

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 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	-4497307	652787	2
3	SWING BED - SNF	-398365		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	-4895672	652787	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  
 1.01 CITY: PROVIDENCE

STATE: RI

P.O.BOX:  
 ZIP CODE: 02901

COUNTY: PROVIDENCE

1  
 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	I PSYCH UNIT	41-S007	10/01/1983	N	P	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							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2008	TO: 09/30/2009				17
			1	2				
18	TYPE OF CONTROL							18

TYPE OF HOSPITAL/SUBPROVIDER

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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			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 14484	21.03				
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04				
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05				
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.							NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).							NO				21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.											21.08
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 IN COL. 2 AND TERMINATION IN COL. 3.					10/30/1996		23.01				
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02				
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03				
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04				
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					06/06/2002		23.05				
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06				
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07				
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.											24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.											24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

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
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: 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	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

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?	NO	V	XVIII	XIX	
			1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	YES	YES	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?					37.01

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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	048900			40
40.01	NAME: LIFESPAN CORPORATION			FI/CONTRACTOR'S NAME:		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 NHCMQ 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	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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.					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:					54
	PREMIUMS: 10264265	PAID LOSSES:		AND/OR SELF INSURANCE:		
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.					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.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
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.	/ /	NO	0.00	NO		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.						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
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				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
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1		2	3	4	5	
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63





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		8352	1406	33962	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		8352	1406	33962	12
13	RPCH VISITS					13
14	SUBPROVIDER I		284	118	1032	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	2	3	4	5	6	7	8	9
1	SALARIES							
1	TOTAL SALARIES	374224868		374224868	11911182.00	31.42		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	6947513		6947513	45855.00	151.51		4
4.01	TEACHING PHYSICIAN SALARIES	8149761		8149761	57639.00	141.39		4.01
5	PHYSICIAN - PART B	2393379		2393379	35693.00	67.05		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	30659578	-5884827	24774751	1002955.00	24.70		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	34567082	4051315	38618397	1105915.00	34.92		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	4374010		4374010	61983.00	70.57		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	6832594		6832594	55325.00	123.50		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	10648139		10648139	94134.00	113.12		10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	37199624		37199624	758372.00	49.05		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	84330063		84330063			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	9575408		9575408			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	495026		495026			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	605608		605608			CMS 339	18.01
19	PHYSICIAN PART B	164721		164721			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	8492992		8492992			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	982140	-130000	852140	26229.00	32.49		21
22	ADMINISTRATIVE & GENERAL	14386570	-113478	14273092	449946.00	31.72		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	2212229		2212229	7155.00	309.19		22.01
23	MAINTENANCE & REPAIRS	5471850	-99030	5372820	199118.00	26.98		23
24	OPERATION OF PLANT	3675927	-42123	3633804	281424.00	12.91		24
25	LAUNDRY & LINEN SERVICE	3507929		3507929	181147.00	19.37		25
26	HOUSEKEEPING	6548021		6548021	440149.00	14.88		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	4461300	-274857	4186443	213616.00	19.60		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	1301104	265447	1566551	87922.00	17.82		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	10788791	-51075	10737716	244379.00	43.94		30
31	CENTRAL SERVICES AND SUPPLY	1422215		1422215	77854.00	18.27		31
32	PHARMACY	6611849	-86376	6525473	172266.00	37.88		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	4915415		4915415	236454.00	20.79		33
34	SOCIAL SERVICE	2194000		2194000	84531.00	25.95		34
35	OTHER GENERAL SERVICE	32573234	4262794	36836028	784347.00	46.96		35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)		WORKSHEET S-3 PART III
1	2	3	4	5	6	7	8	9
1	NET SALARIES	335234379	5884827	341119206	10822050.00	31.52		1
2	EXCLUDED AREA SALARIES	34567082	4051315	38618397	1105915.00	34.92		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	300667297	1833512	302500809	9716135.00	31.13		3
4	SUBTOTAL OTHER WAGES & REL COSTS	59054367		59054367	969814.00	60.89		4
5	SUBTOTAL WAGE-RELATED COSTS	84825089		84825089		28.04%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	444546753	1833512	446380265	10685949.00	41.77		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	101052574	3731302	104783876	3486537.00	30.05		13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: -

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						2	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							101
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							47
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
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

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	167683567 17
17.01	GROSS MEDICAID REVENUES	135172000 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	302855567 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	264427000 23
24	COST TO CHARGE RATIO	0.304018 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	80390568 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	121428000 28
29	TOTAL GROSS MEDICAID COST	36916298 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	167683567 30
31	UNCOMPENSATED CARE COST	50978823 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	117306866 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		164033	164033	6511645	6675678	496809	7172487	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		1011	1011	3171081	3172092	-23045	3149047	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		20181554	20181554		20181554	2147223	22328777	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		12396436	12396436		12396436	2783447	15179883	4
5	0500 EMPLOYEE BENEFITS	982140	106065848	107047988	-167884	106880104		106880104	5
6.01	0660 TELEPHONE		310105	310105		310105		310105	6.01
6.02	0661 DATA PROCESSING								6.02
6.03	0662 PURCHASING	1488083	255085	1743168	-144	1743024	-514526	1228498	6.03
6.04	0663 ADMITTING	3479765	282149	3761914	-12825	3749089	-230	3748859	6.04
6.05	0664 ACCOUNTING	2129266	142149	2271415		2271415		2271415	6.05
6.06	0665 OTHER ADMINISTRATIVE AND GENERA	2789456	124191568	131481024	1277439	132758463	-9929868	122828595	6.06
7	0700 MAINTENANCE & REPAIRS	5471850	7425365	12897215	-99030	12798185		12798185	7
8	0800 OPERATION OF PLANT	3675927	17229921	20905848	947432	21853280	-2467005	19386275	8
9	0900 LAUNDRY & LINEN SERVICE	3507929	2637105	6145034		6145034	-5437235	707799	9
10	1000 HOUSEKEEPING	6548021	784218	7332239		7332239		7332239	10
11	1100 DIETARY	4461300	4764682	9225982	-2168860	7057122	-300	7056822	11
12	1200 CAFETERIA	1301104	528589	1829693	2159450	3989143	-3605230	383913	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	10788791	604390	11393181	-51231	11341950	-621	11341329	14
15	1500 CENTRAL SERVICES & SUPPLY	1422215	1611544	3033759	-4778	3028981	-297306	2731675	15
16	1600 PHARMACY	6611849	20434009	27045858	24027658	51073516		51073516	16
17	1700 MEDICAL RECORDS & LIBRARY	4915415	1824856	6740271		6740271	-23366	6716905	17
18	1800 SOCIAL SERVICE	2194000	1227608	3421608	-424048	2997560		2997560	18
19	1950 CO-OPERATIVE CARE - GENERAL								19
19.01	1951 CENTRAL TRANSPORTATION	2276994	579179	2856173		2856173	-642	2855531	19.01
19.02	1952 DEPARTMENT OF MEDICINE	2480284	7038654	9518938	3453469	12972407	-2007499	10964908	19.02
19.03	1953 DEPARTMENT OF SURGERY	3554803	9665770	13220573	372656	13593229	-1706399	11886830	19.03
19.04	1954 DEPARTMENT OF PEDIATRICS	20053836	5105810	25159646	-82376	25077270	-6509406	18567864	19.04
19.05	1955 DEPARTMENT OF ORTHOPEDICS	191405	1230987	1422392	-65252	1357140		1357140	19.05
19.06	1956 DEPARTMENT OF PSYCHIATRY	3229925	1015324	4245249	4764081	9009330	-3746492	5262838	19.06
19.07	1957 PRE-ADMISSION TESTING	138699	13077	151776		151776		151776	19.07
19.08	1958 DEPARTMENT OF RADIOLOGY	647288	170819	818107	6435	824542	-180978	643564	19.08
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	30659578	2333573	32993151	-8218400	24774751	-1928340	22846411	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	1920693	717114	2637807	3669749	6307556	-84067	6223489	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
24.01	2401 PARAMED ED PRGM - TECHNICIANS	95827	9356	105183		105183	-37693	67490	24.01
24.02	2402 PARAMED ED PRGM-PSYCH								24.02
24.03	2403 PARAMED ED PRGM- RADIOLOGY	796071	167414	963485	1613210	2576695	-229329	2347366	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	69140756	10258874	79399630	-295400	79104230	-510	79103720	25
26	2600 INTENSIVE CARE UNIT	12796839	2106904	14903743	-32446	14871297	-31080	14840217	26
27	2700 CORONARY CARE UNIT	2692700	274647	2967347	-4002	2963345		2963345	27
27.01	2080 PEDIATRIC INTENSIVE CARE UNIT	3978260	473927	4452187	-2917	4449270		4449270	27.01
31	3100 SUBPROVIDER I	4546053	472271	5018324	125396	5143720	-148040	4995680	31
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	13914917	9921260	23836177	-1927424	21908753	-425923	21482830	37
37.01	3330 ENDOSCOPY	3960078	2457044	6417122	-103672	6313450		6313450	37.01
37.02	3560 PULMONARY FUNCTION TESTING	1498482	469740	1968222	-169708	1798514	-599	1797915	37.02
37.03	3701 GAMMA KNIFE	536839	38951	575790	-1439	574351	138378	712729	37.03
38	3800 RECOVERY ROOM	4743133	251075	4994208	-42102	4952106		4952106	38
41	4100 RADIOLOGY-DIAGNOSTIC	11257688	3686256	14943944	-1304476	13639468	-1389	13638079	41
42	4200 RADIOLOGY-THERAPEUTIC	4183065	906034	5089099	-196644	4892455	-205229	4687226	42
43	4300 RADIOISOTOPE	1967986	2159488	4127474	-2317506	1809968	-3244	1806724	43
43.01	4301 ULTRASOUND	1774305	117212	1891517	-68221	1823296		1823296	43.01
43.02	3230 CAT SCAN	3732084	1065343	4797427	-440565	4356862		4356862	43.02
43.03	3430 MAGNETIC RESONANCE IMAGING(MRI)	1820327	481910	2302237	-417666	1884571	65899	1950470	43.03
43.04	4304 PET IMAGING	239613	659432	899045	-630548	268497		268497	43.04
44	4400 LABORATORY	15081861	7692969	22774830	36544	22811374	-3041870	19769504	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	1179669	6023296	7202965	-8620	7194345		7194345	47
49	4900 RESPIRATORY THERAPY	5329837	862481	6192318	-6135	6186183	-8953	6177230	49
50	5000 PHYSICAL THERAPY	4388772	687523	5076295	-35679	5040616	-14977	5025639	50
51	5100 OCCUPATIONAL THERAPY	1216879	272161	1489040	-78	1488962	-92439	1396523	51
52	5200 SPEECH PATHOLOGY	1395317	232941	1628258	-524	1627734	-194486	1433248	52
53	5300 ELECTROCARDIOLOGY	309904	41629	351533		351533		351533	53
54	5400 ELECTROENCEPHALOGRAPHY	1583161	2510473	4093634	-1109725	2983909	-380680	2603229	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		54960718	54960718	-604658	54356060		54356060	55
56	5600 DRUGS CHARGED TO PATIENTS						-6737	-6737	56
57	5700 RENAL DIALYSIS	1014839	915883	1930722	-51132	1879590	-253289	1626301	57
59	3950 VASCULAR LAB	2781727	1664622	4446349	-410439	4035910		4035910	59
59.01	3951 APPLIANCE SHOP		2112	2112	604658	606770	-1820	604950	59.01
59.02	3952 LITHOTRIPSY		197642	197642		197642		197642	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	7368967	23766589	31135556	-18218504	12917052	-2921890	9995162	60
	CLINIC								
60.01	4040	2769052	77173	2846225	5338	2851563	-63964	2787599	60.01
60.02	6002	5132331	3984454	9116785	-2290553	6826232	-645032	6181200	60.02
61	6100	20447782	7108955	27556737	-1133248	26423489	-25937	26397552	61
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
65	6500	1033414	236463	1269877	-450	1269427		1269427	65
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
83	8300	652955	1851432	2504387	-578646	1925741	-590706	1335035	83
85.01	8510				44754	44754		44754	85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		12250745	12250745	-12250745				88
95		346782106	512249931	859032037	-3157705	855874332	-42156615	813717717	95
NONREIMBURSABLE COST CENTERS									
96	9600		328	328		328		328	96
97	9700	19707035	20780931	40487966	-2365101	38122865		38122865	97
97.01	9701	1224737	677077	1901814	-191643	1710171		1710171	97.01
97.02	9702	62912	641528	704440	-125	704315		704315	97.02
97.03	9703		13904	13904		13904		13904	97.03
97.04	9704		111734	111734	-15095	96639		96639	97.04
97.05	9705	160758	145840	306598		306598		306598	97.05
97.06	9706		38111	38111	-249	37862		37862	97.06
97.07	9707	19959	49657	69616	-230	69386		69386	97.07
97.08	9708				2624024	2624024	244336	2868360	97.08
98	9800	5673031	75553	5748584	-5552552	196032	48229	244261	98
98.01	9801								98.01
99.01	9901								99.01
99.02	9902								99.02
99.03	9903	97017	2898982	2995999		2995999	264729	3260728	99.03
99.04	9904								99.04
99.05	9905								99.05
99.06	9906								99.06
99.07	9907				8592722	8592722		8592722	99.07
99.08	9908								99.08
99.09	9909								99.09
99.10	9910								99.10
99.11	9911	256613	141786	398399	-256613	141786		141786	99.11
99.12	9912								99.12
99.13	9913	240700	59020	299720	-183444	116276		116276	99.13
99.14	9914								99.14
99.15	9915				506011	506011		506011	99.15
99.16	9916								99.16
99.17	9917								99.17
101	TOTAL	374224868	537884382	912109250		912109250	-41599321	870509929	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1
			COST CENTER 2	LINE # 3	SALARY 4	
1	PAYROLL BILLED-PHYSICIAN	A				1
2		A	CLINIC	60	151125	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	7129906	12
13	ALLIED HEALTH-RADIOLOGY	B	PARAMED ED PRGM- RADIOLOGY	24.03	1613317	13
14		B				14
15		B				15
16		B				16
17		B				17
18	WOMAN & INFANTS	C	OPERATION OF PLANT	8		837305 18
19		C	RESPIRATORY THERAPY	49		14 19
20		C	OTHER ADMINISTRATIVE AND GENE	6.06		1375 20
21		C	OPERATION OF PLANT	8		152250 21
22	CAFETERIA	D	CAFETERIA	12	265447	1894003 22
23	INTEREST EXPENSE	E	OLD CAP REL COSTS-BLDG & FIXT	1		7345975 23
24		E	OLD CAP REL COSTS-MVBLE EQUIP	2		3171081 24
25		E	OLD CAP REL COSTS-BLDG & FIXT	1		156614 25
26		E	OTHER ADMINISTRATIVE AND GENE	6.06		1577075 26
27		E				27
28	HEMOPHILIA COST	G	PHARMACY	16		4923458 28
29		G				29
30		G				30
31	INTERNS & RESIDENTS	I	I&R SERVICES-SALARY & FRINGES	22	853646	
32		I				32
33		I				33
34		I				34
35		I				35
36	SUBTOTAL				10013441	20059150 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 PAYROLL BILLED-PHYSICIAN	A	DEPARTMENT OF MEDICINE	19.02	216594		1
2	A	DEPARTMENT OF SURGERY	19.03	22917		2
3	A					3
4	A	DEPARTMENT OF PEDIATRICS	19.04	35842		4
5	A	DEPARTMENT OF PSYCHIATRY	19.06	72067		5
6	A	DEPARTMENT OF CARDIOLOGY	19.08	57420		6
7	A	I&R SERVICES-SALARY & FRINGES	22	6409179		7
8	A	I&R SERVICES-SALARY & FRINGES	22	295217		8
9	A	LABORATORY	44	19539		9
10	A	PHYSICIANS' PRIVATE OFFICES	98	152256		10
11	A					11
12	A					12
13 ALLIED HEALTH-RADIOLOGY	B	RADIOLOGY-DIAGNOSTIC	41	952047		13
14	B	RADIOISOTOPE	43	402726		14
15	B	ULTRASOUND	43.01	56601		15
16	B	MAGNETIC RESONANCE IMAGING(MR	43.03	81175		16
17	B	PET IMAGING	43.04	120768		17
18 WOMAN & INFANTS	C	OLD CAP REL COSTS-BLDG & FIXT	1		990944	9 18
19	C					19
20	C					20
21	C					21
22 CAFETERIA	D	DIETARY	11	265447	1894003	22
23 INTEREST EXPENSE	E	INTEREST EXPENSE	88		12250745	11 23
24	E					11 24
25	E					11 25
26	E					11 26
27	E					11 27
28 HEMOPHILIA COST	G	CLINIC	60		4429511	28
29	G	BLOOD STORING, PROCESSING & T	47		7829	29
30	G	LABORATORY	44		486118	30
31 INTERNS & RESIDENTS	I	DEPARTMENT OF MEDICINE	19.02	269099		31
32	I	DEPARTMENT OF PEDIATRICS	19.04	286216		32
33	I	DEPARTMENT OF PSYCHIATRY	19.06	40066		33
34	I	RADIOLOGY-THERAPEUTIC	42	34487		34
35	I	PHYSICIANS' PRIVATE OFFICES	98	37063		35
36 SUBTOTAL				9826726	20059150	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1	I				1
2 ALLIED HEALTH-PSYCH	J	DEPARTMENT OF PSYCHIATRY	19.06	1093372	2
3 PHYSICIAN SALARIES	K	DEPARTMENT OF PSYCHIATRY	19.06	4085514	3
4	K	DEPARTMENT OF PEDIATRICS	19.04	231213	4
5	K	DEPARTMENT OF PSYCHIATRY	19.06	218323	5
6	K	LABORATORY	44	1621729	6
7 PHYSICIAN FEES	M	KIDNEY ACQUISITION	83		302126 7
8	M	DEPARTMENT OF MEDICINE	19.02		3889481 8
9	M	EMERGENCY	61		192000 9
10	M				10
11 I&R SAL,TEACH,RESCH	N	I&R SERVICES-OTHER PRGM COSTS	23		2957920 11
12	N	BROWN UNIV. STUDENTS	99.15		506011 12
13	N	RESEARCH	97		412071 13
14	N				14
15	N				15
16	N				16
17	N				17
18	N				18
19 RESEARCH ADMINISTRATION	O	RESEARCH FINANCE ADMINISTRATI	97.08	1333016	1291008 19
20 RECLASS I&R COSTS	P	I&R SERVICES-OTHER PRGM COSTS	23		2333573 20
21	P	I&R SERVICES-SALARY & FRINGES	22	3746	21
22 KIDNEY TRANSPLANT BILLING	Q	KIDNEY ACQUISITION	83		22550 22
23 DRUGS CHARGED	R	PHARMACY	16		19190576 23
24	R	OTHER ADMINISTRATIVE AND GENE	6.06		48082 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				18600354	51204548 36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	I	OTHER NON-REIMBURSEABLE	99.11	186715		1
2 ALLIED HEALTH-PSYCH	J	PHYSICIANS' PRIVATE OFFICES	98	1093372		2
3 PHYSICIAN SALARIES	K	PHYSICIANS' PRIVATE OFFICES	98	4085514		3
4	K	CLINIC	60	231213		4
5	K	DEPARTMENT OF PEDIATRICS	19.04	218323		5
6	K	I&R SERVICES-OTHER PRGM COSTS	23	1621729		6
7 PHYSICIAN FEES	M	DEPARTMENT OF SURGERY	19.03		302126	7
8	M	CLINIC	60		3210347	8
9	M	CLINIC	60		645244	9
10	M	OTHER ADMINISTRATIVE AND GENE	6.06		225890	10
11 I&R SAL,TEACH,RESCH	N	RADIOLOGY-THERAPEUTIC	42		65248	11
12	N	RADIOLOGY-DIAGNOSTIC	41		289428	12
13	N	OPERATING ROOM	37		425864	13
14	N	LABORATORY	44		964307	14
15	N	ELECTROENCEPHALOGRAPHY	54		1147900	15
16	N	EMERGENCY	61		680933	16
17	N	CLINIC	60		105254	17
18	N	KIDNEY ACQUISITION	83		197068	18
19 RESEARCH ADMINISTRATION	O	RESEARCH	97	1333016	1291008	19
20 RECLASS I&R COSTS	P	I&R SERVICES-SALARY & FRINGES	22		2333573	20
21	P	I&R SERVICES-SALARY & FRINGES	22	3746		21
22 KIDNEY TRANSPLANT BILLING	Q	OTHER ADMINISTRATIVE AND GENE	6.06		22550	22
23 DRUGS CHARGED	R	EMPLOYEE BENEFITS	5		37884	23
24	R	PURCHASING	6.03		144	24
25	R	ORTHOPAEDIC FOUNDATION	97.04		15095	25
26	R	SURGICAL FOUNDATON	97.06		249	26
27	R	NURSING ADMINISTRATION	14		156	27
28	R	CENTRAL SERVICES & SUPPLY	15		4778	28
29	R	SOCIAL SERVICE	18		424048	29
30	R					30
31	R	NEUROLOGY FOUNDATION	97.07		230	31
32	R	DEPARTMENT OF SURGERY	19.03		352	32
33	R	DEPARTMENT OF PEDIATRICS	19.04		3312	33
34	R	DEPARTMENT OF ORTHOPEDICS	19.05		140	34
35	R	PARAMED ED PRGM- RADIOLOGY	24.03		107	35
36 SUBTOTAL				18600354	32452385	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				18600354	51204548 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	I&R SERVICES-OTHER PRGM COSTS	23		15	1
2	R	ADULTS & PEDIATRICS	25		309256	2
3	R	INTENSIVE CARE UNIT	26		32446	3
4	R	CORONARY CARE UNIT	27		4002	4
5	R	PEDIATRIC INTENSIVE CARE UNIT	27.01		2917	5
6	R	SUBPROVIDER I	31		5723	6
7	R	OPERATING ROOM	37		1501560	7
8	R	ENDOSCOPY	37.01		167704	8
9	R	PULMONARY FUNCTION TESTING	37.02		8417	9
10	R	GAMMA KNIFE	37.03		1439	10
11	R	RECOVERY ROOM	38		42102	11
12	R					12
13	R	RADIOLOGY-DIAGNOSTIC	41		162091	13
14	R	RADIOLOGY-THERAPEUTIC	42		11306	14
15	R	RADIOISOTOPE	43		1914780	15
16	R	ULTRASOUND	43.01		11620	16
17	R	CAT SCAN	43.02		440565	17
18	R	MAGNETIC RESONANCE IMAGING(MR	43.03		336491	18
19	R	PET IMAGING	43.04		509780	19
20	R	LABORATORY	44		115221	20
21	R	BLOOD STORING, PROCESSING & T	47		791	21
22	R	RESPIRATORY THERAPY	49		6149	22
23	R	PHYSICAL THERAPY	50		165	23
24	R	OCCUPATIONAL THERAPY	51		78	24
25	R	SPEECH PATHOLOGY	52		165	25
26	R	ELECTROENCEPHALOGRAPHY	54		1825	26
27	R	RENAL DIALYSIS	57		51132	27
28	R	VASCULAR LAB	59		410439	28
29	R	CLINIC	60		9685515	29
30	R	OUTPATIENT PSYCHIATRY	60.01		2824	30
31	R	NON MEDICARE CLINICS	60.02		2260366	31
32	R	EMERGENCY	61		644315	32
33	R	AMBULANCE SERVICES	65		450	33
34	R	KIDNEY ACQUISITION	83		58832	34
35	R	RESEARCH	97		50213	35
36		SUBTOTAL		18600354	51203079	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1	R				1
2	R				2
3	R				3
4	S	APPLIANCE SHOP	59.01		604658 4
5	T	PANCREAS ACQUISITION	85.01		5294 5
6	T	DEPARTMENT OF SURGERY	19.03		253822 6
7	U	PANCREAS ACQUISITION	85.01		36954 7
8	U	DEPARTMENT OF SURGERY	19.03		218743 8
9	V	PANCREAS ACQUISITION	85.01		2506 9
10	V	DEPARTMENT OF SURGERY	19.03		130103 10
11					11
12	AA				12
13	AA	DEPARTMENT OF MEDICINE	19.02	49681	13
14	AA	DEPARTMENT OF SURGERY	19.03	95383	14
15	AA	DEPARTMENT OF PEDIATRICS	19.04	230104	15
16	AA	DEPARTMENT OF CARDIOLOGY	19.08	63855	16
17	AA				17
18	AA	ADULTS & PEDIATRICS	25	13856	18
19	AA	SUBPROVIDER I	31	131119	19
20	AA	RADIOLOGY-DIAGNOSTIC	41	99090	20
21	AA	ENDOSCOPY	37.01	64032	21
22	AA	OUTPATIENT PSYCHIATRY	60.01	8162	22
23	AA	ELECTROENCEPHALOGRAPHY	54	40000	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				34
35	AA				35
36		SUBTOTAL		19395636	52456628 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	DENTAL CLINIC	97.01		1330	1
2	R	PHYSICIANS' PRIVATE OFFICES	98		14	2
3	R	FUND RAISING	97.02		125	3
4	S	MEDICAL SUPPLIES CHARGED TO P	55		604658	4
5	T	KIDNEY ACQUISITION	83		259116	5
6	T					6
7	U	KIDNEY ACQUISITION	83		255697	7
8	U					8
9	V	KIDNEY ACQUISITION	83		132609	9
10	V					10
11						11
12	AA	EMPLOYEE BENEFITS	5	130000		12
13	AA	ADMITTING	6.04	12825		13
14	AA	OTHER ADMINISTRATIVE AND GENE	6.06	100653		14
15	AA	MAINTENANCE & REPAIRS	7	99030		15
16	AA	OPERATION OF PLANT	8	42123		16
17	AA	DIETARY	11	9410		17
18	AA	NURSING ADMINISTRATION	14	51075		18
19	AA	PHARMACY	16	86376		19
20	AA	DEPARTMENT OF ORTHOPEDICS	19.05	65112		20
21	AA					21
22	AA	DEPARTMENT OF PSYCHIATRY	19.06	520995		22
23	AA					23
24	AA	I&R SERVICES-SALARY & FRINGES	22	34077		24
25	AA					25
26	AA					26
27	AA	PULMONARY FUNCTION TESTING	37.02	161291		27
28	AA	RADIOLOGY-THERAPEUTIC	42	85603		28
29	AA	PHYSICAL THERAPY	50	35514		29
30	AA	SPEECH PATHOLOGY	52	359		30
31	AA	CLINIC	60	62545		31
32	AA	NON MEDICARE CLINICS	60.02	30187		32
33	AA	RESEARCH	97	102935		33
34	AA	DENTAL CLINIC	97.01	190313		34
35	AA	PHYSICIANS' PRIVATE OFFICES	98	184333		35
36		SUBTOTAL		20605110	52456628	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	AA				1
2	AA				2
3	AA	PAYROLL BILLED	99.07	1462816	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				20858452	52456628

