(MR			23532	17497	1406173	20		43.03
43.04 PET IMAGING					102439			43.04
44 LABORATORY			221770	164896	14074903	189		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T			22652	16843	1040073	11		47
49 RESPIRATORY THERAPY	1553	94	26365	19604	4675605	21		49
50 PHYSICAL THERAPY	371	23	49455	36772	3427527	22		50
51 OCCUPATIONAL THERAPY					854197	19		51
52 SPEECH PATHOLOGY			23842	17728	1145023	31		52
53 ELECTROCARDIOLOGY			13657	10154	276629	13		53
54 ELECTROENCEPHALOGRAPHY			54159	40270	1210218	75		54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS	1127	69	37471	27861	673498	10		57
59 VASCULAR LAB	1359	83	85188	63342	2473197	67		59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONE	DATA PROCE	SSING	
	BLDGS & FIXTURES DOLLAR VALUE	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES DOLLAR VALUE	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	NUMBER OF LINES	EDP TIME		
	1	2	3	4	5	6.01	6.02		
59.01 APPLIANCE SHOP								9	59.01
59.02 LITHOTRIPSY								4	59.02
60 OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1		262927	195499	6025436	324			60
60.01 OUTPATIENT PSYCHIATRY			572	426	1888589	28			60.01
60.02 NON-MEDICARE CLINICS			151234	112450	4469771	304			60.02
61 EMERGENCY	776	47	414496	308198	18719557	243			61
62 OBSERVATION BEDS (NON-DISTINC)									62
63.50 RHC									63.50
63.60 FQHC									63.60
65 OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES					246364				65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
83 SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION			23036	17128	549070	21			83
85.01 PANCREAS ACQUISITION			1675	1246	25772	2			85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	285980	17157	12769712	9494894	304997693	4978		100	95
96 NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	630	38	15131	11251	40664	6			96
97 RESEARCH	16172	983	713794	530740	19887469	412			97
97.01 DENTAL CLINIC			7409	5509	715876	23			97.01
97.02 FUND RAISING			134	100	85479	9			97.02
97.03 CARDIOLOGY FOUNDATION						14			97.03
97.04 ORTHOPAEDIC FOUNDATION			137708	102393		4			97.04
97.05 MEDICAL FOUNDATION			100195	74500	58577	11			97.05
97.06 SURGICAL FOUNDATION			234738	174539		5			97.06
97.07 NEUROLOGY FOUNDATION					23567	21			97.07
97.08 RESEARCH FINANCE ADMINISTRATI			1297	964	923360	25			97.08
98 PHYSICIANS' PRIVATE OFFICES			4259	3167		99			98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES			22285	16570	88915	8			99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER			11093	8248					99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED					7314209				99.07
99.08 O/P MEALS									99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE			22362	16627		3			99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB						1			99.13
99.14 CO-OPERATIVE CARE W & I			154526	114897					99.14
99.15 BROWN UNIV. STUDENTS			8994	6687					99.15
99.16 LCS CORO	1252	76	192614	143218					99.16
99.17 TMH CORO			79972	59463					99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2094687	945905	22863871	15506703	93200412	393593			103
104 UNIT COST MULT-WS B PT I		51.819053		1.440639		70.046805			104
104 UNIT COST MULT-WS B PT I	6.889647		1.579409		.278930				104
105 COST TO BE ALLOC PER B PT II					14	52646			105
106 UNIT COST MULT-WS B PT II						9.369283			106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III					91613	39737			107
108 UNIT COST MULT-WS B PT III						7.071899			108
108 UNIT COST MULT-WS B PT III					.000274				108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	ACCOUNTING	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	
	COSTED	INPATIENT	GROSS	CILIAATION	NISTRATIVE	TENANCE &	OF PLANT	& LINEN	
	REQUISITIO	REVENUE	REVENUE	6A.06	AND GENER	REPAIRS	SQUARE	SERVICE	
	6.03	6.04	6.05		ACCUM	FOOTAGE	FOOTAGE	POUNDS OF	
					COST	7	8	LAUNDRY	9
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELEPHONE									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING	62020113								6.03
6.04 ADMITTING	61596	1121543172							6.04
6.05 ACCOUNTING	93482		1994419847						6.05
6.06 OTHER ADMINISTRATIVE AND GENE	747239			-111442347	681532289				6.06
7 MAINTENANCE & REPAIRS	11262				13469164	1183738			7
8 OPERATION OF PLANT	16742				41406109	45828	1137910		8
9 LAUNDRY & LINEN SERVICE	1197779				5179966	19557	19557	6258901	9
10 HOUSEKEEPING	8526				8322281	15341	15341	62178	10
11 DIETARY	272380				7636525	24228	24228	13063	11
12 CAFETERIA	288108				1384369	21039	21039		12
13 MAINTENANCE OF PERSONNEL				58905	29420				13
14 NURSING ADMINISTRATION	86994				13495939	8880	8880		14
15 CENTRAL SERVICES & SUPPLY	20802				3497198	30081	30081	8734	15
16 PHARMACY	118599				48528973	7872	7872	47	16
17 MEDICAL RECORDS & LIBRARY	70138				7894720	18989	18989		17
18 SOCIAL SERVICE	27896				3266710	4515	4515	136	18
19 CO-OPERATIVE CARE - GENERAL	1031				74716	3789	3789		19
19.01 CENTRAL TRANSPORTATION	4969				3359836	2525	2525	40	19.01
19.02 DEPARTMENT OF MEDICINE	63327				9679596	25433	25433	2585	19.02
19.03 DEPARTMENT OF SURGERY	53217				11656227	8190	8190	1175	19.03
19.04 DEPARTMENT OF PEDIATRICS	81307				19155049	18568	18568	546	19.04
19.05 DEPARTMENT OF ORTHOPEDICS	118986				1296566	542	542	22311	19.05
19.06 DEPARTMENT OF PSYCHIATRY	55985				6162701	18213	18213		19.06
19.07 PRE-ADMISSION TESTING	4789				555152	3018	3018	25754	19.07
19.08 DEPARTMENT OF CARDIOLOGY	8036				739127	5161	5161	36	19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES	18382				27551128	684	684		22
23 I&R SERVICES-OTHER PRGM COSTS	22060				5606889	29370	29370	4513	23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS	1436				78192	1039	1039		24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY	13325				2777767			30	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	449492	243158743	243162820		95844297	145657	145657	3317023	25
26 INTENSIVE CARE UNIT	94093	81178001	81180184		18345989	11038	11038	319296	26
27 CORONARY CARE UNIT	11686	8287803	8287803		4325325	4887	4887	117383	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	20792	16588947	16588947		5511274	9498	9498	73784	27.01
31 SUBPROVIDER I	11060	23036117	23039278		5896400	7262	7262	66838	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	71137	85319955	139092401		26991347	56522	56522	754061	37
37.01 ENDOSCOPY	33499	9329658	31688313		6398240	7299	7299	57020	37.01
37.02 PULMONARY FUNCTION TESTING	42179	9203682	18204698		2115366	300	300	594	37.02
37.03 GAMMA KNIFE	4142	12785704	13537802		525948	1833	1833	1547	37.03
38 RECOVERY ROOM	12046	12000626	32431697		5726219	6905	6905	34827	38
41 RADIOLOGY-DIAGNOSTIC	156444	26110424	76664923		17000594	28635	28635	122132	41
42 RADIOLOGY-THERAPEUTIC	46930	1580222	35063978		6313367	13162	13162	26978	42
43 RADIOISOTOPE	17573	4408945	22910240		2213952	14761	14761	24039	43
43.01 ULTRASOUND	4197	2907329	19177566		2163247	3204	3204	63297	43.01
43.02 CAT SCAN	2493	38168425	133658654		5658028	3517	3517	71199	43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)	6274	14913793	44408997		2577393	3433	3433	30946	43.03
43.04 PET IMAGING	8039	107830	10855274		175601			5950	43.04
44 LABORATORY	3865039	97737691	202600457		23795753	36912	36912	1362	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	276267	10651743	14403135		7666697	2440	2440	111	47
49 RESPIRATORY THERAPY	12204	15994695	17270530		6996725	4080	4080		49
50 PHYSICAL THERAPY	16274	7235278	13910598		4989016	9954	9954	26264	50
51 OCCUPATIONAL THERAPY	1533	3080144	5835036		1292343			15418	51
52 SPEECH PATHOLOGY	6338	1333576	4266226		1625889	4887	4887		52
53 ELECTROCARDIOLOGY	5442	6186261	8644473		452639	2089	2089	1623	53
54 ELECTROENCEPHALOGRAPHY	42162	2800922	5045291		2458566	20512	20512	4068	54
55 MEDICAL SUPPLIES CHARGED TO P	49858242	142568349	185474513		50651560				55
56 DRUGS CHARGED TO PATIENTS		138893822	266139271		908809				56
57 RENAL DIALYSIS	96034	6611636	8039413		1895998	6423	6423	22698	57
59 VASCULAR LAB	72688	56033985	79592835		4879038	11629	11629	42504	59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	ACCOUNTING	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	
	COSTED	INPATIENT	GROSS	CILATION	NISTRATIVE	TENANCE &	OF PLANT	& LINEN	
	REQUISITIO	REVENUE	REVENUE	6A.06	ACCUM	REPAIRS	SQUARE	SERVICE	
	6.03	6.04	6.05		COST	FOOTAGE	FOOTAGE	LAUNDRY	
					6.06	7	8	9	
59.01 APPLIANCE SHOP	4000	874750	941006		660957	1372	1372	1801	59.01
59.02 LITHOTRIPSY		29010	2204760		366139			6001	59.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	101221	51506	15952713		11806261	51099	51099	50558	60
60.01 OUTPATIENT PSYCHIATRY	22285	15090	6084879		2462341	81	81	1320	60.01
60.02 NON MEDICARE CLINICS	120514	55679	24488061		7294343	22829	22829	10022	60.02
61 EMERGENCY	296316	41096151	180114902		30902964	45844	45844	807267	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	7068				392159				65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	15050	1114976	1162800		785531	3774	3774		83
85.01 PANCREAS ACQUISITION	1095	81089	84567		173036	274	274		85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	59280241	1121532557	1992209041	-111383442	613043671	854974	809146	6219079	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C					101083	1717	1717		96
97 RESEARCH	2564078				47198382	180300	180300	13963	97
97.01 DENTAL CLINIC	4818	10615	2210806		1395668	5517	5517	4754	97.01
97.02 FUND RAISING	1519				511891	1282	1282		97.02
97.03 CARDIOLOGY FOUNDATION	12840				23622			3168	97.03
97.04 ORTHOPAEDIC FOUNDATION	85				487295	14508	14508	7819	97.04
97.05 MEDICAL FOUNDATION	5976				431772	10556	10556	199	97.05
97.06 SURGICAL FOUNDATON	32852				656915	24730	24730		97.06
97.07 NEUROLOGY FOUNDATION					74217			159	97.07
97.08 RESEARCH FINANCE ADMINISTRATI					2296193	1701	1701		97.08
98 PHYSICIANS' PRIVATE OFFICES	86692				1306832	2963	2963	9760	98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES	26504				2739412	2971	2971		99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER					29402	4810	4810		99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED					9354361				99.07
99.08 O/P MEALS									99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE	4508				206276				99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB					148461				99.13
99.14 CO-OPERATIVE CARE W & I					409585	22738	22738		99.14
99.15 BROWN UNIV. STUDENTS					382173	1593	1593		99.15
99.16 LCS CORO					523105	39216	39216		99.16
99.17 TMH CORO					211973	14162	14162		99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1314299	2967927	4150370		111442347	15671601	48783433	7124326	103
104 UNIT COST MULT-WS B PT I	.021191		.002081		.163517		42.871082		104
104 UNIT COST MULT-WS B PT I		.002646				13.239079		1.138271	104
105 COST TO BE ALLOC PER B PT II	347	1369	11114		52318	94986	1263010	23785	105
106 UNIT COST MULT-WS B PT II	.000006		.000006		.000077		1.109938		106
106 UNIT COST MULT-WS B PT II		.000001				.080242		.003800	106
107 COST TO BE ALLOC PER B PT III	24646	207838	283966		1550596	268878	19037922	719303	107
108 UNIT COST MULT-WS B PT III	.000397		.000142		.002275		16.730604		108
108 UNIT COST MULT-WS B PT III		.000185				.227143		.114925	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE & PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	HOURS OF SERVICE 10	MEALS SERVED 11	NUMBER OF FTE 12	NUMBER OF PERSONNEL HOUSED 13	DIRECT HRS OF SVC 14	COSTED REQUISITIO 15	COSTED REQUISITIO 16	GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELEPHONE									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 ACCOUNTING									6.05
6.06 OTHER ADMINISTRATIVE AND GENE									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	46489								10
11 DIETARY	1558	608633							11
12 CAFETERIA	721		4926						12
13 MAINTENANCE OF PERSONNEL	401			20559					13
14 NURSING ADMINISTRATION	212		118		2980369				14
15 CENTRAL SERVICES & SUPPLY	319		42			50887080			15
16 PHARMACY	343		79			108402	35313595		16
17 MEDICAL RECORDS & LIBRARY	350		106			271		1994419847	17
18 SOCIAL SERVICE	234		34			171	357347		18
19 CO-OPERATIVE CARE - GENERAL						917	132		19
19.01 CENTRAL TRANSPORTATION	84		70			473			19.01
19.02 DEPARTMENT OF MEDICINE	764		23			3460	404		19.02
19.03 DEPARTMENT OF SURGERY	318		31			16735	304		19.03
19.04 DEPARTMENT OF PEDIATRICS			157			67930	2245		19.04
19.05 DEPARTMENT OF ORTHOPEDICS	16		1			43751	1125		19.05
19.06 DEPARTMENT OF PSYCHIATRY	128		58			380			19.06
19.07 PRE-ADMISSION TESTING			6			6083	224		19.07
19.08 DEPARTMENT OF CARDIOLOGY			9				502		19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES			465			62957			22
23 I&R SERVICES-OTHER PRGM COSTS	129			16729		581			23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS			1						24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY			29						24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	20744	506167	1100		2287043	3455240	234153	243162820	25
26 INTENSIVE CARE UNIT	879	20935	159		331323	1207726	55901	81180184	26
27 CORONARY CARE UNIT	323	11050	42		87069	127605	4528	8287803	27
27.01 PEDIATRIC INTENSIVE CARE UNIT		2046	54		113110	261420	7593	16588947	27.01
31 SUBPROVIDER I	599	22996	78		161824	39329	4372	23039278	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1295		250			32289760	1993948	139092401	37
37.01 ENDOSCOPY	412		49			1422940	149657	31688313	37.01
37.02 PULMONARY FUNCTION TESTING			23			75673	6663	18204698	37.02
37.03 GAMMA KNIFE			4			7256	1467	13537802	37.03
38 RECOVERY ROOM			50			137322	31848	32431697	38
41 RADIOLOGY-DIAGNOSTIC	2000		177			3000545	178719	76664923	41
42 RADIOLOGY-THERAPEUTIC	329		42			176663	14269	35063978	42
43 RADIOISOTOPE			16			61221	1793548	22910240	43
43.01 ULTRASOUND	140		20			147819	14748	19177566	43.01
43.02 CAT SCAN	51		49			603605	527005	133658654	43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)	158		27			121870	420565	44408997	43.03
43.04 PET IMAGING			2			1356	506254	10855274	43.04
44 LABORATORY	1986		200			176987	85836	202600457	44
46.30 BLOOD CLOTTING FACTORS ADMIN			17			17006		14403135	46.30
47 BLOOD STORING, PROCESSING & T	89		70			570844	5253	17270530	47
49 RESPIRATORY THERAPY	116		54			62940	344	13910598	49
50 PHYSICAL THERAPY	112		14			7832		5835036	50
51 OCCUPATIONAL THERAPY			19			271774	2932	4266226	51
52 SPEECH PATHOLOGY	69		7			9129		8644473	52
53 ELECTROCARDIOLOGY			28			19747	2716	5045291	53
54 ELECTROENCEPHALOGRAPHY	32								54
55 MEDICAL SUPPLIES CHARGED TO P						1378051		185474513	55
56 DRUGS CHARGED TO PATIENTS							18482079	266139271	56
57 RENAL DIALYSIS	162		13			184945	140780	8039413	57
59 VASCULAR LAB	687		36			1108859	468095	79592835	59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE & PERSONNEL	NURSING ADMINIS-	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
	HOURS OF SERVICE	MEALS SERVED	NUMBER OF FTE	NUMBER HOUSED	DIRECT HRS OF SVC	COSTED REQUISITIO	COSTED REQUISITIO	GROSS REVENUE		
	10	11	12	13	14	15	16	17		
59.01 APPLIANCE SHOP						652115		941006	59.01	
59.02 LITHOTRIPSY						308		2204760	59.02	
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC	979		121			235405	7761637	15952713	60	
60.01 OUTPATIENT PSYCHIATRY	130		23			3668	1045	6084879	60.01	
60.02 NON-MEDICARE CLINICS			83			168518	1050091	24488061	60.02	
61 EMERGENCY	5672		310			2203288	672671	180114902	61	
62 OBSERVATION BEDS (NON-DISTINC)									62	
63.50 RHC									63.50	
63.60 FQHC									63.60	
OTHER REIMBURSABLE COST CENTERS										
65 AMBULANCE SERVICES			4			290	89		65	
69.10 CMHC									69.10	
69.20 OUTPATIENT PHYSICAL THERAPY									69.20	
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40	
71 HOME HEALTH AGENCY									71	
SPECIAL PURPOSE COST CENTERS										
83 KIDNEY ACQUISITION			8			38768	138044	1162800	83	
85.01 PANCREAS ACQUISITION			1			2820	10040	84567	85.01	
85.02 INTESTINAL ACQUISITION									85.02	
95 SUBTOTALS	42541	563194	4379	16729	2980369	50562755	35129173	1992209041	95	
NONREIMBURSABLE COST CENTERS										
96 GIFT, FLOWER, COFFEE SHOP & C			4						96	
97 RESEARCH	599		317			118989	55000		97	
97.01 DENTAL CLINIC	143		8			46009	286	2210806	97.01	
97.02 FUND RAISING			1						97.02	
97.03 CARDIOLOGY FOUNDATION									97.03	
97.04 ORTHOPAEDIC FOUNDATION						152487	11622		97.04	
97.05 MEDICAL FOUNDATION			1			3669	390		97.05	
97.06 SURGICAL FOUNDATION									97.06	
97.07 NEUROLOGY FOUNDATION			1			53	87		97.07	
97.08 RESEARCH FINANCE ADMINISTRATI			13						97.08	
98 PHYSICIANS' PRIVATE OFFICES	3197		25	1003		1870			98	
98.01 NOPCO									98.01	
99.01 HASBRO VNA									99.01	
99.02 PATIENT TELEPHONES									99.02	
99.03 RIH VENTURES	9		49			936			99.03	
99.04 NON-PATIENT RELATED									99.04	
99.05 DAY CARE CENTER									99.05	
99.06 WORK LAB							117037		99.06	
99.07 PAYROLL BILLED			128						99.07	
99.08 O/P MEALS		45439							99.08	
99.09 WEIGHT LOSS PROGRAM									99.09	
99.10 UNALLOWABLE FLOOR AREA									99.10	
99.11 OTHER NON-REIMBURSEABLE					2827				99.11	
99.12 SATALITE PHYSICIANS OFFICE									99.12	
99.13 SNE REHAB						312			99.13	
99.14 CO-OPERATIVE CARE W & I									99.14	
99.15 BROWN UNIV. STUDENTS									99.15	
99.16 LCS CORO									99.16	
99.17 TMH CORO									99.17	
101 CROSS FOOT ADJUSTMENTS									101	
102 NEGATIVE COST CENTER									102	
103 COST TO BE ALLOC PER B PT I	10614676	10615266	2955862	66885	16320223	5864879	57044251	10394668	103	
104 UNIT COST MULT-WS B PT I	228.326615		600.053187		5.475907		1.615362		104	
104 UNIT COST MULT-WS B PT I		17.441161		3.253320		.115253		.005212	104	
105 COST TO BE ALLOC PER B PT II	20634	119453	177740	125	44147	70536	49583	28763	105	
106 UNIT COST MULT-WS B PT II	.443847		36.082014		.014813		.001404		106	
106 UNIT COST MULT-WS B PT II		.196264		.006080		.001386		.000014	106	
107 COST TO BE ALLOC PER B PT III	395999	914496	725290	2417	300922	1081895	435566	602359	107	
108 UNIT COST MULT-WS B PT III	8.518123		147.237109		.100968		.012334		108	
108 UNIT COST MULT-WS B PT III		1.502541		.117564		.021261		.000302	108	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	CO-OPERATI VE CARE - GENERAL PATIENT DAYS	RECON- CILATION	CENTRAL TR ANSPORTATI ON ACCUM COST	DEPARTMENT OF MEDICI NE TIME STUDY	DEPARTMENT OF SURGER Y TIME STUDY	DEPARTMENT OF PEDIAT RICS TIME STUDY	DEPARTMENT OF ORTHOP EDICS TIME STUDY
	18	19		19.01	19.02	19.03	19.04	19.05
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05								6.05
6.06								6.06
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19	10001	182163						19
19.01			-4112188	788803543				19.01
19.02				12881660	10000			19.02
19.03				14116727		10000		19.03
19.04				23435362			10000	19.04
19.05				1575497				19.05
19.06				8256414				19.06
19.07				849248				19.07
19.08				1155824				19.08
20								20
21								21
22				32380867	5600	5179	3816	6422
23				8260750				
24								
24.01				149876				
24.02								
24.03				3249415				
INPATIENT ROUTINE SERV COST CENTERS								
25	2396	149664		153630957	2896	2956	3531	1890
26	12	13998		25485484	261	267	319	171
27	6	4332		6284042	82	84	100	54
27.01	701	3338		8181021	65	65	77	41
31	1770	10831		9797184				
ANCILLARY SERVICE COST CENTERS								
37				43547749				
37.01				8613294				
37.02				2606942				
37.03				792725				
38				7355947				
41				23123171				
42		91		8484240				
43				6464870				
43.01				2953581				
43.02				8520144				
43.03				4203840				
43.04				1086805				
44				31547927				
46.30								
47				9164917				
49				8602517				
50				6531510				
51				1560929				
52				2251410				
53				696021				
54				4073211				
55				60059469				
56				32299544				
57		75		2962962				
59				7854972				