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10
			COST CENTER 6	LINE # 7	SALARY 8	
1		AA	OTHER NON-REIMBURSEABLE	99.11	69898	1
2		AA	SNE REHAB	99.13	183444	2
3		AA				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				20858452 52456628	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	6167558	42179		42179		6209737	1
2 LAND IMPROVEMENTS	5799086	-33512		-33512		5765574	2
3 BUILDINGS AND FIXTURES	447137316	8362853		8362853	19227544	436272625	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	266631693	36590730		36590730	8103893	295118530	6
7 SUBTOTAL	725735653	44962250		44962250	27331437	743366466	7
8 RECONCILING ITEMS							8
9 TOTAL	725735653	44962250		44962250	27331437	743366466	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	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	137316128		137316128	.148377				1
2 OLD CAP REL COSTS-MVBLE EQUIP	50981903		50981903	.055088				2
3 NEW CAP REL COSTS-BLDG & FIXT	442038199		442038199	.477645				3
4 NEW CAP REL COSTS-MVBLE EQUIP	295118530		295118530	.318890				4
5 TOTAL	925454760		925454760	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	-330102		7502589				7172487	1
2 OLD CAP REL COSTS-MVBLE EQUIP	-22034		3171081				3149047	2
3 NEW CAP REL COSTS-BLDG & FIXT	22328777						22328777	3
4 NEW CAP REL COSTS-MVBLE EQUIP	15179883						15179883	4
5 TOTAL	37156524		10673670				47830194	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	164033						164033	1
2 OLD CAP REL COSTS-MVBLE EQUIP	1011						1011	2
3 NEW CAP REL COSTS-BLDG & FIXT	20181554						20181554	3
4 NEW CAP REL COSTS-MVBLE EQUIP	12396436						12396436	4
5 TOTAL	32743034						32743034	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	-162194	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	-10312809			12
13 SALE OF SCRAP, WASTE, ETC.	B	-2350	OTHER ADMINISTRATIVE AND GENERA	6.06	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-9129523			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-3516075	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				
37 AFFILIATION REIMBURSEMENT	B	-1754395	I&R SERVICES-SALARY & FRINGES A	22	36
38					38
39 RENTAL-GERRY HOUSE MOP	B	-79943	OTHER ADMINISTRATIVE AND GENERA	6.06	39
40 RENTAL-SUPPLIES	B	-24165	OTHER ADMINISTRATIVE AND GENERA	6.06	40
41 RENTAL-BANK	B	-1861	OPERATION OF PLANT	8	41
42					42
43 RENTAL-TELEPHONE	B	-40810	OTHER ADMINISTRATIVE AND GENERA	6.06	43
44 RENTAL-STEERE HOUSE	B	-120000	OPERATION OF PLANT	8	44
45 RENTAL-CORO ELECTRIC	B	-166375	OTHER ADMINISTRATIVE AND GENERA	6.06	45
46 RENTAL-CORO MAINT	B	-178184	OPERATION OF PLANT	8	46
47 RENTAL-AU BON PAIN	B	-178399	OPERATION OF PLANT	8	47
48 W&I-HEAT, LIGHT, POWER (5300-3635	B	-1682597	OPERATION OF PLANT	8	48
48.01 WASTE DISPOSAL (5300-3636)	B	-305952	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	-8953	RESPIRATORY THERAPY	49	48.03
48.04 SERVICES RENDERED (3665)	B	3438315	OTHER ADMINISTRATIVE AND GENERA	6.06	48.04
48.05 SERVICES RENDERED (3665)	B	-8395	OTHER ADMINISTRATIVE AND GENERA	6.06	48.05
48.06 SERVICES RENDERED (3665)	B	-5176680	LAUNDRY & LINEN SERVICE	9	48.06
48.07 SERVICES RENDERED (3665)	B	-256255	LAUNDRY & LINEN SERVICE	9	48.07
48.08 SERVICES RENDERED (3665)	B	-90675	OCCUPATIONAL THERAPY	51	48.08
48.10 SERVICES RENDERED (3665)	B	-1166	PHYSICAL THERAPY	50	48.10
48.11 SERVICES RENDERED (3665)	B	-642	CENTRAL TRANSPORTATION	19.01	48.11
48.12 SERVICES RENDERED (3665)	B	-2019	SPEECH PATHOLOGY	52	48.12
48.13 SERVICES RENDERED (3665)	B	-1699	RADIOLOGY-THERAPEUTIC	42	48.13
48.14 SERVICES RENDERED (3665)	B	-114319	DEPARTMENT OF PEDIATRICS	19.04	48.14
48.15 SERVICES RENDERED (3665)	B	-60679	OUTPATIENT PSYCHIATRY	60.01	48.15
48.16 SERVICES RENDERED (3665)	B	-2400	DEPARTMENT OF PEDIATRICS	19.04	48.16
48.17 SERVICES RENDERED (3665)	B	-2970	LABORATORY	44	48.17
48.18 SERVICES RENDERED (3665)	B	-510	ADULTS & PEDIATRICS	25	48.18
48.19 SERVICES RENDERED (3665)	B	-15	MEDICAL RECORDS & LIBRARY	17	48.19

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
48.20 SERVICES RENDERED (3665)	B	-37378	PARAMED ED PRGM - TECHNICIANS	24.01	48.20
48.21 SERVICES RENDERED (3665)	B	-637082	LABORATORY	44	48.21
48.22 SERVICES RENDERED (3665)	B	-7200	ELECTROENCEPHALOGRAPHY	54	48.22
49 SERVICES RENDERED (3665)	B	-29523	CLINIC	60	49
49.02 MISC REVENUE(3670)	B	-352332	PURCHASING	6.03	49.02
49.03 MISC REVENUE (3670)	B	-109320	NON MEDICARE CLINICS	60.02	49.03
49.04 MISC REVENUE (3670)	B	-230	ADMITTING	6.04	49.04
49.05 MISC REVENUE (3670)	B	-186238	OTHER ADMINISTRATIVE AND GENERA	6.06	49.05
49.06 MISC REVENUE (3670)	B	-4300	LAUNDRY & LINEN SERVICE	9	49.06
49.07 MISC REVENUE (3670)	B	-125	DIETARY	11	49.07
49.09 MISC REVENUE (3670)	B	-89155	CAFETERIA	12	49.09
49.10 MISC REVENUE (3670)	B	-100	NURSING ADMINISTRATION	14	49.10
49.11 MISC REVENUE (3670)	B	-297227	CENTRAL SERVICES & SUPPLY	15	49.11
49.12 MISC REVENUE (3670)	B	-23351	MEDICAL RECORDS & LIBRARY	17	49.12
49.13 MISC REVENUE (3670)	B	-1700	DEPARTMENT OF MEDICINE	19.02	49.13
49.14 MISC REVENUE (3670)	B	-153067	DEPARTMENT OF PEDIATRICS	19.04	49.14
49.15 MISC REVENUE (3670)	B	-354183	DEPARTMENT OF PEDIATRICS	19.04	49.15
49.16 MISC REVENUE (3670)	B	-731026	DEPARTMENT OF PEDIATRICS	19.04	49.16
49.17 MISC REVENUE (3670)	B	-180978	DEPARTMENT OF CARDIOLOGY	19.08	49.17
49.18 MISC REVENUE (3670)	B	-33154	I&R SERVICES-SALARY & FRINGES A	22	49.18
49.19 MISC REVENUE (3670)	B	-229329	PARAMED ED PRGM- RADIOLOGY	24.03	49.19
49.20 MISC REVENUE (3670)	B	-81	PULMONARY FUNCTION TESTING	37.02	49.20
49.21 MISC REVENUE (3670)	B	138378	GAMMA KNIFE	37.03	49.21
49.22 MISC REVENUE (3670)	B	-1216	RADIOLOGY-THERAPEUTIC	42	49.22
49.23 MISC REVENUE (3670)	B	65899	MAGNETIC RESONANCE IMAGING(MRI)	43.03	49.23
49.24 MISC REVENUE (3670)	B	-13382	PHYSICAL THERAPY	50	49.24
49.25 MISC REVENUE (3670)	B	-1764	OCCUPATIONAL THERAPY	51	49.25
49.26 MISC REVENUE (3670)	B	-17590	SPEECH PATHOLOGY	52	49.26
49.28 MISC REVENUE (3670)	B	-6737	DRUGS CHARGED TO PATIENTS	56	49.28
49.29 MISC REVENUE (3670)	B	-102465	RENAL DIALYSIS	57	49.29
49.30 MISC REVENUE (3670)	B	-1820	APPLIANCE SHOP	59.01	49.30
49.31 MISC REVENUE (3670)	B	-572735	CLINIC	60	49.31
49.32 INVESTMENT INCOME (5300-3678)	B	-62067	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.32
49.33 INVESTMENT INCOME (5300-3678)	B	-23045	OLD CAP REL COSTS-MVBLE EQUIP	2	9 49.33
49.34 INVESTMENT INCOME (5300-3678)	B	-199752	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.34
49.35 INVESTMENT INCOME (5300-3678)	B	-133377	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.35
49.36 HEARING AID COSTS	A	-174877	SPEECH PATHOLOGY	52	49.36
49.37 AMBULANCE EXPENSE	A	-25785	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	-431497	DEPARTMENT OF MEDICINE	19.02	49.41
49.43 PHYSICIAN FEES (4210)	B	-1584426	DEPARTMENT OF SURGERY	19.03	49.43
49.44 PHYSICIAN FEES (4210)	B	-77055	DEPARTMENT OF PEDIATRICS	19.04	49.44
49.45 PHYSICIAN FEES (4210)	B	-446004	DEPARTMENT OF PSYCHIATRY	19.06	49.45
49.46 PHYSICIAN FEES (4210)	B	-136845	I&R SERVICES-SALARY & FRINGES A	22	49.46
49.47 PHYSICIAN FEES (4210)	B	-77031	I&R SERVICES-OTHER PRGM COSTS A	23	49.47
49.48 PHYSICIAN FEES (4210)	B	-31080	INTENSIVE CARE UNIT	26	49.48
49.49 PHYSICIAN FEES (4210)	B	-148040	SUBPROVIDER I	31	49.49
49.50 PHYSICIAN FEES (4210)	B	-29290	LABORATORY	44	49.50
49.51 PHYSICIAN FEES (4210)	B	-2200	RADIOLOGY-THERAPEUTIC	42	49.51
49.53 PHYSICIAN FEES (4210)	B	-204516	ELECTROENCEPHALOGRAPHY	54	49.53
49.54 PHYSICIAN FEES (4210)	B	-2319619	CLINIC	60	49.54
49.55 PHYSICIAN FEES (4210)	B	-3015	OUTPATIENT PSYCHIATRY	60.01	49.55
49.56 PHYSICIAN FEES (4210)	B	-494736	NON MEDICARE CLINICS	60.02	49.56
49.57 PHYSICIAN FEES (4210)	B	-27219	KIDNEY ACQUISITION	83	49.57
49.58 1990 USEFUL LIVES - BLDG	B	642445	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.58
49.59 NON REIMB. EXPENSES	A	-192266	OTHER ADMINISTRATIVE AND GENERA	6.06	49.59
49.60 NON REIMB. EXPENSES	A	-12	OPERATION OF PLANT	8	49.60
49.61 NON REIMB. EXPENSES	A	-175	DIETARY	11	49.61
49.62 NON REIMB. EXPENSES	A	-521	NURSING ADMINISTRATION	14	49.62
49.63 NON REIMB. EXPENSES	A	-79	CENTRAL SERVICES & SUPPLY	15	49.63
49.64 NON REIMB. EXPENSES	A	-4975	DEPARTMENT OF MEDICINE	19.02	49.64
49.65 NON REIMB. EXPENSES	A	-8963	DEPARTMENT OF SURGERY	19.03	49.65
49.66 NON REIMB. EXPENSES	A	-3505854	DEPARTMENT OF PEDIATRICS	19.04	9 49.66
49.68 NON REIMB. EXPENSES	A	-10033	DEPARTMENT OF PSYCHIATRY	19.06	49.68
49.69 NON REIMB. EXPENSES	A	-3946	I&R SERVICES-SALARY & FRINGES A	22	49.69
49.70 NON REIMB. EXPENSES	A	-7036	I&R SERVICES-OTHER PRGM COSTS A	23	49.70
49.71 NON REIMB. EXPENSES	A	-315	PARAMED ED PRGM - TECHNICIANS	24.01	49.71
49.72 NON REIMB. EXPENSES	A	-80	OPERATING ROOM	37	49.72
49.73 NON REIMB. EXPENSES	A	-518	PULMONARY FUNCTION TESTING	37.02	49.73
49.74 NON REIMB. EXPENSES	A	-1389	RADIOLOGY-DIAGNOSTIC	41	49.74
49.75 NON REIMB. EXPENSES	A	-484	RADIOLOGY-THERAPEUTIC	42	49.75
49.76 NON REIMB. EXPENSES	A	-3244	RADIOISOTOPE	43	49.76
49.77 NON REIMB. EXPENSES	A	-1339	LABORATORY	44	49.77
49.78 NON REIMB. EXPENSES	A	-429	PHYSICAL THERAPY	50	49.78
49.79 NON REIMB. EXPENSES	A	-1231	ELECTROENCEPHALOGRAPHY	54	49.79

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49.80 NON REIMB. EXPENSES	A	-150824	RENAL DIALYSIS	57	49.80
49.81 NON REIMB. EXPENSES	A	-13	CLINIC	60	49.81
49.82 NON REIMB. EXPENSES	A	-270	OUTPATIENT PSYCHIATRY	60.01	49.82
49.83 NON REIMB. EXPENSES	A	-92	NON MEDICARE CLINICS	60.02	49.83
49.84 NON REIMB. EXPENSES	A	-152	EMERGENCY	61	49.84
49.85 NON REIMB. EXPENSES	A	-251	KIDNEY ACQUISITION	83	49.85
49.98 LOBBYING EXPENSE	A	-5881	OTHER ADMINISTRATIVE AND GENERA	6.06	49.98
49.99 CAPITAL ASSET LIFE ADJUSTMENT	A	2346975	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.99
50 TOTAL		-41599321			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	6711123	6662894	48229	1
2	99.03	RIH VENTURES	3462021	3197292	264729	2
3	6.06	OTHER ADMINISTRATIVE AND GENERA	51485144	64088785	-12603641	3
4	97.08	RESEARCH FINANCE ADMINISTRATION	244336		244336	4
4.02	5	EMPLOYEE BENEFITS	5159557	5159557		4.02
4.03	6.06	OTHER ADMINISTRATIVE AND GENERA	2830732	2830732		4.03
4.08	99.13	SNE REHAB	58227	58227		4.08
4.10	6.06	OTHER ADMINISTRATIVE AND GENERA	1339057	1339057		4.10
4.12	4	NEW CAP REL COSTS-MVBLE EQUIP	2916824		2916824	9 4.12
5		TOTALS	74207021	83336544	-9129523	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	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	C	21.95	MRI		IMAGING SERVICE	1	
2	C	21.95	MRI		IMAGING SERVICE	2	
3	G		RI VENTURES		PARKING	3	
4	G		PHYSICIAN OFFIC		PHYSICIANS OFFI	4	
5	G		LIFESPAN		ADMINISTRATION	5	
5.01	G		CARDIOLOGY FOUN		CARDIOLOGY	5.01	
5.02	G		MEDICAL FOUN		MEDICAL	5.02	
5.03	G		NEUROLOGY FOUN		NEUROLOGY	5.03	
5.04	G		SNE REHAB		SNE REHAB	5.04	
5.05	G		EMERGENCY FOUN		EMERGENCY	5.05	
5.06	G		PSO		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	370478		370478	177200	4973	423661	21183
2	19.02 DEPARTMENT OF MEDICINE	6546642		6546642	165600	62517	4977315	248866
3	19.02 DEPARTMENT OF MEDICINE							
4	19.03 DEPARTMENT OF SURGERY	306461		306461	208000	2516	251600	12580
5	19.03 DEPARTMENT OF SURGERY	166519		166519	208000	1833	183300	9165
6	19.03 DEPARTMENT OF SURGERY	789310		789310	208000	6763	676300	33815
7	19.03 DEPARTMENT OF SURGERY	2205691		2205691	208000	32832	3283200	164160
8	19.03 DEPARTMENT OF SURGERY	242881		242881	208000	3273	327300	16365
9	19.03 DEPARTMENT OF SURGERY	196062		196062	208000	5138	513800	25690
10	19.04 DEPARTMENT OF PEDIATRICS	5513700		5513700	140600	54225	3665402	183270
11	19.05 DEPARTMENT OF ORTHOPEDIC	897812		897812	177200	18632	1587303	79365
12	19.06 DEPARTMENT OF PSYCHIATRY	5392424		5392424	154100	25678	1902394	95120
13	22 I&R SERVICES-SALARY & FR	2692541		2692541	138700	63847	4257490	212875
14	37 OPERATING ROOM	652721		652721	200300	2356	226878	11344
15	41 RADIOLOGY-DIAGNOSTIC	144646		144646	225300	16302	1765789	88289
16	42 RADIOLOGY-THERAPEUTIC	269836	199630	70206	225300	2308	249996	12500
17	44 LABORATORY	2816210	2371189	445021	215700	4254	441148	22057
18	54 ELECTROENCEPHALOGRAPHY	658952		658952	177200	5766	491219	24561
19	60.02 NON MEDICARE CLINICS	69516		69516	138700	377	25139	1257
20	61 EMERGENCY	1477839		1477839	177200	24323	2072133	103607
21	83 KIDNEY ACQUISITION	820392	563235	257156	208000	4570	457000	22850
22	85.01 PANCREAS ACQUISITION							
101	TOTAL	32230633	3134054	29096578		342483	27778367	1388919

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				423661		
2	19.02 DEPARTMENT OF MEDICINE	MEDICAL FOUND				4977315	1569327	1569327
3	19.02 DEPARTMENT OF MEDICINE	MEDICAL ONCOLOGY						
4	19.03 DEPARTMENT OF SURGERY	PLASTIC SURGERY		75786	75786	327386		
5	19.03 DEPARTMENT OF SURGERY	UROLOGY		95772	95772	279072		
6	19.03 DEPARTMENT OF SURGERY	NEUROSURGERY				676300	113010	113010
7	19.03 DEPARTMENT OF SURGERY	SURGERY FOUND				3283200		
8	19.03 DEPARTMENT OF SURGERY	OTOLARYNGOLOGY				327300		
9	19.03 DEPARTMENT OF SURGERY	OPHTHALMOLOGY		36493	36493	550293		
10	19.04 DEPARTMENT OF PEDIATRICS	PEDIATRICS		276796	276796	3942198	1571502	1571502
11	19.05 DEPARTMENT OF ORTHOPEDIC	OTHOPEdic FOUND				1587303		
12	19.06 DEPARTMENT OF PSYCHIATRY	PSYCHIATRY		199575	199575	2101969	3290455	3290455
13	22 I&R SERVICES-SALARY & FR	I&R				4257490		
14	37 OPERATING ROOM	ANESTHESIOLOGY				226878	425843	425843
15	41 RADIOLOGY-DIAGNOSTIC	X-RAY				1765789		
16	42 RADIOLOGY-THERAPEUTIC	X-RAY THERAPY				249996		199630
17	44 LABORATORY	PATHOLOGY		116003	18331	459479		2371189
18	54 ELECTROENCEPHALOGRAPHY	NEUROLOGY				491219	167733	167733
19	60.02 NON MEDICARE CLINICS	CLINIC		3493	3493	28632	40884	40884
20	61 EMERGENCY	EMERGENCY				2072133		
21	83 KIDNEY ACQUISITION	KIDNEY TRANSPLANT				457000		563236
22	85.01 PANCREAS ACQUISITION	PANCREAS TRANSPLANT						
101	TOTAL			803918	706246	28484613	7178754	10312809