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	CO-OPERATIVE CARE - GENERAL PATIENT DAYS	RECON-CILIATION	CENTRAL TRANSPORTATION ACCUM COST	DEPARTMENT OF MEDICINE TIME STUDY	DEPARTMENT OF SURGERY TIME STUDY	DEPARTMENT OF PEDIATRICS TIME STUDY	DEPARTMENT OF ORTHOPEDICS TIME STUDY
	18	19		19.01	19.02	19.03	19.04	19.05
59.01 APPLIANCE SHOP				928131				59.01
59.02 LITHOTRIPSY				444366				59.02
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3666			31330625				60
60.01 OUTPATIENT PSYCHIATRY				2948332				60.01
60.02 NON-MEDICARE CLINICS				11672574				60.02
61 EMERGENCY	785			43577056				61
62 OBSERVATION BEDS (NON-DISTINC)								62
63.50 RHC								63.50
63.60 FQHC								63.60
65 OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES				458861				65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
71 SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	465			1582840				83
85.01 PANCREAS ACQUISITION	34			250286				85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	10001	182163	-4112188	688242096	8904	8551	7843	8578
96 NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				216353				96
97 RESEARCH				65478218	483	689	985	853
97.01 DENTAL CLINIC				1993593				97.01
97.02 FUND RAISING				668127				97.02
97.03 CARDIOLOGY FOUNDATION				31091				97.03
97.04 ORTHOPAEDIC FOUNDATION				1426272				97.04
97.05 MEDICAL FOUNDATION				1096553				97.05
97.06 SURGICAL FOUNDATION				2151936				97.06
97.07 NEUROLOGY FOUNDATION				87281				97.07
97.08 RESEARCH FINANCE ADMINISTRATI				2774905				97.08
98 PHYSICIANS' PRIVATE OFFICES				2446325				98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES				3385621				99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER				304100				99.05
99.06 WORK LAB				189057				99.06
99.07 PAYROLL BILLED				10960765				99.07
99.08 O/P MEALS				792509				99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE				249203				99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB				172773				99.13
99.14 CO-OPERATIVE CARE W & I				1752392				99.14
99.15 BROWN UNIV. STUDENTS				534049	613	760	1172	569
99.16 LCS CORO				2809058				99.16
99.17 TMH CORO				1041266				99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4705460	299854		4112188	12948812	14190317	23557531	1583710
104 UNIT COST MULT-WS B PT I	470.498950				1294.881200		2355.753100	
104 UNIT COST MULT-WS B PT I		1.646075		.005213		1419.031700		158.371000
105 COST TO BE ALLOC PER B PT II	18756	4517		6054	43844	13179	51355	1269
106 UNIT COST MULT-WS B PT II	1.875412				4.384400		5.135500	
106 UNIT COST MULT-WS B PT II		.024796		.000008		1.317900		.126900
107 COST TO BE ALLOC PER B PT III	169330	139138		131622	844505	357434	672889	27838
108 UNIT COST MULT-WS B PT III	16.931307				84.450500		67.288900	
108 UNIT COST MULT-WS B PT III		.763810		.000167		35.743400		2.783800