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 OLD CAP REL COSTS-BLDG & FIXT	7172487	7172487							1
2 OLD CAP REL COSTS-MVBLE EQUIP	3149047		3149047						2
3 NEW CAP REL COSTS-BLDG & FIXT	22328777			22328777					3
4 NEW CAP REL COSTS-MVBLE EQUIP	15179883				15179883				4
5 EMPLOYEE BENEFITS	106880104	128		47703	32431	106960366			5
6.01 TELEPHONE	310105	89646	40492	19450	13224		472917		6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING	1228498			4224	2872	426293	3143	1665030	6.03
6.04 ADMITTING	3748859			104377	70959	993178	4163	3142	6.04
6.05 ACCOUNTING	2271415	14107	6230	146718	99743	609973	6796	1692	6.05
6.06 OTHER ADMINISTRATIVE AND GENERA	122828595	24581	12459	552087	375329	2059384	16650	12972	6.06
7 MAINTENANCE & REPAIRS	12798185	277276	124591	123260	83797	1539157	17585	708	7
8 OPERATION OF PLANT	19386275	2794773	1255257	11006474	7482583	1040979	4078	568	8
9 LAUNDRY & LINEN SERVICE	707799			51943	35312	1004920	934	31346	9
10 HOUSEKEEPING	7332239	5472	3115	41483	28202	1875818	1954	162	10
11 DIETARY	7056822	124146	56066	267723	182008	1199295	4078	7502	11
12 CAFETERIA	383913	231234	102788	210071	142814	448771	2803	6474	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	11341329	102172	46722	46157	31379	3076044	9175	705	14
15 CENTRAL SERVICES & SUPPLY	2731675	44289	18689	186026	126466	407423	680	595	15
16 PHARMACY	51073516	43434	18689	82829	56310	1869359	5607	2242	16
17 MEDICAL RECORDS & LIBRARY	6716905			112452	76449	1408124	14611	1462	17
18 SOCIAL SERVICE	2997560	14706	6230	38105	25905	628517	4587	219	18
19 CO-OPERATIVE CARE - GENERAL							170	41	19
19.01 CENTRAL TRANSPORTATION	2855531			23023	15652	652293	2039	96	19.01
19.02 DEPARTMENT OF MEDICINE	10964908	58909	24918	271067	184282	585625	26080	1095	19.02
19.03 DEPARTMENT OF SURGERY	11886830			221771	150767	1039107	10109	519	19.03
19.04 DEPARTMENT OF PEDIATRICS	18567864	110466	49837	143617	97636	5722193	19539	1596	19.04
19.05 DEPARTMENT OF ORTHOPEDICS	1357140					36179	2888	994	19.05
19.06 DEPARTMENT OF PSYCHIATRY	5262838	43		55054	37428	2290051	21238	1075	19.06
19.07 PRE-ADMISSION TESTING	151776	29540	12459	47527	32311	39733	850	184	19.07
19.08 DEPARTMENT OF RADIOLOGY	643564			47703	32431	187273	1954	312	19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	22846411			18837	12806	7097248	3313	388	22
23 I&R SERVICES-OTHER PRGM COSTS A	6223489	103882	46722	178536	121375	85645	2888	713	23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS	67490			2438	1658	27452	255	14	24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY	2347366					690220		317	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	79103720	612221	202461	1610384	1094795	19810694	42808	12962	25
26 INTENSIVE CARE UNIT	14840217	96401	43607	159101	108162	3665923	4927	2246	26
27 CORONARY CARE UNIT	2963345	44545	18689	164893	112100	771380	3823	265	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	4449270			107729	73238	1139656	3228	569	27.01
31 SUBPROVIDER I	4995680			31471	21395	1339874	2209	650	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	21482830			792547	538802	3986220	19029	2284	37
37.01 ENDOSCOPY	6313450	50445	21803	98866	67212	1152791	4842	914	37.01
37.02 PULMONARY FUNCTION TESTING	1797915			2737	1860	383066	4842	740	37.02
37.03 GAMMA KNIFE	712729			16646	11317	153789	765	74	37.03
38 RECOVERY ROOM	4952106			27986	19026	1358770	2464	359	38
41 RADIOLOGY-DIAGNOSTIC	13638079	141630	62296	303247	206158	2980654	31856	3974	41
42 RADIOLOGY-THERAPEUTIC	4687226	1509754	679023	120369	81831	1163925	5947	1020	42
43 RADIOISOTOPE	1806724	28386	12459	322578	219300	448402	2464	265	43
43.01 ULTRASOUND	1823296			13512	9186	492072	1359	106	43.01
43.02 CAT SCAN	4356862			25296	17196	1069134	1274	38	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	1950470			31182	21198	498217	1869	116	43.03
43.04 PET IMAGING	268497					34046		43	43.04
44 LABORATORY	19769504	43		267725	182009	4779497	16225	106422	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	7194345	21118	9344	39435	26810	337941	934	7692	47
49 RESPIRATORY THERAPY	6177230	5130	3115	29343	19949	1526844	1699	472	49
50 PHYSICAL THERAPY	5025639			66961	45523	1247082	1954	535	50
51 OCCUPATIONAL THERAPY	1396523			1054	716	348601	1614	189	51
52 SPEECH PATHOLOGY	1433248			32160	21863	399615	2549	240	52
53 ELECTROCARDIOLOGY	351533			19084	12974	88779	1104	161	53
54 ELECTROENCEPHALOGRAPHY	2603229			85944	58428	464989	6456	505	54
55 MEDICAL SUPPLIES CHARGED TO PAT	54356060							1367555	55
56 DRUGS CHARGED TO PATIENTS	-6737								56
57 RENAL DIALYSIS	1626301	47324	21803	47129	32040	290722	934	2001	57
59 VASCULAR LAB	4035910	18468	9344	119859	81484	796884	5607	1633	59
59.01 APPLIANCE SHOP	604950						765		59.01
59.02 LITHOTRIPSY	197642						340		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	9995162	43		475409	323199	2070135	28543	1570	60
60.01 OUTPATIENT PSYCHIATRY	2787599	299		27443	18657	795591	3313	407	60.01
60.02 NON MEDICARE CLINICS	6181200	43		209332	142312	1461616	27864	4715	60.02
61 EMERGENCY	26397552	10046	3115	637247	433222	5857697	21577	7848	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	1269427					296043	170	157	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	1335035			33576	22827	187053	1784	187	83
85.01 PANCREAS ACQUISITION	44754			3276	2227		170	18	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	813717717	6654700	2912323	19974176	13579145	98437956	445475	1606065	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	328	8593	3115	22895	15565		85		96
97 RESEARCH	38122865	482689	218035	952708	647684	5234136	7306	57222	97
97.01 DENTAL CLINIC	1710171			20995	14273	296332	2124	99	97.01
97.02 FUND RAISING	704315			243	165	18022	680	13	97.02
97.03 CARDIOLOGY FOUNDATION	13904						850		97.03
97.04 ORTHOPAEDIC FOUNDATION	96639			207487	141057		340	3	97.04
97.05 MEDICAL FOUNDATION	306598			158573	107803	46053	680	256	97.05
97.06 SURGICAL FOUNDATON	37862			353682	240445		765	1	97.06
97.07 NEUROLOGY FOUNDATION	69386					5718	2124		97.07
97.08 RESEARCH FINANCE ADMINISTRATION	2868360					381870			97.08
98 PHYSICIANS' PRIVATE OFFICES	244261			4222	2870	34518	11468	796	98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES	3260728			1726	1173	27793	680	540	99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER				14711	10001				99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED	8592722					2461566			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	141786			32997	22433		255	35	99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB	116276					16402	85		99.13
99.14 CO-OPERATIVE CARE W & I				232825	158282				99.14
99.15 BROWN UNIV. STUDENTS	506011								99.15
99.16 LCS CORO		26505	15574	246642	167676				99.16
99.17 TMH CORO				104895	71311				99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	870509929	7172487	3149047	22328777	15179883	106960366	472917	1665030	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		NISTRATIVE	TENANCE &			
			5A	AND GENER	REPAIRS	8	9	10
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	4924678							6.04
6.05 ACCOUNTING		3156674						6.05
6.06 OTHER ADMINISTRATIVE AND GENERA			125882057	125882057				6.06
7 MAINTENANCE & REPAIRS			14964559	2529819	17494378			7
8 OPERATION OF PLANT			42970987	7264417	673310	50908714		8
9 LAUNDRY & LINEN SERVICE			1832254	309750	276248	836061	3254313	9
10 HOUSEKEEPING			9288445	1570249	213673	646679	12822	11731868
11 DIETARY			8897640	1504182	339939	1028821	12756	351930
12 CAFETERIA			1528868	258461	297182	899417		179294
13 MAINTENANCE OF PERSONNEL								90123
14 NURSING ADMINISTRATION			14653683	2477264	128851	389965	1	49936
15 CENTRAL SERVICES & SUPPLY			3515843	594367	371297	1123726	4148	75142
16 PHARMACY			53151986	8985556	119330	361152		78709
17 MEDICAL RECORDS & LIBRARY			8330003	1408220	177060	535871		88220
18 SOCIAL SERVICE			3715829	628176	60032	181687	66	75617
19 CO-OPERATIVE CARE - GENERAL			211	36	6215	18810		
19.01 CENTRAL TRANSPORTATION			3548634	599911	35596	107730		21163
19.02 DEPARTMENT OF MEDICINE			12116884	2048408	440525	1333243	1088	183574
19.03 DEPARTMENT OF SURGERY			13309103	2249957	131323	397446	673	66344
19.04 DEPARTMENT OF PEDIATRICS			24712748	4177789	326379	987781		
19.05 DEPARTMENT OF ORTHOPEDICS			1397201	236202			10805	2140
19.06 DEPARTMENT OF PSYCHIATRY			7667727	1296260	198813	601706		30437
19.07 PRE-ADMISSION TESTING			314380	53147	44495	134662	26730	
19.08 DEPARTMENT OF RADIOLOGY			913237	154386	73748	223198	15	
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			29979003	5068070	95854	290101	66	
23 I&R SERVICES-OTHER PRGM COSTS A			6763250	1143354	411526	1245478	2146	27108
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS			99307	16788	14676	44417		
24.02 PARAMED ED PRGM-PSYCH								24.01
24.03 PARAMED ED PRGM- RADIOLOGY			3037903	513570			20	24.02
INPATIENT ROUTINE SERV COST CENTERS								24.03
25 ADULTS & PEDIATRICS	1061383	376359	103927787	17569145	2388953	7230131	1643283	5627310
26 INTENSIVE CARE UNIT	352052	124727	19397363	3279202	147143	445326	175021	204738
27 CORONARY CARE UNIT	43312	15344	4137696	699494	183939	556690	51901	75142
27.01 PEDIATRIC INTENSIVE CARE UNIT	83663	29639	5886992	995220	134190	406125	125242	27.01
31 SUBPROVIDER I	100706	35677	6527662	1103527	102578	310450	45193	137443
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	379222	225881	27426815	4636613	798841	2417682	375790	306987
37.01 ENDOSCOPY	40250	53419	7803992	1319296	103072	311947	34245	128407
37.02 PULMONARY FUNCTION TESTING	33493	25610	2250263	380416	4238	12825	229	
37.03 GAMMA KNIFE	59441	22703	977464	165244	25892	78361	839	
38 RECOVERY ROOM	57905	54307	6472923	1094274	76488	231491	15282	
41 RADIOLOGY-DIAGNOSTIC	125144	129599	17622637	2979177	362766	1097905	54771	526468
42 RADIOLOGY-THERAPEUTIC	6529	59307	8314931	1405672	198602	601065	14322	94165
43 RADIOISOTOPE	16139	32796	2889513	488484	177696	537795	10597	
43.01 ULTRASOUND	14293	29501	2383325	402911	36034	109055	35242	29486
43.02 CAT SCAN	187717	218551	5876068	993373	52588	159158	34597	10701
43.03 MAGNETIC RESONANCE IMAGING(MRI)	67831	71344	2642227	446679	48492	146761	13659	42089
43.04 PET IMAGING	1158	17297	321041	54273			4501	
44 LABORATORY	469017	350453	25940895	4385412	506010	1531432	612	461313
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	42622	19842	7700083	1301730	34466	104310	34	7847
49 RESPIRATORY THERAPY	74424	28637	7866843	1329921	57631	174420	1	30675
50 PHYSICAL THERAPY	28918	19119	6435731	1087986	140603	425533	14723	25206
51 OCCUPATIONAL THERAPY	15719	11214	1775630	300177	3432	10388	8205	
52 SPEECH PATHOLOGY	8437	9207	1907319	322440	69030	208919		16883
53 ELECTROCARDIOLOGY	24531	12794	510960	86380	29508	89305	1205	
54 ELECTROENCEPHALOGRAPHY	14602	8718	3242871	548220	311731	943449	2399	7609
55 MEDICAL SUPPLIES CHARGED TO PAT	612175	301786	56637576	9574809				
56 DRUGS CHARGED TO PATIENTS	520464	341422	855149	144566				
57 RENAL DIALYSIS	29467	12585	2110306	356756	94089	284758	12085	36144
59 VASCULAR LAB	242096	123767	5435052	918817	164263	497139	19423	166216
59.01 APPLIANCE SHOP	3494	1421	610630	103229	19380	58653	820	
59.02 LITHOTRIPSY		1582	199564	33737			2999	

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		AND GENE	TENANCE &	OF PLANT	& LINEN	KEEPING	
			5A	6.06	7	8	9	10	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	516	26272	12920849	2184321	948343	2870147	26934	194037	60
60.01 OUTPATIENT PSYCHIATRY	8007	35469	3676785	621575	58267	176344	786	22828	60.01
60.02 NON MEDICARE CLINICS	1651	49128	8077861	1365595	341168	1032540	6283		60.02
61 EMERGENCY	191267	273304	33832875	5719583	795663	2408063	428872	1256723	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES			1565797	264704					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	6010	3770	1590242	268837	55329	167452			83
85.01 PANCREAS ACQUISITION	576	368	51389	8688	5396	16330			85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4924231	3152919	800394848	114028822	12911893	37039900	3231431	10728154	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			50581	8551	24253	73402			96
97 RESEARCH			45722645	7729596	2572824	7786605	8492	136730	97
97.01 DENTAL CLINIC	447	3755	2048196	346256	77929	235852	3707	38760	97.01
97.02 FUND RAISING			723438	122300	18109	54805			97.02
97.03 CARDIOLOGY FOUNDATION			14754	2494			1606		97.03
97.04 ORTHOPAEDIC FOUNDATION			445526	75318	204930	620217	3559		97.04
97.05 MEDICAL FOUNDATION			619963	104807	156607	473969	47		97.05
97.06 SURGICAL FOUNDATION			632755	106970	349318	1057207			97.06
97.07 NEUROLOGY FOUNDATION			77228	13056			129		97.07
97.08 RESEARCH FINANCE ADMINISTRATION			3250230	549464					97.08
98 PHYSICIANS' PRIVATE OFFICES			298135	50401	25397	76864	5342	802305	98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES			3292640	556634	10382	31421		25919	99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER			24712	4178	67943	205627			99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED			11054288	1868772					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			197506	33389					99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB			132763	22444					99.13
99.14 CO-OPERATIVE CARE W & I			391107	66118	321181	972049			99.14
99.15 BROWN UNIV. STUDENTS			506011	85543					99.15
99.16 LCS CORO			456397	77156	559488	1693283			99.16
99.17 TMH CORO			176206	29788	194124	587513			99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4924678	3156674	870509929	125882057	17494378	50908714	3254313	11731868	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	12135268								11
12 CAFETERIA		3163222							12
13 MAINTENANCE OF PERSONNEL			90123						13
14 NURSING ADMINISTRATION		73359		17773059					14
15 CENTRAL SERVICES & SUPPLY		23199			5707722				15
16 PHARMACY		52041			11348	62760122			16
17 MEDICAL RECORDS & LIBRARY		71478			26		10610878		17
18 SOCIAL SERVICE		25707			12	683143		5370269	18
19 CO-OPERATIVE CARE - GENERAL						24			19
19.01 CENTRAL TRANSPORTATION		43890			62				19.01
19.02 DEPARTMENT OF MEDICINE		21318			174				19.02
19.03 DEPARTMENT OF SURGERY		22572			1341	543			19.03
19.04 DEPARTMENT OF PEDIATRICS		99693			5425	5336			19.04
19.05 DEPARTMENT OF ORTHOPEDICS		1254			1538	226			19.05
19.06 DEPARTMENT OF PSYCHIATRY		40128			160				19.06
19.07 PRE-ADMISSION TESTING		1881			391				19.07
19.08 DEPARTMENT OF CARDIOLOGY		1254			184				19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		302215			4826				22
23 I&R SERVICES-OTHER PRGM COSTS A			65519		146	24			23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS		627							24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY		18183			38	172			24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10375180	712905		13748661	411516	498213	1377195	1441917	25
26 INTENSIVE CARE UNIT	401688	101574		1963906	123248	52271	415158	149831	26
27 CORONARY CARE UNIT	21416	20691		403513	13930	6447	50968	12352	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	50886	35112		672727	36471	4699	98648	153053	27.01
31 SUBPROVIDER I	430688	50787		984252	3800	9220	118753	968797	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		147972			3721512	2419018	751851		37
37.01 ENDOSCOPY		34485			144823	270172	177805		37.01
37.02 PULMONARY FUNCTION TESTING		13794			2955	13560	85242		37.02
37.03 GAMMA KNIFE		3762			622	2318	14967		37.03
38 RECOVERY ROOM		36366			13105	67826	180762		38
41 RADIOLOGY-DIAGNOSTIC		110979			349791	261129	431372		41
42 RADIOLOGY-THERAPEUTIC		26961			12409	18214	258004	24166	42
43 RADIOISOTOPE		11913			6052	3084718	109163		43
43.01 ULTRASOUND		13167			13859	18720	98193		43.01
43.02 CAT SCAN		31977			67292	709752	727451		43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)		17556			14524	542088	237471		43.03
43.04 PET IMAGING		1254			22	821258	57574		43.04
44 LABORATORY		124146			12482	185621	1166491		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		10659			1404	1274	66044		47
49 RESPIRATORY THERAPY		47025			68751	9906	95320		49
50 PHYSICAL THERAPY		38247			2747	266	63638		50
51 OCCUPATIONAL THERAPY		10659			1819	126	37327		51
52 SPEECH PATHOLOGY		12540			26502	2671	30645		52
53 ELECTROCARDIOLOGY		4389			1761		42584		53
54 ELECTROENCEPHALOGRAPHY		20064			645	29414	29019		54
55 MEDICAL SUPPLIES CHARGED TO PAT					106615		1004503		55
56 DRUGS CHARGED TO PATIENTS						31745872	1136432		56
57 RENAL DIALYSIS		8778			22020	82374	41890	62832	57
59 VASCULAR LAB		21945			109119	661219	411961		59
59.01 APPLIANCE SHOP					61185		4731		59.01
59.02 LITHOTRIPSY					35		5267		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		83391			22935	15603403	87446	1927389	60
60.01 OUTPATIENT PSYCHIATRY		20691			380	4549	118061		60.01
60.02 NON MEDICARE CLINICS		48279			20670	3641459	163523		60.02
61 EMERGENCY		200640			237216	1037994	909699	407603	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		8151			115	725	5720		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		5643			7021	86353		202459	83
85.01 PANCREAS ACQUISITION		627			685	8426		19870	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	11279858	2835928	65519	17773059	5665709	62590743	10610878	5370269	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97 RESEARCH		166782			19258	80893			97
97.01 DENTAL CLINIC		8778			9229	2143			97.01
97.02 FUND RAISING		627			34	201			97.02
97.03 CARDIOLOGY FOUNDATION									97.03
97.04 ORTHOPAEDIC FOUNDATION					12919	24318			97.04
97.05 MEDICAL FOUNDATION		1881			109				97.05
97.06 SURGICAL FOUNDATON						401			97.06
97.07 NEUROLOGY FOUNDATION					21	371			97.07
97.08 RESEARCH FINANCE ADMINISTRATION		9405							97.08
98 PHYSICIANS' PRIVATE OFFICES		18183	5349		201	21			98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES		36993			20				99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER									99.05
99.06 WORK LAB						61031			99.06
99.07 PAYROLL BILLED		84645							99.07
99.08 O/P MEALS	855410								99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE			19255		222				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									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	12135268	3163222	90123	17773059	5707722	62760122	10610878	5370269	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CO-OPERATIVE CARE - GENERAL	SUBTOTAL	CENTRAL TRANSPORTATION	DEPARTMENT OF MEDICINE	DEPARTMENT OF SURGERY	DEPARTMENT OF PEDIATRICS	DEPARTMENT OF ORTHOPEDICS	DEPARTMENT OF PSYCHIATRY		
	19		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 GENERAL								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	25296							19	
19.01	CENTRAL TRANSPORTATION	4356986	4356986						19.01	
19.02	DEPARTMENT OF MEDICINE	16145214	81210	16226424					19.02	
19.03	DEPARTMENT OF SURGERY	16179302	81382		16260684				19.03	
19.04	DEPARTMENT OF PEDIATRICS	30315151	152485			30467636			19.04	
19.05	DEPARTMENT OF ORTHOPEDICS	1649366	8296				1657662		19.05	
19.06	DEPARTMENT OF PSYCHIATRY	9835231	49471					9884702	19.06	
19.07	PRE-ADMISSION TESTING	575686	2896						19.07	
19.08	DEPARTMENT OF RADIOLOGY	1366022	6871						19.08	
20	NONPHYSICIAN ANESTHETISTS								20	
21	NURSING SCHOOL								21	
22	I&R SERVICES-SALARY & FRINGES A	35740135	179773	8773628	8466938	5493315	1254685	2269528	22	
23	I&R SERVICES-OTHER PRGM COSTS A	9658551	48583						23	
24	PARAMED ED PRGM-(SPECIFY)								24	
24.01	PARAMED ED PRGM - TECHNICIANS	175815	884						24.01	
24.02	PARAMED ED PRGM-PSYCH								24.02	
24.03	PARAMED ED PRGM- RADIOLOGY	3569886	17957						24.03	
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	17867	166970063	840096	4123134	4248917	4573192	225939	2293250	25
26	INTENSIVE CARE UNIT	5039	26861508	135113	1161812	1198412	1288781	63654	646460	26
27	CORONARY CARE UNIT	394	6234573	31360	116830	120329	100543	6465	50412	27
27.01	PEDIATRIC INTENSIVE CARE UNIT	506	8599871	43257	90868	94312	131011	4973	65239	27.01
31	SUBPROVIDER I	1490	10794640	54297					2047122	31
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM		43003081	216305						37
37.01	ENDOSCOPY		10328244	51951						37.01
37.02	PULMONARY FUNCTION TESTING		2763522	13901						37.02
37.03	GAMMA KNIFE		1269469	6385						37.03
38	RECOVERY ROOM		8188517	41188						38
41	RADIOLOGY-DIAGNOSTIC		23796995	119699						41
42	RADIOLOGY-THERAPEUTIC		10968511	55172						42
43	RADIOISOTOPE		7315931	36799						43
43.01	ULTRASOUND		3139992	15794						43.01
43.02	CAT SCAN		8662957	43575						43.02
43.03	MAGNETIC RESONANCE IMAGING(MRI)		4151546	20882						43.03
43.04	PET IMAGING		1259923	6337						43.04
44	LABORATORY		34314414	172602						44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRANSFUSION		9227851	46416						47
49	RESPIRATORY THERAPY		9680493	48693						49
50	PHYSICAL THERAPY		8234680	41420						50
51	OCCUPATIONAL THERAPY		2147763	10803						51
52	SPEECH PATHOLOGY		2596949	13063						52
53	ELECTROCARDIOLOGY		766092	3853						53
54	ELECTROENCEPHALOGRAPHY		5135421	25831						54
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		67323503	338637						55
56	DRUGS CHARGED TO PATIENTS		33882019	170427						56
57	RENAL DIALYSIS		3112032	15654						57
59	VASCULAR LAB		8405154	42278						59
59.01	APPLIANCE SHOP		858628	4319						59.01
59.02	LITHOTRIPSY		241602	1215						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		36869195	185452						60
60.01 OUTPATIENT PSYCHIATRY		4700266	23642						60.01
60.02 NON MEDICARE CLINICS		14697378	73928						60.02
61 EMERGENCY		47234931	237592						61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		1845212	9281						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		2383336	11988						83
85.01 PANCREAS ACQUISITION		111411	560						85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	25296	767645018	3839573	14266272	14128908	11586842	1555716	7372011	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		156787	789						96
97 RESEARCH		64223825	323046	890831	1042310	1020666	54537	1223726	97
97.01 DENTAL CLINIC		2770850	13937						97.01
97.02 FUND RAISING		919514	4625						97.02
97.03 CARDIOLOGY FOUNDATION		18854	95						97.03
97.04 ORTHOPAEDIC FOUNDATION		1386787	6976						97.04
97.05 MEDICAL FOUNDATION		1357383	6828						97.05
97.06 SURGICAL FOUNDATON		2146651	10798						97.06
97.07 NEUROLOGY FOUNDATION		90805	457						97.07
97.08 RESEARCH FINANCE ADMINISTRATION		3809099	19160						97.08
98 PHYSICIANS' PRIVATE OFFICES		1282198	6449			16431196		895554	98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES		3954009	19889						99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER		302460	1521						99.05
99.06 WORK LAB		61031	307						99.06
99.07 PAYROLL BILLED		13007705	65429						99.07
99.08 O/P MEALS		855410	4303						99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE		250372	1259						99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB		155207	781						99.13
99.14 CO-OPERATIVE CARE W & I		1750455	8805						99.14
99.15 BROWN UNIV. STUDENTS		591554	2976	1069321	1089466	1428932	47409	393411	99.15
99.16 LCS CORO		2786324	14015						99.16
99.17 TMH CORO		987631	4968						99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	25296	870509929	4356986	16226424	16260684	30467636	1657662	9884702	103