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DEPARTMENT OF PSYCHIATRY 19.06	PRE-ADMISSION TESTING 19.07	DEPARTMENT OF CARDIOLOGY 19.08	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED ED PRGM - TECHNICIANS 24.01	PARAMED ED PRGM-PSYCH 24.02	PARAMED ED PRGM-RADIOLOGY 24.03	
59.01 APPLIANCE SHOP									59.01
59.02 LITHOTRIPSY									59.02
60 OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				1127	1127				60
60.01 OUTPATIENT PSYCHIATRY							9200		60.01
60.02 NON-MEDICARE CLINICS									60.02
61 EMERGENCY				1084	1084		800		61
62 OBSERVATION BEDS (NON-DISTINC)									62
63.50 RHC									63.50
63.60 FQHC									63.60
65 OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
83 SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION									83
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	7477	124941117	9154	9838	9838	10000	10000	10000	95
96 NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C									96
97 RESEARCH	1228		716	162	162				97
97.01 DENTAL CLINIC									97.01
97.02 FUND RAISING									97.02
97.03 CARDIOLOGY FOUNDATION									97.03
97.04 ORTHOPAEDIC FOUNDATION									97.04
97.05 MEDICAL FOUNDATION									97.05
97.06 SURGICAL FOUNDATION									97.06
97.07 NEUROLOGY FOUNDATION									97.07
97.08 RESEARCH FINANCE ADMINISTRATI									97.08
98 PHYSICIANS' PRIVATE OFFICES	674								98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES									99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER									99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED									99.07
99.08 O/P MEALS									99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE									99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB									99.13
99.14 CO-OPERATIVE CARE W & I									99.14
99.15 BROWN UNIV. STUDENTS	621		130						99.15
99.16 LCS CORO									99.16
99.17 TMH CORO									99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	8299455	853675	1161849	59976507	8303813	150657		3266354	103
104 UNIT COST MULT-WS B PT I	829.945500		116.184900		830.381300				104
104 UNIT COST MULT-WS B PT I		.006833		5997.650700		15.065700		326.635400	104
105 COST TO BE ALLOC PER B PT II	26621	24983	6768	83205	44083	1307		1286	105
106 UNIT COST MULT-WS B PT II	2.662100		.676800		4.408300				106
106 UNIT COST MULT-WS B PT II		.000200		8.320500		.130700		.128600	106
107 COST TO BE ALLOC PER B PT III	519125	131576	187553	1348112	886632	21972		12045	107
108 UNIT COST MULT-WS B PT III	51.912500		18.755300		88.663200				108
108 UNIT COST MULT-WS B PT III		.001053		134.811200		2.197200		1.204500	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	173784818		173784818		173784818	25
26 INTENSIVE CARE UNIT	27365903		27365903		27365903	26
27 CORONARY CARE UNIT	6865466		6865466		6865466	27
27.01 PEDIATRIC INTENSIVE CARE UN	8648777		8648777		8648777	27.01
31 SUBPROVIDER I	11114754		11114754		11114754	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	43774763		43774763	126687	43901450	37
37.01 ENDOSCOPY	8658195		8658195		8658195	37.01
37.02 PULMONARY FUNCTION TESTING	2620532		2620532		2620532	37.02
37.03 GAMMA KNIFE	796857		796857		796857	37.03
38 RECOVERY ROOM	7394294		7394294		7394294	38
41 RADIOLOGY-DIAGNOSTIC	26671902		26671902		26671902	41
42 RADIOLOGY-THERAPEUTIC	8528468		8528468		8528468	42
43 RADIOISOTOPE	6498571		6498571		6498571	43
43.01 ULTRASOUND	2968978		2968978		2968978	43.01
43.02 CAT SCAN	8564560		8564560		8564560	43.02
43.03 MAGNETIC RESONANCE IMAGING(4225755		4225755		4225755	43.03
43.04 PET IMAGING	1092471		1092471		1092471	43.04
44 LABORATORY	32435554		32435554		32435554	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	9299940		9299940		9299940	47
49 RESPIRATORY THERAPY	8647362		8647362		8647362	49
50 PHYSICAL THERAPY	6565559		6565559		6565559	50
51 OCCUPATIONAL THERAPY	1569066		1569066		1569066	51
52 SPEECH PATHOLOGY	2263147		2263147		2263147	52
53 ELECTROCARDIOLOGY	731731		731731		731731	53
54 ELECTROENCEPHALOGRAPHY	4094445		4094445	36007	4130452	54
55 MEDICAL SUPPLIES CHARGED TO	60372559		60372559		60372559	55
56 DRUGS CHARGED TO PATIENTS	32467922		32467922		32467922	56
57 RENAL DIALYSIS	2978408		2978408		2978408	57
59 VASCULAR LAB	7895920		7895920		7895920	59
59.01 APPLIANCE SHOP	932969		932969		932969	59.01
59.02 LITHOTRIPSY	446682		446682		446682	59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	31493952		31493952		31493952	60
60.01 OUTPATIENT PSYCHIATRY	2963702		2963702		2963702	60.01
60.02 NON MEDICARE CLINICS	11733423		11733423	72941	11806364	60.02
61 EMERGENCY	43804223		43804223		43804223	61
62 OBSERVATION BEDS (NON-DISTI	7748050		7748050		7748050	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	461253		461253		461253	65
101 SUBTOTAL	618480931		618480931	235635	618716566	101
102 LESS OBSERVATION BEDS	7748050		7748050		7748050	102
103 TOTAL	610732881		610732881	235635	610968516	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	243162820		243162820			25
26 INTENSIVE CARE UNIT	81180184		81180184			26
27 CORONARY CARE UNIT	8287803		8287803			27
27.01 PEDIATRIC INTENSIVE CARE UN	16588947		16588947			27.01
31 SUBPROVIDER I	23039278		23039278			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	85319955	53772446	139092401	.314717	.314717	.315628 37
37.01 ENDOSCOPY	9329658	22358655	31688313	.273230	.273230	.273230 37.01
37.02 PULMONARY FUNCTION TESTING	9203682	9001016	18204698	.143948	.143948	.143948 37.02
37.03 GAMMA KNIFE	12785704	752098	13537802	.058862	.058862	.058862 37.03
38 RECOVERY ROOM	12000626	20431071	32431697	.227996	.227996	.227996 38
41 RADIOLOGY-DIAGNOSTIC	26110424	50554499	76664923	.347902	.347902	.347902 41
42 RADIOLOGY-THERAPEUTIC	1580222	33483756	35063978	.243226	.243226	.243226 42
43 RADIOISOTOPE	4408945	18501295	22910240	.283654	.283654	.283654 43
43.01 ULTRASOUND	2907329	16270237	19177566	.154815	.154815	.154815 43.01
43.02 CAT SCAN	38168425	95490229	133658654	.064078	.064078	.064078 43.02
43.03 MAGNETIC RESONANCE IMAGING(14913793	29495204	44408997	.095155	.095155	.095155 43.03
43.04 PET IMAGING	107830	10747444	10855274	.100640	.100640	.100640 43.04
44 LABORATORY	97737691	104862766	202600457	.160096	.160096	.160096 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	10651743	3751392	14403135	.645689	.645689	.645689 47
49 RESPIRATORY THERAPY	15994695	1275835	17270530	.500700	.500700	.500700 49
50 PHYSICAL THERAPY	7235278	6675320	13910598	.471983	.471983	.471983 50
51 OCCUPATIONAL THERAPY	3080144	2754892	5835036	.268904	.268904	.268904 51
52 SPEECH PATHOLOGY	1333576	2932650	4266226	.530480	.530480	.530480 52
53 ELECTROCARDIOLOGY	6186261	2458212	8644473	.084647	.084647	.084647 53
54 ELECTROENCEPHALOGRAPHY	2800922	2244369	5045291	.811538	.811538	.818675 54
55 MEDICAL SUPPLIES CHARGED TO	142568349	42906164	185474513	.325503	.325503	.325503 55
56 DRUGS CHARGED TO PATIENTS	138893822	127245449	266139271	.121996	.121996	.121996 56
57 RENAL DIALYSIS	6611636	1427777	8039413	.370476	.370476	.370476 57
59 VASCULAR LAB	56033985	23558850	79592835	.099204	.099204	.099204 59
59.01 APPLIANCE SHOP	874750	66256	941006	.991459	.991459	.991459 59.01
59.02 LITHOTRIPSY	29010	2175750	2204760	.202599	.202599	.202599 59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	51506	15901207	15952713	1.974207	1.974207	1.974207 60
60.01 OUTPATIENT PSYCHIATRY	15090	6069789	6084879	.487060	.487060	.487060 60.01
60.02 NON MEDICARE CLINICS	55679	24432382	24488061	.479149	.479149	.482127 60.02
61 EMERGENCY	41096151	139018751	180114902	.243202	.243202	.243202 61
62 OBSERVATION BEDS (NON-DISTI	1261102	17403116	18664218	.415129	.415129	.415129 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 SUBTOTAL	1121607015	888018877	2009625892			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	1121607015	888018877	2009625892			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	801296		801296	8339651		8339651	25
26 INTENSIVE CARE UNIT	115964		115964	1023697		1023697	26
27 CORONARY CARE UNIT	46688		46688	307957		307957	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	19556		19556	490211		490211	27.01
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	27848		27848	437467		437467	31
33 NURSERY							33
101 TOTAL	1011352		1011352	10598983		10598983	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	156648	37010	5.12	189491	53.24	1970412	25
26 INTENSIVE CARE UNIT	13998	13998	8.28	115903	73.13	1023674	26
27 CORONARY CARE UNIT	4332	770	10.78	8301	71.09	54739	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	3338		5.86		146.86		27.01
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	10831	3450	2.57	8867	40.39	139346	31
33 NURSERY							33
101 TOTAL	189147	55228		322562		3188171	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (41-0007) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	134599	3215517	139092401	23593053	.000968	22838	.023118	545424 37
37.01 ENDOSCOPY	50626	374237	31688313	3361577	.001598	5372	.011810	39700 37.01
37.02 PULMONARY FUNCTION TESTING	2357	37960	18204698	2591106	.000129	334	.002085	5402 37.02
37.03 GAMMA KNIFE	2758	75177	13537802		.000204		.005553	37.03
38 RECOVERY ROOM	11812	238246	32431697	2755520	.000364	1003	.007346	20242 38
41 RADIOLOGY-DIAGNOSTIC	164329	1396125	76664923	8603799	.002143	18438	.018211	156684 41
42 RADIOLOGY-THERAPEUTIC	316084	541100	35063978	1332517	.009014	12011	.015432	20563 42
43 RADIOISOTOPE	57318	639068	22910240	1513918	.002502	3788	.027894	42229 43
43.01 ULTRASOUND	5791	129947	19177566	655890	.000302	198	.006776	4444 43.01
43.02 CAT SCAN	11181	261126	133658654	14899938	.000084	1252	.001954	29114 43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)	7328	707872	44408997	3773932	.000165	623	.015940	60156 43.03
43.04 PET IMAGING	1048	12995	10855274	19648	.000097	2	.001197	24 43.04
44 LABORATORY	77181	1753259	202600457	32655591	.000381	12442	.008654	282601 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	22773	146312	14403135	3461193	.001581	5472	.010158	35159 47
49 RESPIRATORY THERAPY	13146	195263	17270530	4977216	.000761	3788	.011306	56272 49
50 PHYSICAL THERAPY	14959	334645	13910598	2294453	.001075	2467	.024057	55198 50
51 OCCUPATIONAL THERAPY	985	11777	5835036	992567	.000169	168	.002018	2003 51
52 SPEECH PATHOLOGY	7434	162920	4266226	497625	.001743	867	.038188	19003 52
53 ELECTROCARDIOLOGY	4040	84278	8644473	2481257	.000467	1159	.009749	24190 53
54 ELECTROENCEPHALOGRAPHY	26512	515667	5045291	546176	.005255	2870	.102208	55824 54
55 MEDICAL SUPPLIES CHARGED TO P	10420	283105	185474513	37976679	.000056	2127	.001526	57952 55
56 DRUGS CHARGED TO PATIENTS	31729	380091	266139271	41194098	.000119	4902	.001428	58825 56
57 RENAL DIALYSIS	20640	237896	8039413	3365710	.002567	8640	.029591	99595 57
59 VASCULAR LAB	34179	537363	79592835	16298385	.000429	6992	.006751	110030 59
59.01 APPLIANCE SHOP	2706	39643	941006	214153	.002876	616	.042128	9022 59.01
59.02 LITHOTRIPSY	136	2616	2204760		.000062		.001187	59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	88431	1808444	15952713	24303	.005543	135	.113363	2755 60
60.01 OUTPATIENT PSYCHIATRY	1593	19090	6084879		.000262		.003137	60.01
60.02 NON MEDICARE CLINICS	35906	855152	24488061		.001466		.034921	60.02
61 EMERGENCY	93237	2405852	180114902	18459308	.000518	9562	.013357	246561 61
62 OBSERVATION BEDS (NON-DISTINC	35726	371813	18664218	430899	.001914	825	.019921	8584 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	1286964	17774556	1637366860	228970511		128891		2047556 101