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	578582							19.07
19.08 DEPARTMENT OF RADIOLOGY		1372893						19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		890458	63068460					22
23 I&R SERVICES-OTHER PRGM COSTS A				9707134				23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS					176699			24.01
24.02 PARAMED ED PRGM-PSYCH								24.02
24.03 PARAMED ED PRGM- RADIOLOGY						3587843		24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		291053	29793541	4585649			217944834	-34379190 25
26 INTENSIVE CARE UNIT		82099					31437839	26
27 CORONARY CARE UNIT		8237					6668749	27
27.01 PEDIATRIC INTENSIVE CARE UNIT		6453					9035984	27.01
31 SUBPROVIDER I			1444268	222293			14562620	-1666561 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			7971853	1226982			52418221	-9198835 37
37.01 ENDOSCOPY							10380195	37.01
37.02 PULMONARY FUNCTION TESTING							2777423	37.02
37.03 GAMMA KNIFE							1275854	37.03
38 RECOVERY ROOM							8229705	38
41 RADIOLOGY-DIAGNOSTIC	82088		4364337	671734		3587843	32622696	-5036071 41
42 RADIOLOGY-THERAPEUTIC			473013	72804			11569500	-545817 42
43 RADIOISOTOPE							7352730	43
43.01 ULTRASOUND							3155786	43.01
43.02 CAT SCAN							8706532	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)							4172428	43.03
43.04 PET IMAGING							1266260	43.04
44 LABORATORY	307621		1406427	216469	176699		36594232	-1622896 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	27958						9302225	47
49 RESPIRATORY THERAPY							9729186	49
50 PHYSICAL THERAPY							8276100	50
51 OCCUPATIONAL THERAPY							2158566	51
52 SPEECH PATHOLOGY							2610012	52
53 ELECTROCARDIOLOGY	160915						930860	53
54 ELECTROENCEPHALOGRAPHY			2156941	331984			7650177	-2488925 54
55 MEDICAL SUPPLIES CHARGED TO PAT							67662140	55
56 DRUGS CHARGED TO PATIENTS							34052446	56
57 RENAL DIALYSIS							3127686	57
59 VASCULAR LAB							8447432	59
59.01 APPLIANCE SHOP							862947	59.01
59.02 LITHOTRIPSY							242817	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			7580829	1166798			45802274	-8747627	60
60.01 OUTPATIENT PSYCHIATRY							4723908		60.01
60.02 NON MEDICARE CLINICS							14771306		60.02
61 EMERGENCY			6811394	1048370			55332287	-7859764	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES							1854493		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							2395324		83
85.01 PANCREAS ACQUISITION							111971		85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	578582	1278300	62002603	9543083	176699	3587843	740215745	-71545686	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN							157576		96
97 RESEARCH		56289	1065857	164051			70065138	-1229908	97
97.01 DENTAL CLINIC							2784787		97.01
97.02 FUND RAISING							924139		97.02
97.03 CARDIOLOGY FOUNDATION							18949		97.03
97.04 ORTHOPAEDIC FOUNDATION							1393763		97.04
97.05 MEDICAL FOUNDATION							1364211		97.05
97.06 SURGICAL FOUNDATON							2157449		97.06
97.07 NEUROLOGY FOUNDATION							91262		97.07
97.08 RESEARCH FINANCE ADMINISTRATION							3828259		97.08
98 PHYSICIANS' PRIVATE OFFICES							18615397		98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES							3973898		99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER							303981		99.05
99.06 WORK LAB							61338		99.06
99.07 PAYROLL BILLED							13073134		99.07
99.08 O/P MEALS							859713		99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE							251631		99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB							155988		99.13
99.14 CO-OPERATIVE CARE W & I							1759260		99.14
99.15 BROWN UNIV. STUDENTS		38304					4661373		99.15
99.16 LCS CORO							2800339		99.16
99.17 TMH CORO							992599		99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	578582	1372893	63068460	9707134	176699	3587843	870509929	-72775594	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	183565644	25
26 INTENSIVE CARE UNIT	31437839	26
27 CORONARY CARE UNIT	6668749	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	9035984	27.01
31 SUBPROVIDER I	12896059	31
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	43219386	37
37.01 ENDOSCOPY	10380195	37.01
37.02 PULMONARY FUNCTION TESTING	2777423	37.02
37.03 GAMMA KNIFE	1275854	37.03
38 RECOVERY ROOM	8229705	38
41 RADIOLOGY-DIAGNOSTIC	27586625	41
42 RADIOLOGY-THERAPEUTIC	11023683	42
43 RADIOISOTOPE	7352730	43
43.01 ULTRASOUND	3155786	43.01
43.02 CAT SCAN	8706532	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	4172428	43.03
43.04 PET IMAGING	1266260	43.04
44 LABORATORY	34971336	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
47 BLOOD STORING, PROCESSING & TRA	9302225	47
49 RESPIRATORY THERAPY	9729186	49
50 PHYSICAL THERAPY	8276100	50
51 OCCUPATIONAL THERAPY	2158566	51
52 SPEECH PATHOLOGY	2610012	52
53 ELECTROCARDIOLOGY	930860	53
54 ELECTROENCEPHALOGRAPHY	5161252	54
55 MEDICAL SUPPLIES CHARGED TO PAT	67662140	55
56 DRUGS CHARGED TO PATIENTS	34052446	56
57 RENAL DIALYSIS	3127686	57
59 VASCULAR LAB	8447432	59
59.01 APPLIANCE SHOP	862947	59.01
59.02 LITHOTRIPSY	242817	59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC	37054647	60
60.01 OUTPATIENT PSYCHIATRY	4723908	60.01
60.02 NON MEDICARE CLINICS	14771306	60.02
61 EMERGENCY	47472523	61
62 OBSERVATION BEDS (NON-DISTINCT)		62
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
65 AMBULANCE SERVICES	1854493	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	2395324	83
85.01 PANCREAS ACQUISITION	111971	85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	668670059	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	157576	96
97 RESEARCH	68835230	97
97.01 DENTAL CLINIC	2784787	97.01
97.02 FUND RAISING	924139	97.02
97.03 CARDIOLOGY FOUNDATION	18949	97.03
97.04 ORTHOPAEDIC FOUNDATION	1393763	97.04
97.05 MEDICAL FOUNDATION	1364211	97.05
97.06 SURGICAL FOUNDATON	2157449	97.06
97.07 NEUROLOGY FOUNDATION	91262	97.07
97.08 RESEARCH FINANCE ADMINISTRATION	3828259	97.08
98 PHYSICIANS' PRIVATE OFFICES	18615397	98
98.01 NOPCO		98.01
99.01 HASBRO VNA		99.01
99.02 PATIENT TELEPHONES		99.02
99.03 RIH VENTURES	3973898	99.03
99.04 NON-PATIENT RELATED		99.04
99.05 DAY CARE CENTER	303981	99.05
99.06 WORK LAB	61338	99.06
99.07 PAYROLL BILLED	13073134	99.07
99.08 O/P MEALS	859713	99.08
99.09 WEIGHT LOSS PROGRAM		99.09
99.10 UNALLOWABLE FLOOR AREA		99.10
99.11 OTHER NON-REIMBURSEABLE	251631	99.11
99.12 SATALITE PHYSICIANS OFFICE		99.12
99.13 SNE REHAB	155988	99.13
99.14 CO-OPERATIVE CARE W & I	1759260	99.14
99.15 BROWN UNIV. STUDENTS	4661373	99.15
99.16 LCS CORO	2800339	99.16
99.17 TMH CORO	992599	99.17
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	797734335	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 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		128		128	128			5
6.01 TELEPHONE		89646	40492	130138		130138		6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING						865	865	6.03
6.04 ADMITTING						1145	2	1147 6.04
6.05 ACCOUNTING		14107	6230	20337		1870	1	6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		24581	12459	37040		4582	7	6.06
7 MAINTENANCE & REPAIRS		277276	124591	401867		4839		7
8 OPERATION OF PLANT		2794773	1255257	4050030		1122		8
9 LAUNDRY & LINEN SERVICE						257	16	9
10 HOUSEKEEPING		5472	3115	8587		538		10
11 DIETARY		124146	56066	180212		1122	4	11
12 CAFETERIA		231234	102788	334022		771	3	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		102172	46722	148894		2525		14
15 CENTRAL SERVICES & SUPPLY		44289	18689	62978		187		15
16 PHARMACY		43434	18689	62123		1543	1	16
17 MEDICAL RECORDS & LIBRARY						4021	1	17
18 SOCIAL SERVICE		14706	6230	20936		1262		18
19 CO-OPERATIVE CARE - GENERAL						47		19
19.01 CENTRAL TRANSPORTATION						561		19.01
19.02 DEPARTMENT OF MEDICINE		58909	24918	83827		7177	1	19.02
19.03 DEPARTMENT OF SURGERY						2782		19.03
19.04 DEPARTMENT OF PEDIATRICS		110466	49837	160303		5377	1	19.04
19.05 DEPARTMENT OF ORTHOPEDICS						795	1	19.05
19.06 DEPARTMENT OF PSYCHIATRY		43		43		5844	1	19.06
19.07 PRE-ADMISSION TESTING		29540	12459	41999		234		19.07
19.08 DEPARTMENT OF RADIOLOGY						538		19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A						912		22
23 I&R SERVICES-OTHER PRGM COSTS A		103882	46722	150604		795		23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS						70		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		612221	202461	814682	128	11781	7	207 25
26 INTENSIVE CARE UNIT		96401	43607	140008		1356	1	86 26
27 CORONARY CARE UNIT		44545	18689	63234		1052		11 27
27.01 PEDIATRIC INTENSIVE CARE UNIT						888		20 27.01
31 SUBPROVIDER I						608		25 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						5236	1	92 37
37.01 ENDOSCOPY		50445	21803	72248		1332		10 37.01
37.02 PULMONARY FUNCTION TESTING						1332		8 37.02
37.03 GAMMA KNIFE						210		14 37.03
38 RECOVERY ROOM						678		14 38
41 RADIOLOGY-DIAGNOSTIC		141630	62296	203926		8766	2	30 41
42 RADIOLOGY-THERAPEUTIC		1509754	679023	2188777		1636	1	2 42
43 RADIOISOTOPE		28386	12459	40845		678		4 43
43.01 ULTRASOUND						374		3 43.01
43.02 CAT SCAN						351		46 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)						514		17 43.03
43.04 PET IMAGING								43.04
44 LABORATORY		43		43		4465	56	114 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		21118	9344	30462		257	4	10 47
49 RESPIRATORY THERAPY		5130	3115	8245		468		18 49
50 PHYSICAL THERAPY						538		7 50
51 OCCUPATIONAL THERAPY						444		4 51
52 SPEECH PATHOLOGY						701		2 52
53 ELECTROCARDIOLOGY						304		6 53
54 ELECTROENCEPHALOGRAPHY						1777		4 54
55 MEDICAL SUPPLIES CHARGED TO PAT							715	149 55
56 DRUGS CHARGED TO PATIENTS								127 56
57 RENAL DIALYSIS		47324	21803	69127		257	1	7 57
59 VASCULAR LAB		18468	9344	27812		1543	1	59 59
59.01 APPLIANCE SHOP						210		1 59.01
59.02 LITHOTRIPSY						94		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 COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	COST TO BE ALLOC 4A	BENEFITS 5	6.01	6.03	6.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		43		43		7855	1	60
60.01 OUTPATIENT PSYCHIATRY		299		299		912		2 60.01
60.02 NON MEDICARE CLINICS		43		43		7668	2	60.02
61 EMERGENCY		10046	3115	13161		5938	4	47 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES						47		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						491		1 83
85.01 PANCREAS ACQUISITION						47		85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		6654700	2912323	9567023	128	122589	835	1147 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		8593	3115	11708		23		96
97 RESEARCH		482689	218035	700724		2010	30	97
97.01 DENTAL CLINIC						584		97.01
97.02 FUND RAISING						187		97.02
97.03 CARDIOLOGY FOUNDATION						234		97.03
97.04 ORTHOPAEDIC FOUNDATION						94		97.04
97.05 MEDICAL FOUNDATION						187		97.05
97.06 SURGICAL FOUNDATON						210		97.06
97.07 NEUROLOGY FOUNDATION						584		97.07
97.08 RESEARCH FINANCE ADMINISTRATION								97.08
98 PHYSICIANS' PRIVATE OFFICES						3156		98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES						187		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						70		99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB						23		99.13
99.14 CO-OPERATIVE CARE W & I								99.14
99.15 BROWN UNIV. STUDENTS								99.15
99.16 LCS CORO		26505	15574	42079				99.16
99.17 TMH CORO								99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		7172487	3149047	10321534	128	130138	865	1147 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	AND GENER	TENANCE &	OF PLANT	& LINEN	KEEPING			
		6.06	7	8	9	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	22208								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		41629							6.06
7 MAINTENANCE & REPAIRS		838	407544						7
8 OPERATION OF PLANT		2406	15685	4069243					8
9 LAUNDRY & LINEN SERVICE		103	6435	66828	73639				9
10 HOUSEKEEPING		520	4978	51690	290	66603			10
11 DIETARY		498	7919	82236	289	1998	274278		11
12 CAFETERIA		86	6923	71892		1018		414715	12
13 MAINTENANCE OF PERSONNEL						512			13
14 NURSING ADMINISTRATION		821	3002	31171		283		9618	14
15 CENTRAL SERVICES & SUPPLY		197	8650	89822	94	427		3042	15
16 PHARMACY		2977	2780	28868		447		6823	16
17 MEDICAL RECORDS & LIBRARY		466	4125	42833		501		9371	17
18 SOCIAL SERVICE		208	1399	14523	1	429		3370	18
19 CO-OPERATIVE CARE - GENERAL			145	1504					19
19.01 CENTRAL TRANSPORTATION		199	829	8611		120		5754	19.01
19.02 DEPARTMENT OF MEDICINE		679	10262	106569	25	1042		2795	19.02
19.03 DEPARTMENT OF SURGERY		745	3059	31769	15	377		2959	19.03
19.04 DEPARTMENT OF PEDIATRICS		1384	7603	78955				13070	19.04
19.05 DEPARTMENT OF ORTHOPEDICS		78			244	12		164	19.05
19.06 DEPARTMENT OF PSYCHIATRY		429	4632	48096		173		5261	19.06
19.07 PRE-ADMISSION TESTING		18	1037	10764	605			247	19.07
19.08 DEPARTMENT OF RADIOLOGY		51	1718	17841				164	19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		1679	2233	23188	1			39622	22
23 I&R SERVICES-OTHER PRGM COSTS A		379	9587	99554	49	154			23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS		6	342	3550				82	24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY		170						2384	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3099	5747	55652	577920	37187	31944	234497	93468	25
26 INTENSIVE CARE UNIT	857	1086	3428	35596	3960	1162	9079	13317	26
27 CORONARY CARE UNIT	105	232	4285	44497	1174	427	484	2713	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	204	330	3126	32462	2834		1150	4603	27.01
31 SUBPROVIDER I	245	366	2390	24815	1023	780	9734	6658	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1552	1536	18610	193251	8503	1743		19400	37
37.01 ENDOSCOPY	367	437	2401	24935	775	729		4521	37.01
37.02 PULMONARY FUNCTION TESTING	176	126	99	1025	5			1808	37.02
37.03 GAMMA KNIFE	156	55	603	6264	19			493	37.03
38 RECOVERY ROOM	373	362	1782	18504	346			4768	38
41 RADIOLOGY-DIAGNOSTIC	891	987	8451	87758	1239	2989		14550	41
42 RADIOLOGY-THERAPEUTIC	408	466	4627	48044	324	535		3535	42
43 RADIOISOTOPE	225	162	4140	42987	240			1562	43
43.01 ULTRASOUND	203	133	839	8717	797	167		1726	43.01
43.02 CAT SCAN	1502	329	1225	12722	783	61		4192	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	490	148	1130	11731	309	239		2302	43.03
43.04 PET IMAGING	119	18			102			164	43.04
44 LABORATORY	2409	1453	11788	122411	14	2619		16276	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	136	431	803	8338	1	45		1397	47
49 RESPIRATORY THERAPY	197	441	1343	13942		174		6165	49
50 PHYSICAL THERAPY	131	360	3275	34014	333	143		5014	50
51 OCCUPATIONAL THERAPY	77	99	80	830	186			1397	51
52 SPEECH PATHOLOGY	63	107	1608	16699		96		1644	52
53 ELECTROCARDIOLOGY	88	29	687	7138	27			575	53
54 ELECTROENCEPHALOGRAPHY	60	182	7262	75412	54	43		2631	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2074	3172							55
56 DRUGS CHARGED TO PATIENTS	2347	48							56
57 RENAL DIALYSIS	86	118	2192	22761	273	205		1151	57
59 VASCULAR LAB	851	304	3827	39737	440	944		2877	59
59.01 APPLIANCE SHOP	10	34	451	4688	19				59.01
59.02 LITHOTRIPSY	11	11			68				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	181	724	22092	229417	609	1102		10933 60
60.01 OUTPATIENT PSYCHIATRY	244	206	1357	14096	18	130		2713 60.01
60.02 NON MEDICARE CLINICS	338	452	7948	82533	142			6330 60.02
61 EMERGENCY	1878	1895	18536	192482	9704	7135		26305 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		88						1069 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	26	89	1289	13385				740 83
85.01 PANCREAS ACQUISITION	3	3	126	1305				82 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	22182	37703	300795	2960680	73121	60905	254944	371805 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		3	565	5867				96
97 RESEARCH		2560	59932	622399	192	776		21866 97
97.01 DENTAL CLINIC	26	115	1815	18852	84	220		1151 97.01
97.02 FUND RAISING		41	422	4381				82 97.02
97.03 CARDIOLOGY FOUNDATION		1			36			97.03
97.04 ORTHOPAEDIC FOUNDATION		25	4774	49575	81			97.04
97.05 MEDICAL FOUNDATION		35	3648	37885	1			247 97.05
97.06 SURGICAL FOUNDATON		35	8138	84505				97.06
97.07 NEUROLOGY FOUNDATION		4			3			97.07
97.08 RESEARCH FINANCE ADMINISTRATION		182						1233 97.08
98 PHYSICIANS' PRIVATE OFFICES		17	592	6144	121	4555		2384 98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES		184	242	2512		147		4850 99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER		1	1583	16436				99.05
99.06 WORK LAB								99.06
99.07 PAYROLL BILLED		619						11097 99.07
99.08 O/P MEALS							19334	99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE		11						99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB		7						99.13
99.14 CO-OPERATIVE CARE W & I		22	7482	77698				99.14
99.15 BROWN UNIV. STUDENTS		28						99.15
99.16 LCS CORO		26	13034	135348				99.16
99.17 TMH CORO		10	4522	46961				99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	22208	41629	407544	4069243	73639	66603	274278	414715 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	ANSFORTATI 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	512							13
14 NURSING ADMINISTRATION		196314						14
15 CENTRAL SERVICES & SUPPLY			165397					15
16 PHARMACY			329	105891				16
17 MEDICAL RECORDS & LIBRARY			1		61319			17
18 SOCIAL SERVICE				1153		43281		18
19 CO-OPERATIVE CARE - GENERAL							1696	19
19.01 CENTRAL TRANSPORTATION			2					16076 19.01
19.02 DEPARTMENT OF MEDICINE			5					307 19.02
19.03 DEPARTMENT OF SURGERY			39	1				307 19.03
19.04 DEPARTMENT OF PEDIATRICS			157	9				576 19.04
19.05 DEPARTMENT OF ORTHOPEDICS			45					31 19.05
19.06 DEPARTMENT OF PSYCHIATRY			5					187 19.06
19.07 PRE-ADMISSION TESTING			11					11 19.07
19.08 DEPARTMENT OF CARDIOLOGY			5					26 19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			140					679 22
23 I&R SERVICES-OTHER PRGM COSTS A	373		4					184 23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS								3 24.01
24.02 PARAMED ED PRGM-PSYCH								24.02
24.03 PARAMED ED PRGM- RADIOLOGY			1					68 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		151861	11924	841	7933	11621	1198	2794 25
26 INTENSIVE CARE UNIT		21693	3571	88	2400	1208	338	510 26
27 CORONARY CARE UNIT		4457	404	11	295	100	26	118 27
27.01 PEDIATRIC INTENSIVE CARE UNIT		7431	1057	8	570	1234	34	163 27.01
31 SUBPROVIDER I		10872	110	16	687	7808	100	205 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			107843	4081	4347			817 37
37.01 ENDOSCOPY			4196	456	1028			196 37.01
37.02 PULMONARY FUNCTION TESTING			86	23	493			53 37.02
37.03 GAMMA KNIFE			18	4	87			24 37.03
38 RECOVERY ROOM			380	114	1045			156 38
41 RADIOLOGY-DIAGNOSTIC			10135	441	2494			452 41
42 RADIOLOGY-THERAPEUTIC			360	31	1492	195		208 42
43 RADIOISOTOPE			175	5204	631			139 43
43.01 ULTRASOUND			402	32	568			60 43.01
43.02 CAT SCAN			1950	1197	4206			165 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)			421	915	1373			79 43.03
43.04 PET IMAGING			1	1386	333			24 43.04
44 LABORATORY			362	313	6744			652 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA			41	2	382			175 47
49 RESPIRATORY THERAPY			1992	17	551			184 49
50 PHYSICAL THERAPY			80		368			156 50
51 OCCUPATIONAL THERAPY			53		216			41 51
52 SPEECH PATHOLOGY			768	5	177			49 52
53 ELECTROCARDIOLOGY			51		246			15 53
54 ELECTROENCEPHALOGRAPHY			19	50	168			98 54
55 MEDICAL SUPPLIES CHARGED TO PAT			3089		5808			1279 55
56 DRUGS CHARGED TO PATIENTS				53563	6570			644 56
57 RENAL DIALYSIS			638	139	242	506		59 57
59 VASCULAR LAB			3162	1116	2382			160 59
59.01 APPLIANCE SHOP			1773		27			16 59.01
59.02 LITHOTRIPSY			1		30			5 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			665	26325	506	15532		701 60
60.01 OUTPATIENT PSYCHIATRY			11	8	683			89 60.01
60.02 NON MEDICARE CLINICS			599	6144	945			279 60.02
61 EMERGENCY			6873	1751	5259	3285		897 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES			3	1	33			35 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			203	146		1632		45 83
85.01 PANCREAS ACQUISITION			20	14		160		2 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	373	196314	164180	105605	61319	43281	1696	14123 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								3 96
97 RESEARCH			558	136				1220 97
97.01 DENTAL CLINIC			267	4				53 97.01
97.02 FUND RAISING			1					17 97.02
97.03 CARDIOLOGY FOUNDATION								97.03
97.04 ORTHOPAEDIC FOUNDATION			374	41				26 97.04
97.05 MEDICAL FOUNDATION			3					26 97.05
97.06 SURGICAL FOUNDATON				1				41 97.06
97.07 NEUROLOGY FOUNDATION			1	1				2 97.07
97.08 RESEARCH FINANCE ADMINISTRATION								72 97.08
98 PHYSICIANS' PRIVATE OFFICES	30		6					24 98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES			1					75 99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER								6 99.05
99.06 WORK LAB				103				1 99.06
99.07 PAYROLL BILLED								247 99.07
99.08 O/P MEALS								16 99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE	109		6					5 99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB								3 99.13
99.14 CO-OPERATIVE CARE W & I								33 99.14
99.15 BROWN UNIV. STUDENTS								11 99.15
99.16 LCS CORO								53 99.16
99.17 TMH CORO								19 99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	512	196314	165397	105891	61319	43281	1696	16076 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
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	186996	36539	101707	1286	48232	54926	18941	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
97 RESEARCH	11677	2696	8959	45	8006		834	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			144226		5859			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	14016	2818	12543	39	2574		568	99.15
99.16 LCS CORO								99.16
99.17 TMH CORO								99.17
101 CROSS FOOT ADJUSTMENTS								282649 101
102 NEGATIVE COST CENTER								102
103 TOTAL	212689	42053	267435	1370	64671	54926	20343	282649 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	261683						23
24 PARAMED ED PRGM-(SPECIFY)							24
24.01 PARAMED ED PRGM - TECHNICIANS		4053					24.01
24.02 PARAMED ED PRGM-PSYCH							24.02
24.03 PARAMED ED PRGM- RADIOLOGY			2623				24.03
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS				2179170		2179170	25
26 INTENSIVE CARE UNIT				274884		274884	26
27 CORONARY CARE UNIT				126807		126807	27
27.01 PEDIATRIC INTENSIVE CARE UNIT				59226		59226	27.01
31 SUBPROVIDER I				79835		79835	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				367012		367012	37
37.01 ENDOSCOPY				113631		113631	37.01
37.02 PULMONARY FUNCTION TESTING				5234		5234	37.02
37.03 GAMMA KNIFE				7947		7947	37.03
38 RECOVERY ROOM				28522		28522	38
41 RADIOLOGY-DIAGNOSTIC				350912		350912	41
42 RADIOLOGY-THERAPEUTIC				2250641		2250641	42
43 RADIOISOTOPE				96992		96992	43
43.01 ULTRASOUND				14021		14021	43.01
43.02 CAT SCAN				28729		28729	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)				19668		19668	43.03
43.04 PET IMAGING				2147		2147	43.04
44 LABORATORY				198896		198896	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				45141		45141	47
49 RESPIRATORY THERAPY				33737		33737	49
50 PHYSICAL THERAPY				44419		44419	50
51 OCCUPATIONAL THERAPY				3427		3427	51
52 SPEECH PATHOLOGY				21919		21919	52
53 ELECTROCARDIOLOGY				24457		24457	53
54 ELECTROENCEPHALOGRAPHY				87760		87760	54
55 MEDICAL SUPPLIES CHARGED TO PAT				16286		16286	55
56 DRUGS CHARGED TO PATIENTS				63299		63299	56
57 RENAL DIALYSIS				97762		97762	57
59 VASCULAR LAB				85215		85215	59
59.01 APPLIANCE SHOP				7229		7229	59.01
59.02 LITHOTRIPSY				220		220	59.02