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL
 PERIOD FROM 10/01/2006 TO 09/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
 02/28/2008 09:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL		
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
27 CORONARY CARE UNIT						27
27.01 PEDIATRIC INTENSIVE CARE UNIT						27.01
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
02/28/2008 09:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	156648		37010	25
26 INTENSIVE CARE UNIT	13998		13998	26
27 CORONARY CARE UNIT	4332		770	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	3338			27.01
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	10831		3450	31
33 NURSERY				33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	189147		55228	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0007) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
37.02 PULMONARY FUNCTION TESTING							37.02
37.03 GAMMA KNIFE							37.03
38 RECOVERY ROOM							38
41 RADIOLOGY-DIAGNOSTIC				3266354			41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 ULTRASOUND							43.01
43.02 CAT SCAN							43.02
43.03 MAGNETIC RESONANCE IMAGING(MR							43.03
43.04 PET IMAGING							43.04
44 LABORATORY				150657			44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 VASCULAR LAB							59
59.01 APPLIANCE SHOP							59.01
59.02 LITHOTRIPSY							59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PSYCHIATRY							60.01
60.02 NON MEDICARE CLINICS							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL				3417011			3417011 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0007) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		139092401			23593053		8560798 37
37.01 ENDOSCOPY		31688313			3361577		4251594 37.01
37.02 PULMONARY FUNCTION TESTING		18204698			2591106		672748 37.02
37.03 GAMMA KNIFE		13537802					
38 RECOVERY ROOM		32431697			2755520		2799198 38
41 RADIOLOGY-DIAGNOSTIC	3266354	76664923	.042606	.042606	8603799	366573	6503017 41
42 RADIOLOGY-THERAPEUTIC		35063978			1332517		7155497 42
43 RADIOISOTOPE		22910240			1513918		3847475 43
43.01 ULTRASOUND		19177566			655890		1223974 43.01
43.02 CAT SCAN		133658654			14899938		13706144 43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)		44408997			3773932		3590838 43.03
43.04 PET IMAGING		10855274			19648		2809664 43.04
44 LABORATORY	150657	202600457	.000744	.000744	32655591	24296	3197960 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		14403135			3461193		660334 47
49 RESPIRATORY THERAPY		17270530			4977216		95446 49
50 PHYSICAL THERAPY		13910598			2294453		
51 OCCUPATIONAL THERAPY		5835036			992567		
52 SPEECH PATHOLOGY		4266226			497625		105025 52
53 ELECTROCARDIOLOGY		8644473			2481257		2163310 53
54 ELECTROENCEPHALOGRAPHY		5045291			546176		485425 54
55 MEDICAL SUPPLIES CHARGED TO P		185474513			37976679		6982217 55
56 DRUGS CHARGED TO PATIENTS		266139271			41194098		24250173 56
57 RENAL DIALYSIS		8039413			3365710		135082 57
59 VASCULAR LAB		79592835			16298385		3049323 59
59.01 APPLIANCE SHOP		941006			214153		
59.02 LITHOTRIPSY		2204760					362625 59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15952713			24303		2985653 60
60.01 OUTPATIENT PSYCHIATRY		6084879					169930 60.01
60.02 NON MEDICARE CLINICS		24488061					
61 EMERGENCY		180114902			18459308		12439016 61
62 OBSERVATION BEDS (NON-DISTINC		18664218			430899		3116419 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							
101 TOTAL	3417011	1637366860			228970511	390869	115318885 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0007) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 PULMONARY FUNCTION TESTING					37.02
37.03 GAMMA KNIFE					37.03
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC			277068		41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 ULTRASOUND					43.01
43.02 CAT SCAN					43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)					43.03
43.04 PET IMAGING					43.04
44 LABORATORY			2379		44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 VASCULAR LAB					59
59.01 APPLIANCE SHOP					59.01
59.02 LITHOTRIPSY					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PSYCHIATRY					60.01
60.02 NON MEDICARE CLINICS					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			279447		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0007) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.314717	.314717	.314717			37
37.01 ENDOSCOPY	.273230	.273230	.273230			37.01
37.02 PULMONARY FUNCTION TESTING	.143948	.143948	.143948			37.02
37.03 GAMMA KNIFE	.058862	.058862	.058862			37.03
38 RECOVERY ROOM	.227996	.227996	.227996			38
41 RADIOLOGY-DIAGNOSTIC	.347902	.347902	.347902			41
42 RADIOLOGY-THERAPEUTIC	.243226	.243226	.243226			42
43 RADIOISOTOPE	.283654	.283654	.283654			43
43.01 ULTRASOUND	.154815	.154815	.154815			43.01
43.02 CAT SCAN	.064078	.064078	.064078			43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	.095155	.095155	.095155			43.03
43.04 PET IMAGING	.100640	.100640	.100640			43.04
44 LABORATORY	.160096	.160096	.160096			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.645689	.645689	.645689			47
49 RESPIRATORY THERAPY	.500700	.500700	.500700			49
50 PHYSICAL THERAPY	.471983	.471983	.471983			50
51 OCCUPATIONAL THERAPY	.268904	.268904	.268904			51
52 SPEECH PATHOLOGY	.530480	.530480	.530480			52
53 ELECTROCARDIOLOGY	.084647	.084647	.084647			53
54 ELECTROENCEPHALOGRAPHY	.811538	.811538	.811538			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.325503	.325503	.325503			55
56 DRUGS CHARGED TO PATIENTS	.121996	.121996	.121996			56
57 RENAL DIALYSIS	.370476	.370476	.370476			57
59 VASCULAR LAB	.099204	.099204	.099204			59
59.01 APPLIANCE SHOP	.991459	.991459	.991459			59.01
59.02 LITHOTRIPSY	.202599	.202599	.202599			59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.974207	1.974207	1.974207			60
60.01 OUTPATIENT PSYCHIATRY	.487060	.487060	.487060			60.01
60.02 NON-MEDICARE CLINICS	.479149	.479149	.479149			60.02
61 EMERGENCY	.243202	.243202	.243202			61
62 OBSERVATION BEDS (NON-DISTINCT	.415129	.415129	.415129			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.121996	1
2 PROGRAM VACCINE CHARGES			31542	2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS			3848	3
3.01 PROGRAM COSTS				3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0007) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
5	5.01	5.02	5.03	5.04				
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8560798						37
37.01 ENDOSCOPY		4251594						37.01
37.02 PULMONARY FUNCTION TESTING		672748						37.02
37.03 GAMMA KNIFE								37.03
38 RECOVERY ROOM		2799198						38
41 RADIOLOGY-DIAGNOSTIC		6503017						41
42 RADIOLOGY-THERAPEUTIC		7155497						42
43 RADIOISOTOPE		3847475						43
43.01 ULTRASOUND		1223974						43.01
43.02 CAT SCAN		13706144						43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI		3590838						43.03
43.04 PET IMAGING		2809664						43.04
44 LABORATORY		3197960						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		660334						47
49 RESPIRATORY THERAPY		95446						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		105025						52
53 ELECTROCARDIOLOGY		2163310						53
54 ELECTROENCEPHALOGRAPHY		485425						54
55 MEDICAL SUPPLIES CHARGED TO PA		6982217						55
56 DRUGS CHARGED TO PATIENTS		24250173						56
57 RENAL DIALYSIS		135082						57
59 VASCULAR LAB		3049323						59
59.01 APPLIANCE SHOP								59.01
59.02 LITHOTRIPSY		362625						59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2985653						60
60.01 OUTPATIENT PSYCHIATRY		169930						60.01
60.02 NON MEDICARE CLINICS								60.02
61 EMERGENCY		12439016						61
62 OBSERVATION BEDS (NON-DISTINCT		3116419						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		115318885						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		115318885						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0007) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2694229					37
37.01 ENDOSCOPY		1161663					37.01
37.02 PULMONARY FUNCTION TESTING		96841					37.02
37.03 GAMMA KNIFE							37.03
38 RECOVERY ROOM		638206					38
41 RADIOLOGY-DIAGNOSTIC		2262413					41
42 RADIOLOGY-THERAPEUTIC		1740403					42
43 RADIOISOTOPE		1091352					43
43.01 ULTRASOUND		189490					43.01
43.02 CAT SCAN		878262					43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)		341686					43.03
43.04 PET IMAGING		282765					43.04
44 LABORATORY		511981					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		426370					47
49 RESPIRATORY THERAPY		47790					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		55714					52
53 ELECTROCARDIOLOGY		183118					53
54 ELECTROENCEPHALOGRAPHY		393941					54
55 MEDICAL SUPPLIES CHARGED TO PAT		2272733					55
56 DRUGS CHARGED TO PATIENTS		2958424					56
57 RENAL DIALYSIS		50045					57
59 VASCULAR LAB		302505					59
59.01 APPLIANCE SHOP							59.01
59.02 LITHOTRIPSY		73467					59.02
60 OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5894297					60
60.01 OUTPATIENT PSYCHIATRY		82766					60.01
60.02 NON MEDICARE CLINICS							60.02
61 EMERGENCY		3025194					61
62 OBSERVATION BEDS (NON-DISTINCT		1293716					62
63.50 RHC							63.50
63.60 FQHC							63.60
65 OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		28949371					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		28949371					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-S007) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	134599	3215517	139092401	9440	.000968	9	.023118	218 37
37.01 ENDOSCOPY	50626	374237	31688313	38774	.001598	62	.011810	458 37.01
37.02 PULMONARY FUNCTION TESTING	2357	37960	18204698	2648	.000129		.002085	6 37.02
37.03 GAMMA KNIFE	2758	75177	13537802		.000204		.005553	37.03
38 RECOVERY ROOM	11812	238246	32431697	56379	.000364	21	.007346	414 38
41 RADIOLOGY-DIAGNOSTIC	164329	1396125	76664923	50096	.002143	107	.018211	912 41
42 RADIOLOGY-THERAPEUTIC	316084	541100	35063978		.009014		.015432	42
43 RADIOISOTOPE	57318	639068	22910240	14135	.002502	35	.027894	394 43
43.01 ULTRASOUND	5791	129947	19177566	6526	.000302	2	.006776	44 43.01
43.02 CAT SCAN	11181	261126	133658654	129111	.000084	11	.001954	252 43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)	7328	707872	44408997	45472	.000165	8	.015940	725 43.03
43.04 PET IMAGING	1048	12995	10855274		.000097		.001197	43.04
44 LABORATORY	77181	1753259	202600457	522978	.000381	199	.008654	4526 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	22773	146312	14403135	1180	.001581	2	.010158	12 47
49 RESPIRATORY THERAPY	13146	195263	17270530	6813	.000761	5	.011306	77 49
50 PHYSICAL THERAPY	14959	334645	13910598	11723	.001075	13	.024057	282 50
51 OCCUPATIONAL THERAPY	985	11777	5835036		.000169		.002018	51
52 SPEECH PATHOLOGY	7434	162920	4266226	4460	.001743	8	.038188	170 52
53 ELECTROCARDIOLOGY	4040	84278	8644473	9007	.000467	4	.009749	88 53
54 ELECTROENCEPHALOGRAPHY	26512	515667	5045291	12246	.005255	64	.102208	1252 54
55 MEDICAL SUPPLIES CHARGED TO P	10420	283105	185474513	20039	.000056	1	.001526	31 55
56 DRUGS CHARGED TO PATIENTS	31729	380091	266139271	1041142	.000119	124	.001428	1487 56
57 RENAL DIALYSIS	20640	237896	8039413	47740	.002567	123	.029591	1413 57
59 VASCULAR LAB	34179	537363	79592835	11933	.000429	5	.006751	81 59
59.01 APPLIANCE SHOP	2706	39643	941006		.002876		.042128	59.01
59.02 LITHOTRIPSY	136	2616	2204760		.000062		.001187	59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	88431	1808444	15952713		.005543		.113363	60
60.01 OUTPATIENT PSYCHIATRY	1593	19090	6084879	690	.000262		.003137	2 60.01
60.02 NON MEDICARE CLINICS	35906	855152	24488061		.001466		.034921	60.02
61 EMERGENCY	93237	2405852	180114902	672402	.000518	348	.013357	8981 61
62 OBSERVATION BEDS (NON-DISTINC	35726	371813	18664218		.001914		.019921	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	1286964	17774556	1637366860	2714934		1151		21825 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-S007) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
37.02 PULMONARY FUNCTION TESTING							37.02
37.03 GAMMA KNIFE							37.03
38 RECOVERY ROOM							38
41 RADIOLOGY-DIAGNOSTIC				3266354			41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 ULTRASOUND							43.01
43.02 CAT SCAN							43.02
43.03 MAGNETIC RESONANCE IMAGING(MR							43.03
43.04 PET IMAGING							43.04
44 LABORATORY				150657			44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 VASCULAR LAB							59
59.01 APPLIANCE SHOP							59.01
59.02 LITHOTRIPSY							59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PSYCHIATRY							60.01
60.02 NON MEDICARE CLINICS							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL				3417011			3417011 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-S007) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		139092401			9440		37
37.01 ENDOSCOPY		31688313			38774		37.01
37.02 PULMONARY FUNCTION TESTING		18204698			2648		37.02
37.03 GAMMA KNIFE		13537802					37.03
38 RECOVERY ROOM		32431697			56379		38
41 RADIOLOGY-DIAGNOSTIC	3266354	76664923	.042606	.042606	50096	2134	41
42 RADIOLOGY-THERAPEUTIC		35063978					42
43 RADIOISOTOPE		22910240			14135		43
43.01 ULTRASOUND		19177566			6526		43.01
43.02 CAT SCAN		133658654			129111		43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)		44408997			45472		43.03
43.04 PET IMAGING		10855274					43.04
44 LABORATORY	150657	202600457	.000744	.000744	522978	389	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		14403135			1180		47
49 RESPIRATORY THERAPY		17270530			6813		49
50 PHYSICAL THERAPY		13910598			11723		50
51 OCCUPATIONAL THERAPY		5835036					51
52 SPEECH PATHOLOGY		4266226			4460		52
53 ELECTROCARDIOLOGY		8644473			9007		53
54 ELECTROENCEPHALOGRAPHY		5045291			12246		54
55 MEDICAL SUPPLIES CHARGED TO P		185474513			20039		55
56 DRUGS CHARGED TO PATIENTS		266139271			1041142		56
57 RENAL DIALYSIS		8039413			47740		57
59 VASCULAR LAB		79592835			11933		59
59.01 APPLIANCE SHOP		941006					59.01
59.02 LITHOTRIPSY		2204760					59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15952713					60
60.01 OUTPATIENT PSYCHIATRY		6084879			690		60.01
60.02 NON MEDICARE CLINICS		24488061					60.02
61 EMERGENCY		180114902			672402		61
62 OBSERVATION BEDS (NON-DISTINC		18664218					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	3417011	1637366860			2714934	2523	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-S007) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 PULMONARY FUNCTION TESTING					37.02
37.03 GAMMA KNIFE					37.03
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 ULTRASOUND					43.01
43.02 CAT SCAN					43.02
43.03 MAGNETIC RESONANCE IMAGING(MR					43.03
43.04 PET IMAGING					43.04
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 VASCULAR LAB					59
59.01 APPLIANCE SHOP					59.01
59.02 LITHOTRIPSY					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PSYCHIATRY					60.01
60.02 NON MEDICARE CLINICS					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0007)	SUB I (TEFRA) (41-S007)	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	156648	10831				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	156648	10831				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		2521				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	154127	7628				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	37010	3450				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0007)	SUB I (TEFRA) (41-S007)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	173784818	11114754					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	173784818	11114754					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	367882792	23039278					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3356065	6633413					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	364526727	16405865					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.472392	.482426					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1331.24	2071.00					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2365.11	2150.74					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	173784818	11114754					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (41-0007)	SUB I (TEFRA) (41-S007)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1109.40	1026.20			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	41058894	3540390			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	41058894	3540390			41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	27365903	13998	1954.99	13998	27365950 43
44	CORONARY CARE UNIT	6865466	4332	1584.83	770	1220319 44
44.01	PEDIATRIC INTENSIVE CARE UNIT	8648777	3338	2591.01		44.01
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (PPS) (41-0007)	SUB I (TEFRA) (41-S007)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	51935857	484621			48
49	TOTAL PROGRAM INPATIENT COSTS	121581020	4025011			49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3362520	148213			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2567316	25499			51
52	TOTAL PROGRAM EXCLUDABLE COST	5929836	173712			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	115651184	3851299			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (41-0007)	SUB I (TEFRA) (41-S007)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54		288				54
55		12799.11				55
56		3686144				56
57		-165155				57
58						58
58.01		15874.47				58.01
58.02		12722.25				58.02
58.03						58.03
58.04						58.04
59		3859856				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (TEFRA)
 (41-0007)(41-S007)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	6984	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1109.40	84
85 OBSERVATION BED COST	7748050	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	801296	173784818	.004611	7748050	35726	86
87 NEW CAPITAL-RELATED COST	8339651	173784818	.047988	7748050	371813	87
88 NON PHYSICIAN ANESTHETIST		173784818		7748050		88
89 NURSING SCHOOL		173784818		7748050		89
89.01 ALLIED HEALTH		173784818		7748050		89.01
89.02 ALL OTHER		173784818		7748050		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (41-0007) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		45054644		25