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM - TE CHNICIANS	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				316686		316686	60
60.01 OUTPATIENT PSYCHIATRY				20768		20768	60.01
60.02 NON MEDICARE CLINICS				113423		113423	60.02
61 EMERGENCY				295150		295150	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				1276		1276	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				18047		18047	83
85.01 PANCREAS ACQUISITION				1762		1762	85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS				7502257		7502257	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				18169		18169	96
97 RESEARCH				1444620		1444620	97
97.01 DENTAL CLINIC				23171		23171	97.01
97.02 FUND RAISING				5131		5131	97.02
97.03 CARDIOLOGY FOUNDATION				271		271	97.03
97.04 ORTHOPAEDIC FOUNDATION				54990		54990	97.04
97.05 MEDICAL FOUNDATION				42032		42032	97.05
97.06 SURGICAL FOUNDATON				92930		92930	97.06
97.07 NEUROLOGY FOUNDATION				595		595	97.07
97.08 RESEARCH FINANCE ADMINISTRATION				1487		1487	97.08
98 PHYSICIANS' PRIVATE OFFICES				167114		167114	98
98.01 NOPCO							98.01
99.01 HASBRO VNA							99.01
99.02 PATIENT TELEPHONES							99.02
99.03 RIH VENTURES				8198		8198	99.03
99.04 NON-PATIENT RELATED							99.04
99.05 DAY CARE CENTER				18026		18026	99.05
99.06 WORK LAB				104		104	99.06
99.07 PAYROLL BILLED				11963		11963	99.07
99.08 O/P MEALS				19350		19350	99.08
99.09 WEIGHT LOSS PROGRAM							99.09
99.10 UNALLOWABLE FLOOR AREA							99.10
99.11 OTHER NON-REIMBURSEABLE				201		201	99.11
99.12 SATALITE PHYSICIANS OFFICE							99.12
99.13 SNE REHAB				33		33	99.13
99.14 CO-OPERATIVE CARE W & I				85235		85235	99.14
99.15 BROWN UNIV. STUDENTS				32597		32597	99.15
99.16 LCS CORO				190540		190540	99.16
99.17 TMH CORO				51512		51512	99.17
101 CROSS FOOT ADJUSTMENTS	261683	4053	2623	551008		551008	101
102 NEGATIVE COST CENTER							102
103 TOTAL	261683	4053	2623	10321534		10321534	103

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
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	4814	47703	32431	84948	84948			5
6.01 TELEPHONE		19450	13224	32674		32674		6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING	1983	4224	2872	9079	339	217	9635	6.03
6.04 ADMITTING	4823	104377	70959	180159	790	288	18	181255 6.04
6.05 ACCOUNTING	2051	146718	99743	248512	485	470	10	6.05
6.06 OTHER ADMINISTRATIVE AND GENERA	407206	552087	375329	1334622	1639	1150	75	6.06
7 MAINTENANCE & REPAIRS	5372	123260	83797	212429	1225	1215	4	7
8 OPERATION OF PLANT		11006474	7482583	18489057	829	282	3	8
9 LAUNDRY & LINEN SERVICE	68629	51943	35312	155884	800	65	181	9
10 HOUSEKEEPING	1071	41483	28202	70756	1493	135	1	10
11 DIETARY		267723	182008	449731	955	282	43	11
12 CAFETERIA		210071	142814	352885	357	194	37	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	8233	46157	31379	85769	2448	634	4	14
15 CENTRAL SERVICES & SUPPLY	612355	186026	126466	924847	324	47	3	15
16 PHARMACY	43263	82829	56310	182402	1488	387	13	16
17 MEDICAL RECORDS & LIBRARY	15711	112452	76449	204612	1121	1010	8	17
18 SOCIAL SERVICE	3114	38105	25905	67124	500	317	1	18
19 CO-OPERATIVE CARE - GENERAL						12		19
19.01 CENTRAL TRANSPORTATION	29210	23023	15652	67885	519	141	1	19.01
19.02 DEPARTMENT OF MEDICINE	13634	271067	184282	468983	466	1802	6	19.02
19.03 DEPARTMENT OF SURGERY	4107	221771	150767	376645	827	698	3	19.03
19.04 DEPARTMENT OF PEDIATRICS	11453	143617	97636	252706	4554	1350	9	19.04
19.05 DEPARTMENT OF ORTHOPEDICS	1885		1885	29	200	6		19.05
19.06 DEPARTMENT OF PSYCHIATRY	37279	55054	37428	129761	1823	1467	6	19.06
19.07 PRE-ADMISSION TESTING		47527	32311	79838	32	59	1	19.07
19.08 DEPARTMENT OF RADIOLOGY	6928	47703	32431	87062	149	135	2	19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	7891	18837	12806	39534	5649	229	2	22
23 I&R SERVICES-OTHER PRGM COSTS A	799	178536	121375	300710	68	200	4	23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS		2438	1658	4096	22	18		24.01
24.02 PARAMED ED PRGM-PSYCH								24.02
24.03 PARAMED ED PRGM- RADIOLOGY	370			370	549		2	24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	664525	1610384	1094795	3369704	15587	2952	75	39217 25
26 INTENSIVE CARE UNIT	126180	159101	108162	393443	2918	340	13	12944 26
27 CORONARY CARE UNIT	16685	164893	112100	293678	614	264	2	1592 27
27.01 PEDIATRIC INTENSIVE CARE UNIT	32949	107729	73238	213916	907	223	3	3076 27.01
31 SUBPROVIDER I	22037	31471	21395	74903	1066	153	4	3703 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	408865	792547	538802	1740214	3173	1315	13	13943 37
37.01 ENDOSCOPY	24016	98866	67212	190094	917	335	5	1480 37.01
37.02 PULMONARY FUNCTION TESTING	8331	2737	1860	12928	305	335	4	1231 37.02
37.03 GAMMA KNIFE		16646	11317	27963	122	53		2185 37.03
38 RECOVERY ROOM	39268	27986	19026	86280	1081	170	2	2129 38
41 RADIOLOGY-DIAGNOSTIC	125310	303247	206158	634715	2372	2201	23	4601 41
42 RADIOLOGY-THERAPEUTIC	967	120369	81831	203167	926	411	6	240 42
43 RADIOISOTOPE	9002	322578	219300	550880	357	170	2	593 43
43.01 ULTRASOUND	592	13512	9186	23290	392	94	1	525 43.01
43.02 CAT SCAN	1579	25296	17196	44071	851	88		6902 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)		31182	21198	52380	397	129	1	2494 43.03
43.04 PET IMAGING	1446		1446	27	27			43 43.04
44 LABORATORY	429637	267725	182009	879371	3804	1121	616	17244 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		39435	26810	66245	269	65	45	1567 47
49 RESPIRATORY THERAPY	5827	29343	19949	55119	1215	117	3	2736 49
50 PHYSICAL THERAPY	1585	66961	45523	114069	993	135	3	1063 50
51 OCCUPATIONAL THERAPY	1681	1054	716	3451	277	112	1	578 51
52 SPEECH PATHOLOGY	2705	32160	21863	56728	318	176	1	310 52
53 ELECTROCARDIOLOGY		19084	12974	32058	71	76	1	902 53
54 ELECTROENCEPHALOGRAPHY	8971	85944	58428	153343	370	446	3	537 54
55 MEDICAL SUPPLIES CHARGED TO PAT							7918	22508 55
56 DRUGS CHARGED TO PATIENTS								19136 56
57 RENAL DIALYSIS	8195	47129	32040	87364	231	65	12	1083 57
59 VASCULAR LAB	291452	119859	81484	492795	634	387	9	8901 59
59.01 APPLIANCE SHOP						53		128 59.01
59.02 LITHOTRIPSY						23		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	15603	475409	323199	814211	1648	1972	9	19	60
60.01 OUTPATIENT PSYCHIATRY	2239	27443	18657	48339	633	229	2	294	60.01
60.02 NON MEDICARE CLINICS	7042	209332	142312	358686	1163	1925	27	61	60.02
61 EMERGENCY	165095	637247	433222	1235564	4662	1491	45	7032	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES					236	12	1		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	316	33576	22827	56719	149	123	1	221	83
85.01 PANCREAS ACQUISITION		3276	2227	5503		12		21	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	3714281	19974176	13579145	37267602	78165	30777	9294	181239	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		22895	15565	38460		6			96
97 RESEARCH	51078	952708	647684	1651470	4166	505	331		97
97.01 DENTAL CLINIC	319	20995	14273	35587	236	147	1	16	97.01
97.02 FUND RAISING		243	165	408	14	47			97.02
97.03 CARDIOLOGY FOUNDATION						59			97.03
97.04 ORTHOPAEDIC FOUNDATION		207487	141057	348544		23			97.04
97.05 MEDICAL FOUNDATION	4647	158573	107803	271023	37	47	1		97.05
97.06 SURGICAL FOUNDATION		353682	240445	594127		53			97.06
97.07 NEUROLOGY FOUNDATION					5	147			97.07
97.08 RESEARCH FINANCE ADMINISTRATION					304				97.08
98 PHYSICIANS' PRIVATE OFFICES		4222	2870	7092	27	792	5		98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES	2651	1726	1173	5550	22	47	3		99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER		14711	10001	24712					99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED					1959				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		32997	22433	55430		18			99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB					13	6			99.13
99.14 CO-OPERATIVE CARE W & I		232825	158282	391107					99.14
99.15 BROWN UNIV. STUDENTS									99.15
99.16 LCS CORO		246642	167676	414318					99.16
99.17 TMH CORO		104895	71311	176206					99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3772976	22328777	15179883	41281636	84948	32674	9635	181255	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	249477								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		1337486							6.06
7 MAINTENANCE & REPAIRS		26876	241749						7
8 OPERATION OF PLANT		77176	9304	18576651					8
9 LAUNDRY & LINEN SERVICE		3291	3817	305080	469118				9
10 HOUSEKEEPING		16682	2953	235974	1848	329842			10
11 DIETARY		15980	4698	375418	1839	9895	858841		11
12 CAFETERIA		2746	4107	328198		5041		693565	12
13 MAINTENANCE OF PERSONNEL						2534			13
14 NURSING ADMINISTRATION		26318	1781	142299		1404		16085	14
15 CENTRAL SERVICES & SUPPLY		6314	5131	410049	598	2113		5087	15
16 PHARMACY		95461	1649	131785		2213		11410	16
17 MEDICAL RECORDS & LIBRARY		14961	2447	195540		2480		15672	17
18 SOCIAL SERVICE		6674	830	66298	9	2126		5637	18
19 CO-OPERATIVE CARE - GENERAL			86	6864					19
19.01 CENTRAL TRANSPORTATION		6373	492	39311		595		9623	19.01
19.02 DEPARTMENT OF MEDICINE		21762	6087	486502	157	5161		4674	19.02
19.03 DEPARTMENT OF SURGERY		23903	1815	145029	97	1865		4949	19.03
19.04 DEPARTMENT OF PEDIATRICS		44384	4510	360442				21859	19.04
19.05 DEPARTMENT OF ORTHOPEDICS		2509			1558	60		275	19.05
19.06 DEPARTMENT OF PSYCHIATRY		13771	2747	219563		856		8798	19.06
19.07 PRE-ADMISSION TESTING		565	615	49138	3853			412	19.07
19.08 DEPARTMENT OF RADIOLOGY		1640	1019	81445	2			275	19.08
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		53842	1325	105858	9			66263	22
23 I&R SERVICES-OTHER PRGM COSTS A		12147	5687	454476	309	762			23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS		178	203	16208				137	24.01
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY		5456			3			3987	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	29729	186791	33012	2638284	236884	158211	734276	156312	25
26 INTENSIVE CARE UNIT	9858	34838	2033	162500	25230	5756	28428	22271	26
27 CORONARY CARE UNIT	1213	7431	2542	203137	7482	2113	1516	4537	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	2343	10573	1854	148195	18054		3601	7699	27.01
31 SUBPROVIDER I	2820	11724	1417	113284	6515	3864	30481	11136	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	17853	49259	11039	882215	54171	8631		32444	37
37.01 ENDOSCOPY	4222	14016	1424	113830	4937	3610		7561	37.01
37.02 PULMONARY FUNCTION TESTING	2024	4041	59	4680	33			3024	37.02
37.03 GAMMA KNIFE	1794	1756	358	28594	121			825	37.03
38 RECOVERY ROOM	4292	11625	1057	84471	2203			7974	38
41 RADIOLOGY-DIAGNOSTIC	10243	31650	5013	400627	7895	14802		24333	41
42 RADIOLOGY-THERAPEUTIC	4688	14934	2744	219329	2065	2647		5911	42
43 RADIOISOTOPE	2592	5190	2456	196242	1528			2612	43
43.01 ULTRASOUND	2332	4280	498	39794	5080	829		2887	43.01
43.02 CAT SCAN	17274	10553	727	58077	4987	301		7011	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	5639	4745	670	53553	1969	1183		3849	43.03
43.04 PET IMAGING	1367	577		649				275	43.04
44 LABORATORY	27699	46590	6992	558821	88	12970		27220	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1568	13829	476	38063	5	221		2337	47
49 RESPIRATORY THERAPY	2263	14129	796	63646		862		10311	49
50 PHYSICAL THERAPY	1511	11559	1943	155278	2122	709		8386	50
51 OCCUPATIONAL THERAPY	886	3189	47	3791	1183			2337	51
52 SPEECH PATHOLOGY	728	3426	954	76235		475		2750	52
53 ELECTROCARDIOLOGY	1011	918	408	32587	174			962	53
54 ELECTROENCEPHALOGRAPHY	689	5824	4308	344266	346	214		4399	54
55 MEDICAL SUPPLIES CHARGED TO PAT	23853	101721							55
56 DRUGS CHARGED TO PATIENTS	26985	1536							56
57 RENAL DIALYSIS	995	3790	1300	103908	1742	1016		1925	57
59 VASCULAR LAB	9782	9761	2270	181407	2800	4673		4812	59
59.01 APPLIANCE SHOP	112	1097	268	21403	118				59.01
59.02 LITHOTRIPSY	125	358			432				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	2076	23206	13105	1047320	3883	5455		18284 60
60.01 OUTPATIENT PSYCHIATRY	2803	6604	805	64348	113	642		4537 60.01
60.02 NON MEDICARE CLINICS	3883	14508	4714	376775	906			10586 60.02
61 EMERGENCY	21601	60764	10995	878705	61823	35333		43992 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		2812						1787 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	298	2856	765	61103				1237 83
85.01 PANCREAS ACQUISITION	29	92	75	5959				137 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	249180	1211561	178427	13515904	465820	301622	798302	621803 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		91	335	26784				96
97 RESEARCH		82118	35552	2841340	1224	3844		36569 97
97.01 DENTAL CLINIC	297	3679	1077	86063	534	1090		1925 97.01
97.02 FUND RAISING		1299	250	19999				137 97.02
97.03 CARDIOLOGY FOUNDATION		26			231			97.03
97.04 ORTHOPAEDIC FOUNDATION		800	2832	226318	513			97.04
97.05 MEDICAL FOUNDATION		1113	2164	172952	7			412 97.05
97.06 SURGICAL FOUNDATON		1136	4827	385776				97.06
97.07 NEUROLOGY FOUNDATION		139			19			97.07
97.08 RESEARCH FINANCE ADMINISTRATION		5837						2062 97.08
98 PHYSICIANS' PRIVATE OFFICES		535	351	28048	770	22557		3987 98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES		5914	143	11466		729		8111 99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER		44	939	75034				99.05
99.06 WORK LAB								99.06
99.07 PAYROLL BILLED		19854						18559 99.07
99.08 O/P MEALS							60539	99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE		355						99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB		238						99.13
99.14 CO-OPERATIVE CARE W & I		702	4438	354702				99.14
99.15 BROWN UNIV. STUDENTS		909						99.15
99.16 LCS CORO		820	7731	617881				99.16
99.17 TMH CORO		316	2683	214384				99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	249477	1337486	241749	18576651	469118	329842	858841	693565 103