26 INTENSIVE CARE UNIT		50910083		26
27 CORONARY CARE UNIT		2997874		27
27.01 PEDIATRIC INTENSIVE CARE UNIT				27.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.315628	23593053	7446628	37
37.01 ENDOSCOPY	.273230	3361577	918484	37.01
37.02 PULMONARY FUNCTION TESTING	.143948	2591106	372985	37.02
37.03 GAMMA KNIFE	.058862			37.03
38 RECOVERY ROOM	.227996	2755520	628248	38
41 RADIOLOGY-DIAGNOSTIC	.347902	8603799	2993279	41
42 RADIOLOGY-THERAPEUTIC	.243226	1332517	324103	42
43 RADIOISOTOPE	.283654	1513918	429429	43
43.01 ULTRASOUND	.154815	655890	101542	43.01
43.02 CAT SCAN	.064078	14899938	954758	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	.095155	3773932	359108	43.03
43.04 PET IMAGING	.100640	19648	1977	43.04
44 LABORATORY	.160096	32655591	5228029	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.645689	3461193	2234854	47
49 RESPIRATORY THERAPY	.500700	4977216	2492092	49
50 PHYSICAL THERAPY	.471983	2294453	1082943	50
51 OCCUPATIONAL THERAPY	.268904	992567	266905	51
52 SPEECH PATHOLOGY	.530480	497625	263980	52
53 ELECTROCARDIOLOGY	.084647	2481257	210031	53
54 ELECTROENCEPHALOGRAPHY	.818675	546176	447141	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.325503	37976679	12361523	55
56 DRUGS CHARGED TO PATIENTS	.121996	41194098	5025515	56
57 RENAL DIALYSIS	.370476	3365710	1246915	57
59 VASCULAR LAB	.099204	16298385	1616865	59
59.01 APPLIANCE SHOP	.991459	214153	212324	59.01
59.02 LITHOTRIPSY	.202599			59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.974207	24303	47979	60
60.01 OUTPATIENT PSYCHIATRY	.487060			60.01
60.02 NON MEDICARE CLINICS	.482127			60.02
61 EMERGENCY	.243202	18459308	4489341	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.415129	430899	178879	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		228970511	51935857	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		228970511		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (41-S007)	[] NF	[XX] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
27.01 PEDIATRIC INTENSIVE CARE UNIT				27.01
31 SUBPROVIDER I		7125417		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.314717	9440	2971	37
37.01 ENDOSCOPY	.273230	38774	10594	37.01
37.02 PULMONARY FUNCTION TESTING	.143948	2648	381	37.02
37.03 GAMMA KNIFE	.058862			37.03
38 RECOVERY ROOM	.227996	56379	12854	38
41 RADIOLOGY-DIAGNOSTIC	.347902	50096	17428	41
42 RADIOLOGY-THERAPEUTIC	.243226			42
43 RADIOISOTOPE	.283654	14135	4009	43
43.01 ULTRASOUND	.154815	6526	1010	43.01
43.02 CAT SCAN	.064078	129111	8273	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	.095155	45472	4327	43.03
43.04 PET IMAGING	.100640			43.04
44 LABORATORY	.160096	522978	83727	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.645689	1180	762	47
49 RESPIRATORY THERAPY	.500700	6813	3411	49
50 PHYSICAL THERAPY	.471983	11723	5533	50
51 OCCUPATIONAL THERAPY	.268904			51
52 SPEECH PATHOLOGY	.530480	4460	2366	52
53 ELECTROCARDIOLOGY	.084647	9007	762	53
54 ELECTROENCEPHALOGRAPHY	.811538	12246	9938	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.325503	20039	6523	55
56 DRUGS CHARGED TO PATIENTS	.121996	1041142	127015	56
57 RENAL DIALYSIS	.370476	47740	17687	57
59 VASCULAR LAB	.099204	11933	1184	59
59.01 APPLIANCE SHOP	.991459			59.01
59.02 LITHOTRIPSY	.202599			59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.974207			60
60.01 OUTPATIENT PSYCHIATRY	.487060	690	336	60.01
60.02 NON MEDICARE CLINICS	.479149			60.02
61 EMERGENCY	.243202	672402	163530	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.415129			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		2714934	484621	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2714934		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	141813	38	1109.40	111	123143	1
2	INTENSIVE CARE UNIT		43	1954.99			2
3	CORONARY CARE UNIT		44	1584.83			3
3.01	PEDIATRIC INTENSIVE CARE UNIT		44.01	2591.01			3.01
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	141813			111	123143	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3		
8	OPERATING ROOM	37	.314717	239682	75432		8
8.01	ENDOSCOPY	37.01	.273230	2130	582		8.01
8.02	PULMONARY FUNCTION TESTING	37.02	.143948	5354	771		8.02
8.03	GAMMA KNIFE	37.03	.058862				8.03
9	RECOVERY ROOM	38	.227996	33595	7660		9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40					11
12	RADIOLOGY-DIAGNOSTIC	41	.347902	34167	11887		12
13	RADIOLOGY-THERAPEUTIC	42	.243226				13
14	RADIOISOTOPE	43	.283654	2463	699		14
14.01	ULTRASOUND	43.01	.154815				14.01
14.02	CAT SCAN	43.02	.064078	69444	4450		14.02
14.03	MAGNETIC RESONANCE IMAGING(MRI)	43.03	.095155				14.03
14.04	PET IMAGING	43.04	.100640				14.04
15	LABORATORY	44	.160096	269746	43185		15
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.645689				18
19	INTRAVENOUS THERAPY	48		8119			19
20	RESPIRATORY THERAPY	49	.500700	1552	777		20
21	PHYSICAL THERAPY	50	.471983				21
22	OCCUPATIONAL THERAPY	51	.268904				22
23	SPEECH PATHOLOGY	52	.530480				23
24	ELECTROCARDIOLOGY	53	.084647	2652	224		24
25	ELECTROENCEPHALOGRAPHY	54	.811538				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.325503	276109	89874		26
27	DRUGS CHARGED TO PATIENTS	56	.121996	97366	11878		27
28	RENAL DIALYSIS	57	.370476				28
29	ASC (NON-DISTINCT PART)	58					29
30	VASCULAR LAB	59	.099204	3369	334		30
30.01	APPLIANCE SHOP	59.01	.991459				30.01
30.02	LITHOTRIPSY	59.02	.202599				30.02
31	CLINIC	60	1.974207	6250	12339		31
31.01	OUTPATIENT PSYCHIATRY	60.01	.487060				31.01
31.02	NON MEDICARE CLINICS	60.02	.479149				31.02
32	EMERGENCY	61	.243202	1309	318		32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.415129				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			1053307	260410		35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2		111		36
37 INTENSIVE CARE UNIT	3				37
38 CORONARY CARE UNIT	4				38
38.01 PEDIATRIC INTENSIVE CARE UNIT	4.01				38.01
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL			111		42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC	6250	20			43
43.01 OUTPATIENT PSYCHIATRY		20.01			43.01
43.02 NON MEDICARE CLINICS		20.02			43.02
44 EMERGENCY	1309	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	7559				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	383553		1195120		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1591091		2644271		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1974644		3839391		53
54 TOTAL USABLE ORGANS		55			54
55 MEDICARE USABLE ORGANS		27			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.490909			56
57 MEDICARE COST/CHARGES	969371		1884792		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	969371		1884792		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	969371		1884792		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
62 ORGANS EXCISED IN PROVIDER		32			62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			23		65
66 TOTAL		32	23		66
67 ORGANS TRANSPLANTED		32	23		67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S					69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL		32	23		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESITINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	1109.40			1
2	INTENSIVE CARE UNIT		43	1954.99			2
3	CORONARY CARE UNIT		44	1584.83			3
3.01	PEDIATRIC INTENSIVE CARE UNIT		44.01	2591.01			3.01
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL						7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/CHARGES	1	ORGAN ACQUISITION ANCILLARY CHARGES	2	ORGAN ACQUISITION ANCILLARY COSTS
8	OPERATING ROOM	37	.314717				8
8.01	ENDOSCOPY	37.01	.273230				8.01
8.02	PULMONARY FUNCTION TESTING	37.02	.143948				8.02
8.03	GAMMA KNIFE	37.03	.058862				8.03
9	RECOVERY ROOM	38	.227996				9
10	DELIVERY ROOM & LABOR ROOM	39					10
11	ANESTHESIOLOGY	40					11
12	RADIOLOGY-DIAGNOSTIC	41	.347902				12
13	RADIOLOGY-THERAPEUTIC	42	.243226				13
14	RADIOISOTOPE	43	.283654				14
14.01	ULTRASOUND	43.01	.154815				14.01
14.02	CAT SCAN	43.02	.064078				14.02
14.03	MAGNETIC RESONANCE IMAGING(MRI)	43.03	.095155				14.03
14.04	PET IMAGING	43.04	.100640				14.04
15	LABORATORY	44	.160096				15
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.645689				18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.500700				20
21	PHYSICAL THERAPY	50	.471983				21
22	OCCUPATIONAL THERAPY	51	.268904				22
23	SPEECH PATHOLOGY	52	.530480				23
24	ELECTROCARDIOLOGY	53	.084647				24
25	ELECTROENCEPHALOGRAPHY	54	.811538				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.325503				26
27	DRUGS CHARGED TO PATIENTS	56	.121996				27
28	RENAL DIALYSIS	57	.370476				28
29	ASC (NON-DISTINCT PART)	58					29
30	VASCULAR LAB	59	.099204				30
30.01	APPLIANCE SHOP	59.01	.991459				30.01
30.02	LITHOTRIPSY	59.02	.202599				30.02
31	CLINIC	60	1.974207				31
31.01	OUTPATIENT PSYCHIATRY	60.01	.487060				31.01
31.02	NON MEDICARE CLINICS	60.02	.479149				31.02
32	EMERGENCY	61	.243202				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.415129				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL						35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESITINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2				36
37 INTENSIVE CARE UNIT	3				37
38 CORONARY CARE UNIT	4				38
38.01 PEDIATRIC INTENSIVE CARE UNIT	4.01				38.01
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 OTHER SPECIAL CARE (SPECIFY)	7				41
42 SUBTOTAL					42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC		20			43
43.01 OUTPATIENT PSYCHIATRY		20.01			43.01
43.02 NON MEDICARE CLINICS		20.02			43.02
44 EMERGENCY		21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL					47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I					48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	251591		251591		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	251591		251591		53
54 TOTAL USABLE ORGANS		4			54
55 MEDICARE USABLE ORGANS		2			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.500000			56
57 MEDICARE COST/CHARGES	125796		125796		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	125796		125796		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	125796		125796		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		4		65
66 TOTAL		4		66
67 ORGANS TRANSPLANTED		4		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		4		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (41-0007)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18274343					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	53877789					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	9444392					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	28155681					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	4878692					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	558.03					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	308.33					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	21.70					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]	15.00					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	15.00	345.03			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	410.96					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	0.58					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	345.61					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	350.86					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	340.61					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	345.69				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0007)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.619483				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.626444				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.619483				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	7889223				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	23348120				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	31237343 1297161 32534504				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1413				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2684				4.01
4.02	SUM OF 4 AND 4.01	0.4097				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2302				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	16609421				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	126174749				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	126174749				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	8835537				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	9279365				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES	6144				11.02
12	NET ORGAN ACQUISITION COST	1095167				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	390869				15
16	TOTAL	145781831				16
17	PRIMARY PAYER PAYMENTS	86718				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	145695113				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5897264				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	717866				20
21	REIMBURSABLE BAD DEBTS	1729703				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1210792				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1205245				21.02
22	SUBTOTAL	140290775				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0007)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	140290775				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	133807834				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	6482941				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	2222286				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0007) 1	HOSPITAL (41-0007) 1.01	HOSPITAL (41-0007) 1.02	
1 MEDICAL AND OTHER SERVICES	3848			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	28669924			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	24572737			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.902			1.03
1.04 LINE 1.01 TIMES LINE 1.03	25860271			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	95.02			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	279447			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3848			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	31542			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	31542			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	31542			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	27694			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3848			17
17.01 TOTAL PPS PAYMENTS	24852184			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0007) 1	HOSPITAL (41-0007) 1.01	HOSPITAL (41-0007) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6154600		18.01
19 SUBTOTAL	18701432		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2121285		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	20822717		23
24 PRIMARY PAYER PAYMENTS	8944		24
25 SUBTOTAL	20813773		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	2025951		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	1418166		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1590934		27.02
28 SUBTOTAL	22231939		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	22231939		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	22017203		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	214736		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (41-S007)	SUB I (41-S007)	SUB I (41-S007)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (41-S007)	SUB I (41-S007)	SUB I (41-S007)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(41-0007)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	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)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(41-0007)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(41-0007)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (41-0007)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		133807834		22017203	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		133807834		22017203	4
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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	6482941		214736	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		140290775		22231939	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (41-S007)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3016604		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3016604		4
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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	-63314		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2953290		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (41-S007)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	3859856				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	1929928				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1217413				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	69100				1.09
1.10	NET IPF PPS ECT PAYMENTS	6228				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	10.74				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	29.673973				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1292741				1.19
1.20	STOP LESS PAYMENT FLOOR	2701899				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	1350950				1.21
1.22	STOP LOSS ADJUSTMENT	58209				1.22
1.23	TOTAL IPF PPS PAYMENTS	3280878				1.23
	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 INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
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 INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	3280878				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	3280878				6
7	DEDUCTIBLES	167712				7
8	SUBTOTAL	3113166				8
9	COINSURANCE	161138				9
10	SUBTOTAL	2952028				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	2952028				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (41-S007)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1262				13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		2953290				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3016604				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-63314				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT FROM WKST E-3, PART I, LINE 1.05 (IRF) OR 1.09 (IPF)						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)						52
53 TIME VALUE OF MONEY						53

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
		319.66
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
		21.70
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
		18.00
3.04	FTE ADJUSTMENT CAP	3.04
		359.36
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
		427.54
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
		359.36
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
		135.41
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
		237.78
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
		373.19
3.10	SEE INSTRUCTIONS	3.10
		313.68
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
		0.58
3.12	SEE INSTRUCTIONS	3.12
		200.44
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
		199.12
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
		186.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
		195.23
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
		195.23
3.17	SEE INSTRUCTIONS	3.17
		80390.59
3.18	SEE INSTRUCTIONS	3.18
		15694655

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		118.79	3.19
3.20	SEE INSTRUCTIONS		117.48	3.20
3.21	SEE INSTRUCTIONS		116.70	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		116.70	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		80390.59	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		9381582	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		25076237	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		55228	4
5	TOTAL INPATIENT DAYS		182163	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.303179	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7602588 531813	8134401	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		25825	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		182163	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		3052707	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 213542	213542	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8039413	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES		387854	10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06
02/28/2008 09:23

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	125606031	12
13	ORGAN ACQUISITION COSTS	1095167	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	86718	15
16	TOTAL PART A REASONABLE COST	126614480	16
PART B REASONABLE COST			
17	REASONABLE COST	28953219	17
18	PRIMARY PAYER PAYMENTS	8944	18
19	TOTAL PART B REASONABLE COST	28944275	19
20	TOTAL REASONABLE COST	155558755	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.813933	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.186067	22

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

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	11400650	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	9279365	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	2121285	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	25.00	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	59.51	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	21.82	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	80390.59	8
9	LINE 7 TIMES LINE 8	1754123	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.303179	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	531813	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	213542	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	25.00	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	65.93	17
18	SEE INSTRUCTIONS	25.00	18
19	RESIDENT TO BED COUNT	.044800	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.011819	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	72152132	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	37600073	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	1297161	23

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	38259000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE	140042000			3
4 ACCOUNTS RECEIVABLE				4
5 OTHER RECEIVABLES	16129000			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-31098000			6
7 INVENTORY	8082000			7
8 PREPAID EXPENSES	1543000			8
9 OTHER CURRENT ASSETS	1645000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	174602000			11
FIXED ASSETS				
12 LAND	15526000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	5975000			13
13.01 ACCUMULATED DEPRECIATION	-2341510			13.01
14 BUILDINGS	577160000			14
14.01 ACCUMULATED DEPRECIATION	-231356300			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	283533000			16
16.01 ACCUMULATED DEPRECIATION	-204563136			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT				18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	443933054			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	572523000			25
26 TOTAL OTHER ASSETS	572523000			26
27 TOTAL ASSETS	1191058054			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	36567000			28
29 SALARIES, WAGES & FEES PAYABLE	24715000			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	32250000			35
36 TOTAL CURRENT LIABILITIES	93532000			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	209822000			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	99844054			41
42 TOTAL LONG TERM LIABILITIES	309666054			42
43 TOTAL LIABILITIES	403198054			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	787860000			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	787860000			51
52 TOTAL LIABILITIES AND FUND BALANCES	1191058054			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	677266000			1
2 NET INCOME (LOSS)	52882926			2
3 TOTAL	730148926			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	14976000			4
5 GIFTS, GRANTS AND BEQUESTS - TEMP	54393000			5
6 APPROPR FROM PERM RESTR NET ASSETS	3256000			6
7 NET ASSETS RELEASED FROM RESTRICTED	7660000			7
8 NET GAINS ON INVESTMENTS	46888000			8
9 RIH FOUNDATION	12439074			9
10 TOTAL ADDITIONS	139612074			10
11 SUBTOTAL	869761000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED FROM RSTRCTN	64950000			13
14 NET REALIZ/UNREALIZ LOSSES/GAINS				14
15 TRANSFR TO/FROM AFFILIATES				15
16 APPROP TO TEMP RSTRCTD NET ASSETS	3256000			16
17 CUMU EFF OF CHG ACCTG PRINC	13695000			17
18 TOTAL DEDUCTIONS	81901000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	787860000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	247340027		247340027	1
4 SUBPROVIDER I	18862071		18862071	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	266202098		266202098	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	81180184		81180184	10
13 CORONARY CARE UNIT	8287803		8287803	11
14.01 PEDIATRIC INTENSIVE CARE UNIT	16588947		16588947	11.01
15 BURN INTENSIVE CARE UNIT				12
16 SURGICAL INTENSIVE CARE UNIT				13
17 OTHER SPECIAL CARE (SPECIFY)				14
18 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	106056934		106056934	15
19 TOTAL INPATIENT ROUTINE CARE SERVICES	372259032		372259032	16
20 ANCILLARY SERVICES	756802898		756802898	17
21 OUTPATIENT SERVICES		915599994	915599994	18
22.50 RHC				18.50
23.60 FQHC				18.60
24 HOME HEALTH AGENCY				19
25 AMBULANCE				20
26 CORF				21
27 ASC				22
28 HOSPICE				23
29				24
30 TOTAL PATIENT REVENUES	1129061930	915599994	2044661924	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		824538131	26
27 PROVISION FOR BAD DEBS	55883162		27
28 INDIRECT RESEARCH EXPENSES	9656914		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		65540076	33
34 PAYROLL BILLED	-7314209		34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-7314209		39
40 TOTAL OPERATING EXPENSES		882763998	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	2044661924	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1269937000	2
3	NET PATIENT REVENUES	774724924	3
4	LESS - TOTAL OPERATING EXPENSES	882763998	4
5	NET INCOME FROM SERVICE TO PATIENTS	-108039074	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3292000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	9576000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INDIRECT COSTS FROM GRANTS	9657000	24
24.01	RESTRICTED ENDOWMENT	666000	24.01
24.02	RESTRICTED G&C-RESEARCH (7000'S)	45055000	24.02
24.03	RESTRICTED G&C-OTHER (6000'S)	11035000	24.03
24.04	W&I SHARED SERVICES	2676000	24.04
24.05	OTHER	27079000	24.05
24.06	DISPROPORTIONATE SHARE REVENUE	34857000	24.06
24.07		17029000	24.07
25	TOTAL OTHER INCOME	160922000	25
26	TOTAL	52882926	26
27	NONOPERATING GAINS, NET		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	52882926	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 41-2300

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	499834	HRS OF SERVICE	13166.00	6.33	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES	16971	HRS OF SERVICE	1477.00	.71	3
4 TECHNICIANS		HRS OF SERVICE			4
5 SOCIAL WORKERS	51176	HRS OF SERVICE	1747.00	.84	5
6 DIETICIANS	9223	HRS OF SERVICE	374.00	.18	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	26755	ACCUMULATED COST			8
9 SUBTOTAL	603959				9
10 EMPLOYEE BENEFITS		SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	956560	ACCUMULATED COST			16
17 SUBTOTAL	1560519				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES	7765	SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT	3576	PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	59182	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	40138	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	187859	SALARY			22
23 ADMINISTRATIVE AND GENERAL	346987	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	397385	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	21315	REQUISITIONS			26
27 PHARMACY	227411	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	126271	ACCUMULATED COST			28
29 SUBTOTAL	2978408				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 VASCULAR LAB		CHARGES			32
32.01 APPLIANCE SHOP		CHARGES			32.01
32.02 LITHOTRIPSY		CHARGES			32.02
33 TOTAL COSTS	2978408				33

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 41-2300

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	----CAPITAL AND---- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	% OF % OF TIME)	-DIRECT PATIENT- CARE SALARY RNS OTHERS (HOURS) (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRUGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL 9	OVERHEAD (ACCUM. COST) 10	
	1	2	3	4	5	6	7	8	9	10
1 TOTAL RENAL DEPT COSTS	464332	43714	499834	77370	187859	227411	21315	1521835	1456573	1
MAINTENANCE										
2 HEMODIALYSIS	1134	18.00	2325.00	687.00	107641	24860	32659			2
3 INTERMITTENT PERITONEAL TRAINING										3
4 HEMODIALYSIS										4
5 INTERMITTENT PERITONEAL										5
6 CAPD										6
7 CCPD										7
HOME										
8 HEMODIALYSIS										8
9 INTERMITTENT PERITONEAL										9
10 CAPD										10
11 CCPD										11
OTHER BILLABLE SERVICES										
12 INPT DIAL TRMNTS 2863	5289	82.00	10841.00	3202.00	501917	115920	152286			13
13 METHOD II HOME PATIENT										14
14 EPO										15
15 OTHER										16
16 TOTAL STATISTICAL BASIS	6423	100.00	13166.00	3889.00	609558	140780	184945		1521835	16
17 UNIT COST MULTIPLIER	72.292075		37.963998		.308189		.115250			17
		437.140000		19.894574		1.615364			.957116	

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL
 PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
 02/28/2008 09:23

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 41-2300
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	642	526225	819.67	178	145901	146.61	26097	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	642	526225		178	145901		26097	11

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
02/28/2008 09:23

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 41-2300

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	145901 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	26097 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	6285 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	6285 6
7	PROGRAM PAYMENT	20878 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (41-0007)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	6501468			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	148926			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	469.40			4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	345.69	25.00	370.69	4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE			24.96	4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT			1622766	4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS			0.1413	5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I			0.2684	5.01
5.02	SUM OF LINES 5 AND 5.01			0.4097	5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE			0.0865	5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT			562377	5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8835537			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 TELEPHONE					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 ACCOUNTING					6.05
6.06 OTHER ADMINISTRATIVE AND GENERA					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
19 CO-OPERATIVE CARE - GENERAL					19
19.01 CENTRAL TRANSPORTATION					19.01
19.02 DEPARTMENT OF MEDICINE					19.02
19.03 DEPARTMENT OF SURGERY					19.03
19.04 DEPARTMENT OF PEDIATRICS					19.04
19.05 DEPARTMENT OF ORTHOPEDICS					19.05
19.06 DEPARTMENT OF PSYCHIATRY					19.06
19.07 PRE-ADMISSION TESTING					19.07
19.08 DEPARTMENT OF RADIOLOGY					19.08
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 PARAMED ED PRGM - TECHNICIANS					24.01
24.02 PARAMED ED PRGM-PSYCH					24.02
24.03 PARAMED ED PRGM- RADIOLOGY					24.03
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
27.01 PEDIATRIC INTENSIVE CARE UNIT					27.01
31 SUBPROVIDER I					31
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 PULMONARY FUNCTION TESTING					37.02
37.03 GAMMA KNIFE					37.03
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 ULTRASOUND					43.01
43.02 CAT SCAN					43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)					43.03
43.04 PET IMAGING					43.04
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 VASCULAR LAB					59
59.01 APPLIANCE SHOP					59.01
59.02 LITHOTRIPSY					59.02

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PSYCHIATRY					60.01
60.02 NON-MEDICARE CLINICS					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97 RESEARCH					97
97.01 DENTAL CLINIC					97.01
97.02 FUND RAISING					97.02
97.03 CARDIOLOGY FOUNDATION					97.03
97.04 ORTHOPAEDIC FOUNDATION					97.04
97.05 MEDICAL FOUNDATION					97.05
97.06 SURGICAL FOUNDATION					97.06
97.07 NEUROLOGY FOUNDATION					97.07
97.08 RESEARCH FINANCE ADMINISTRATION					97.08
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 NOPCO					98.01
99.01 HASBRO VNA					99.01
99.02 PATIENT TELEPHONES					99.02
99.03 RIH VENTURES					99.03
99.04 NON-PATIENT RELATED					99.04
99.05 DAY CARE CENTER					99.05
99.06 WORK LAB					99.06
99.07 PAYROLL BILLED					99.07
99.08 O/P MEALS					99.08
99.09 WEIGHT LOSS PROGRAM					99.09
99.10 UNALLOWABLE FLOOR AREA					99.10
99.11 OTHER NON-REIMBURSEABLE					99.11
99.12 SATELITE PHYSICIANS OFFICE					99.12
99.13 SNE REHAB					99.13
99.14 CO-OPERATIVE CARE W & I					99.14
99.15 BROWN UNIV. STUDENTS					99.15
99.16 LCS CORO					99.16
99.17 TMH CORO					99.17
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	23.63						23.63 25
26 INTENSIVE CARE UNIT	100.00						100.00 26
27 CORONARY CARE UNIT	17.77						17.77 27
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	16.96	6.15					23.11 37
37.01 ENDOSCOPY	10.61	13.42					24.03 37.01
37.02 PULMONARY FUNCTION TESTING	14.23	3.70					17.93 37.02
38 RECOVERY ROOM	8.50	8.63					17.13 38
41 RADIOLOGY-DIAGNOSTIC	11.22	8.48					19.70 41
42 RADIOLOGY-THERAPEUTIC	3.80	20.41					24.21 42
43 RADIOISOTOPE	6.61	16.79					23.40 43
43.01 ULTRASOUND	3.42	6.38					9.80 43.01
43.02 CAT SCAN	11.15	10.25					21.40 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	8.50	8.09					16.59 43.03
43.04 PET IMAGING	0.18	25.88					26.06 43.04
44 LABORATORY	16.12	1.58					17.70 44
47 BLOOD STORING, PROCESSING & TRA	24.03	4.58					28.61 47
49 RESPIRATORY THERAPY	28.82	0.55					29.37 49
50 PHYSICAL THERAPY	16.49						16.49 50
51 OCCUPATIONAL THERAPY	17.01						17.01 51
52 SPEECH PATHOLOGY	11.66	2.46					14.12 52
53 ELECTROCARDIOLOGY	28.70	25.03					53.73 53
54 ELECTROENCEPHALOGRAPHY	10.83	9.62					20.45 54
55 MEDICAL SUPPLIES CHARGED TO PAT	20.48	3.76					24.24 55
56 DRUGS CHARGED TO PATIENTS	15.48	9.11					24.59 56
57 RENAL DIALYSIS	41.87	1.68					43.55 57
59 VASCULAR LAB	20.48	3.83					24.31 59
59.01 APPLIANCE SHOP	22.76						22.76 59.01
59.02 LITHOTRIPSY		16.45					16.45 59.02
60 CLINIC	0.15	18.72					18.87 60
60.01 OUTPATIENT PSYCHIATRY		2.79					2.79 60.01
61 EMERGENCY	10.25	6.91					17.16 61
62 OBSERVATION BEDS (NON-DISTINCT	2.31	16.70					19.01 62
101 TOTAL CHARGES	11.39	5.74					17.13 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	31.85						31.85 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
37.01 ENDOSCOPY	0.12						0.12 37.01
37.02 PULMONARY FUNCTION TESTING	0.01						0.01 37.02
38 RECOVERY ROOM	0.17						0.17 38
41 RADIOLOGY-DIAGNOSTIC	0.07						0.07 41
43 RADIOISOTOPE	0.06						0.06 43
43.01 ULTRASOUND	0.03						0.03 43.01
43.02 CAT SCAN	0.10						0.10 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	0.10						0.10 43.03
44 LABORATORY	0.26						0.26 44
47 BLOOD STORING, PROCESSING & TRA	0.01						0.01 47
49 RESPIRATORY THERAPY	0.04						0.04 49
50 PHYSICAL THERAPY	0.08						0.08 50
52 SPEECH PATHOLOGY	0.10						0.10 52
53 ELECTROCARDIOLOGY	0.10						0.10 53
54 ELECTROENCEPHALOGRAPHY	0.24						0.24 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.39						0.39 56
57 RENAL DIALYSIS	0.59						0.59 57
59 VASCULAR LAB	0.01						0.01 59
60.01 OUTPATIENT PSYCHIATRY	0.01						0.01 60.01
61 EMERGENCY	0.37						0.37 61
101 TOTAL CHARGES	0.14						0.14 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	2094687	.26	-2094687	-.48			1
2 OLD CAP REL COSTS-MVBLE EQUIP	945905	.12	-945905	-.22			2
3 NEW CAP REL COSTS-BLDG & FIXT	22863871	2.88	-22863871	-5.22			3
4 NEW CAP REL COSTS-MVBLE EQUIP	15506703	1.96	-15506703	-3.54			4
5 EMPLOYEE BENEFITS	93111451	11.74	-93111451	-21.26			5
6.01 TELEPHONE	301210	.04	-301210	-.07			6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING	979129	.12	-979129	-.22			6.03
6.04 ADMITTING	2192939	.28	-2192939	-.50			6.04
6.05 ACCOUNTING	3056844	.39	-3056844	-.70			6.05
6.06 OTHER ADMINISTRATIVE AND GENERA	107823930	13.60	-107823930	-24.62			6.06
7 MAINTENANCE & REPAIRS	11805303	1.49	-11805303	-2.70			7
8 OPERATION OF PLANT	20335613	2.56	-20335613	-4.64			8
9 LAUNDRY & LINEN SERVICE	3896974	.49	-3896974	-.89			9
10 HOUSEKEEPING	6567994	.83	-6567994	-1.50			10
11 DIETARY	6013854	.76	-6013854	-1.37			11
12 CAFETERIA	460854	.06	-460854	-.11			12
13 MAINTENANCE OF PERSONNEL	-29485		29485	.01			13
14 NURSING ADMINISTRATION	10568419	1.33	-10568419	-2.41			14
15 CENTRAL SERVICES & SUPPLY	2660353	.34	-2660353	-.61			15
16 PHARMACY	46782314	5.90	-46782314	-10.68			16
17 MEDICAL RECORDS & LIBRARY	6452052	.81	-6452052	-1.47			17
18 SOCIAL SERVICE	2698655	.34	-2698655	-.62			18
19 CO-OPERATIVE CARE - GENERAL							19
19.01 CENTRAL TRANSPORTATION	2705531	.34	-2705531	-.62			19.01
19.02 DEPARTMENT OF MEDICINE	8823355	1.11	-8823355	-2.01			19.02
19.03 DEPARTMENT OF SURGERY	10625418	1.34	-10625418	-2.43			19.03
19.04 DEPARTMENT OF PEDIATRICS	13870212	1.75	-13870212	-3.17			19.04
19.05 DEPARTMENT OF ORTHOPEDICS	1257417	.16	-1257417	-.29			19.05
19.06 DEPARTMENT OF PSYCHIATRY	4152116	.52	-4152116	-.95			19.06
19.07 PRE-ADMISSION TESTING	359335	.05	-359335	-.08			19.07
19.08 DEPARTMENT OF CARDIOLOGY	515949	.07	-515949	-.12			19.08
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A	21138038	2.67	-21138038	-4.83			22
23 I&R SERVICES-OTHER PRGM COSTS A	5225890	.66	-5225890	-1.19			23
24 PARAMED ED PRGM-(SPECIFY)							24
24.01 PARAMED ED PRGM - TECHNICIANS	49577	.01	-49577	-.01			24.01
24.02 PARAMED ED PRGM-PSYCH							24.02
24.03 PARAMED ED PRGM- RADIOLOGY	2162671	.27	-2162671	-.49			24.03
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	74888251	9.44	132504141	30.25	207392392	26.16	25
26 INTENSIVE CARE UNIT	14400779	1.82	12965124	2.96	27365903	3.45	26
27 CORONARY CARE UNIT	3374867	.43	3490599	.80	6865466	.87	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	4237530	.53	4411247	1.01	8648777	1.09	27.01
31 SUBPROVIDER I	4575831	.58	8088887	1.85	12664718	1.60	31

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN	42905	.01	174576	.04	217481	.03	96
97	RESEARCH	39513641	4.98	32573065	7.44	72086706	9.09	97
97.01	DENTAL CLINIC	1170009	.15	833977	.19	2003986	.25	97.01
97.02	FUND RAISING	487030	.06	184580	.04	671610	.08	97.02
97.03	CARDIOLOGY FOUNDATION	22369		8884		31253		97.03
97.04	ORTHOPAEDIC FOUNDATION	122005	.02	1311702	.30	1433707	.18	97.04
97.05	MEDICAL FOUNDATION	148958	.02	953311	.22	1102269	.14	97.05
97.06	SURGICAL FOUNDATION	33674		2129480	.49	2163154	.27	97.06
97.07	NEUROLOGY FOUNDATION	66172	.01	21564		87736	.01	97.07
97.08	RESEARCH FINANCE ADMINISTRATION	2033452	.26	755919	.17	2789371	.35	97.08
98	PHYSICIANS' PRIVATE OFFICES	1286770	.16	1731691	.40	3018461	.38	98
98.01	NOPCO							98.01
99.01	HASBRO VNA							99.01
99.02	PATIENT TELEPHONES							99.02
99.03	RIH VENTURES	2654421	.33	748849	.17	3403270	.43	99.03
99.04	NON-PATIENT RELATED							99.04
99.05	DAY CARE CENTER			305685	.07	305685	.04	99.05
99.06	WORK LAB			190043	.04	190043	.02	99.06
99.07	PAYROLL BILLED	7314209	.92	3703694	.85	11017903	1.39	99.07
99.08	O/P MEALS			796640	.18	796640	.10	99.08
99.09	WEIGHT LOSS PROGRAM							99.09
99.10	UNALLOWABLE FLOOR AREA							99.10
99.11	OTHER NON-REIMBURSEABLE	146697	.02	103805	.02	250502	.03	99.11
99.12	SATALITE PHYSICIANS OFFICE							99.12
99.13	SNE REHAB	148391	.02	25283	.01	173674	.02	99.13
99.14	CO-OPERATIVE CARE W & I			1761527	.40	1761527	.22	99.14
99.15	BROWN UNIV. STUDENTS	358334	.05	5432281	1.24	5790615	.73	99.15
99.16	LCS CORO			2823702	.64	2823702	.36	99.16
99.17	TMH CORO			1046694	.24	1046694	.13	99.17
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	792915731	100.00	0	.00	792915731	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3350116	139092401	.024086	23593053	568262	37
37.01 ENDOSCOPY	424863	31688313	.013408	3361577	45072	37.01
37.02 PULMONARY FUNCTION TESTING	40317	18204698	.002214	2591106	5736	37.02
37.03 GAMMA KNIFE	77935	13537802	.005757			37.03
38 RECOVERY ROOM	250058	32431697	.007710	2755520	21245	38
41 RADIOLOGY-DIAGNOSTIC	1560454	76664923	.020354	8603799	175122	41
42 RADIOLOGY-THERAPEUTIC	857184	35063978	.024446	1332517	32574	42
43 RADIOISOTOPE	696386	22910240	.030396	1513918	46017	43
43.01 ULTRASOUND	135738	19177566	.007078	655890	4642	43.01
43.02 CAT SCAN	272307	133658654	.002038	14899938	30366	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	715200	44408997	.016105	3773932	60779	43.03
43.04 PET IMAGING	14043	10855274	.001294	19648	26	43.04
44 LABORATORY	1830440	202600457	.009035	32655591	295043	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	169085	14403135	.011739	3461193	40631	47
49 RESPIRATORY THERAPY	208409	17270530	.012067	4977216	60060	49
50 PHYSICAL THERAPY	349604	13910598	.025132	2294453	57665	50
51 OCCUPATIONAL THERAPY	12762	5835036	.002187	992567	2171	51
52 SPEECH PATHOLOGY	170354	4266226	.039931	497625	19870	52
53 ELECTROCARDIOLOGY	88318	8644473	.010216	2481257	25349	53
54 ELECTROENCEPHALOGRAPHY	542179	5045291	.107463	546176	58694	54
55 MEDICAL SUPPLIES CHARGED TO PAT	293525	185474513	.001582	37976679	60079	55
56 DRUGS CHARGED TO PATIENTS	411820	266139271	.001547	41194098	63727	56
57 RENAL DIALYSIS	258536	8039413	.032158	3365710	108235	57
59 VASCULAR LAB	571542	79592835	.007180	16298385	117022	59
59.01 APPLIANCE SHOP	42349	941006	.045004	214153	9638	59.01
59.02 LITHOTRIPSY	2752	2204760	.001249			59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1896875	15952713	.118906	24303	2890	60
60.01 OUTPATIENT PSYCHIATRY	20683	6084879	.003399			60.01
60.02 NON MEDICARE CLINICS	891058	24488061	.036387			60.02
61 EMERGENCY	2499089	180114902	.013875	18459308	256123	61
62 OBSERVATION BEDS (NON-DISTINCT	407539	18664218	.021835	430899	9409	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	19061520	1637366860		228970511	2176447	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	9140947		9140947	156648	58.36	37010	2159903 25
26	INTENSIVE CARE UNIT	1139661		1139661	13998	81.41	13998	1139577 26
27	CORONARY CARE UNIT	354645		354645	4332	81.87	770	63040 27
27.01	PEDIATRIC INTENSIVE CARE UNIT	509767		509767	3338	152.72		27.01
101	TOTAL	11145020		11145020			51778	3362520 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							3362520	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2176447	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							5538967	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						8949		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						51778		
PER DISCHARGE CAPITAL COSTS							618.95	
PER DIEM CAPITAL COSTS							106.98	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	115651184
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	327933112
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.353

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	4022488
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	9840351
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.409

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	5538967
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	28564175
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	115078778
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.248