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		RECORDS & LIBRARY 17	SERVICE 18	VE CARE - GENERAL 19	ANSPORTATI ON 19.01
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	2534							13
14		276742						14
15			1354513					15
16			2693	429501				16
17			6		437857			17
18			3	4675		154194		18
19							6962	19
19.01			15					124955 19.01
19.02			41					2325 19.02
19.03			318	4				2330 19.03
19.04			1287	37				4365 19.04
19.05			365	2				238 19.05
19.06			38					1416 19.06
19.07			93					83 19.07
19.08			44					197 19.08
20								20
21								21
22			1145					5147 22
23			35					1391 23
24	1843							24
24.01								25 24.01
24.02								24.02
24.03			9	1				514 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25		214078	97659	3410	56535	41401	4918	24275 25
26		30580	29249	358	17145	4302	1387	3868 26
27		6283	3306	44	2105	355	108	898 27
27.01		10475	8655	32	4074	4395	139	1238 27.01
31		15326	902	63	4904	27817	410	1554 31
ANCILLARY SERVICE COST CENTERS								
37			883154	16555	31049			6192 37
37.01			34369	1849	7343			1487 37.01
37.02			701	93	3520			398 37.02
37.03			148	16	618			183 37.03
38			3110	464	7465			1179 38
41			83011	1787	17814			3427 41
42			2945	125	10655	694		1579 42
43			1436	21110	4508			1053 43
43.01			3289	128	4055			452 43.01
43.02			15969	4857	30041			1247 43.02
43.03			3447	3710	9807			598 43.03
43.04			5	5620	2378			181 43.04
44			2962	1270	48172			4941 44
46.30								46.30
47			333	9	2727			1329 47
49			16316	68	3936			1394 49
50			652	2	2628			1186 50
51			432	1	1541			309 51
52			6289	18	1266			374 52
53			418		1759			110 53
54			153	201	1198			740 54
55			25301		41483			9695 55
56				217250	46931			4879 56
57			5226	564	1730	1804		448 57
59			25896	4525	17013			1210 59
59.01			14520		195			124 59.01
59.02				8	218			35 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			5443	106783	3611	55339		5309 60
60.01 OUTPATIENT PSYCHIATRY			90	31	4876			677 60.01
60.02 NON MEDICARE CLINICS			4905	24921	6753			2116 60.02
61 EMERGENCY			56295	7104	37568	11703		6802 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES			27	5	236			266 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			1666	591		5813		343 83
85.01 PANCREAS ACQUISITION			163	58		571		16 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1843	276742	1344542	428341	437857	154194	6962	110143 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								23 96
97 RESEARCH			4570	554				9248 97
97.01 DENTAL CLINIC			2190	15				399 97.01
97.02 FUND RAISING			8	1				132 97.02
97.03 CARDIOLOGY FOUNDATION								3 97.03
97.04 ORTHOPAEDIC FOUNDATION			3066	166				200 97.04
97.05 MEDICAL FOUNDATION			26					195 97.05
97.06 SURGICAL FOUNDATON				3				309 97.06
97.07 NEUROLOGY FOUNDATION			5	3				13 97.07
97.08 RESEARCH FINANCE ADMINISTRATION								549 97.08
98 PHYSICIANS' PRIVATE OFFICES	150		48					185 98
98.01 NOPCO								98.01
99.01 HASBRO VNA								99.01
99.02 PATIENT TELEPHONES								99.02
99.03 RIH VENTURES			5					569 99.03
99.04 NON-PATIENT RELATED								99.04
99.05 DAY CARE CENTER								44 99.05
99.06 WORK LAB				418				9 99.06
99.07 PAYROLL BILLED								1873 99.07
99.08 O/P MEALS								123 99.08
99.09 WEIGHT LOSS PROGRAM								99.09
99.10 UNALLOWABLE FLOOR AREA								99.10
99.11 OTHER NON-REIMBURSEABLE	541		53					36 99.11
99.12 SATALITE PHYSICIANS OFFICE								99.12
99.13 SNE REHAB								22 99.13
99.14 CO-OPERATIVE CARE W & I								252 99.14
99.15 BROWN UNIV. STUDENTS								85 99.15
99.16 LCS CORO								401 99.16
99.17 TMH CORO								142 99.17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2534	276742	1354513	429501	437857	154194	6962	124955 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
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	877412	485266	264500	6689	283588	134689	160121	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
97 RESEARCH	54788	35799	23299	234	47074		7051	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			375085		34450			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	65766	37418	32619	204	15134		4798	99.15
99.16 LCS CORO								99.16
99.17 TMH CORO								99.17
101 CROSS FOOT ADJUSTMENTS								1439043 101
102 NEGATIVE COST CENTER								102
103 TOTAL	997966	558483	695503	7127	380246	134689	171970	1439043 103

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	777632						23
24 PARAMED ED PRGM-(SPECIFY)							24
24.01 PARAMED ED PRGM - TECHNICIANS		20887					24.01
24.02 PARAMED ED PRGM-PSYCH							24.02
24.03 PARAMED ED PRGM- RADIOLOGY			10891				24.03
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS				8672867		8672867	25
26 INTENSIVE CARE UNIT				964921		964921	26
27 CORONARY CARE UNIT				555832		555832	27
27.01 PEDIATRIC INTENSIVE CARE UNIT				454610		454610	27.01
31 SUBPROVIDER I				390795		390795	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				3751220		3751220	37
37.01 ENDOSCOPY				387479		387479	37.01
37.02 PULMONARY FUNCTION TESTING				33376		33376	37.02
37.03 GAMMA KNIFE				64736		64736	37.03
38 RECOVERY ROOM				213502		213502	38
41 RADIOLOGY-DIAGNOSTIC				1263619		1263619	41
42 RADIOLOGY-THERAPEUTIC				473066		473066	42
43 RADIOISOTOPE				790729		790729	43
43.01 ULTRASOUND				87926		87926	43.01
43.02 CAT SCAN				202956		202956	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)				144571		144571	43.03
43.04 PET IMAGING				12568		12568	43.04
44 LABORATORY				1711507		1711507	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				135595		135595	47
49 RESPIRATORY THERAPY				172911		172911	49
50 PHYSICAL THERAPY				302239		302239	50
51 OCCUPATIONAL THERAPY				18135		18135	51
52 SPEECH PATHOLOGY				150048		150048	52
53 ELECTROCARDIOLOGY				108906		108906	53
54 ELECTROENCEPHALOGRAPHY				517037		517037	54
55 MEDICAL SUPPLIES CHARGED TO PAT				232479		232479	55
56 DRUGS CHARGED TO PATIENTS				316717		316717	56
57 RENAL DIALYSIS				213203		213203	57
59 VASCULAR LAB				766875		766875	59
59.01 APPLIANCE SHOP				38018		38018	59.01
59.02 LITHOTRIPSY				1199		1199	59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED ED PRGM - TE CHNICIANS	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				2107673		2107673	60
60.01 OUTPATIENT PSYCHIATRY				135023		135023	60.01
60.02 NON MEDICARE CLINICS				811929		811929	60.02
61 EMERGENCY				2481479		2481479	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				5382		5382	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				131885		131885	83
85.01 PANCREAS ACQUISITION				12636		12636	85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS				28835649		28835649	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				65699		65699	96
97 RESEARCH				4839736		4839736	97
97.01 DENTAL CLINIC				133256		133256	97.01
97.02 FUND RAISING				22295		22295	97.02
97.03 CARDIOLOGY FOUNDATION				319		319	97.03
97.04 ORTHOPAEDIC FOUNDATION				582462		582462	97.04
97.05 MEDICAL FOUNDATION				447977		447977	97.05
97.06 SURGICAL FOUNDATON				986231		986231	97.06
97.07 NEUROLOGY FOUNDATION				331		331	97.07
97.08 RESEARCH FINANCE ADMINISTRATION				8752		8752	97.08
98 PHYSICIANS' PRIVATE OFFICES				474082		474082	98
98.01 NOPCO							98.01
99.01 HASBRO VNA							99.01
99.02 PATIENT TELEPHONES							99.02
99.03 RIH VENTURES				32559		32559	99.03
99.04 NON-PATIENT RELATED							99.04
99.05 DAY CARE CENTER				100773		100773	99.05
99.06 WORK LAB				427		427	99.06
99.07 PAYROLL BILLED				42245		42245	99.07
99.08 O/P MEALS				60662		60662	99.08
99.09 WEIGHT LOSS PROGRAM							99.09
99.10 UNALLOWABLE FLOOR AREA							99.10
99.11 OTHER NON-REIMBURSEABLE				56433		56433	99.11
99.12 SATALITE PHYSICIANS OFFICE							99.12
99.13 SNE REHAB				279		279	99.13
99.14 CO-OPERATIVE CARE W & I				751201		751201	99.14
99.15 BROWN UNIV. STUDENTS				156933		156933	99.15
99.16 LCS CORO				1041151		1041151	99.16
99.17 TMH CORO				393731		393731	99.17
101 CROSS FOOT ADJUSTMENTS	777632	20887	10891	2248453		2248453	101
102 NEGATIVE COST CENTER							102
103 TOTAL	777632	20887	10891	41281636		41281636	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP BLDGS & FIXTURES DOLLAR VALUE		NEW CAP BLDGS & FIXTURES DOLLAR VALUE		NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE		EMPLOYEE BENEFITS GROSS SALARIES	TELEPHONE NUMBER OF LINES	PURCHASING COSTED REQUISITIO
	1	2	3	4	5	6.01	6.03		
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	167778								1
2 OLD CAP REL COSTS-MVBLE EQUIP		1011							2
3 NEW CAP REL COSTS-BLDG & FIXT			20181554						3
4 NEW CAP REL COSTS-MVBLE EQUIP				12396436					4
5 EMPLOYEE BENEFITS				43116	26484	373372728			5
6.01 TELEPHONE	2097			17580	10799		5567		6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING				3818	2345	1488083		37	66916118
6.04 ADMITTING				94340	57948	3466940		49	126289
6.05 ACCOUNTING	330			132609	81454	2129266		80	67988
6.06 OTHER ADMINISTRATIVE AND GENE	575			498996	306507	7188803		196	521346
7 MAINTNANCE & REPAIRS	6486			111407	68432	5372820		207	28454
8 OPERATION OF PLANT	65375			9948041	6110543	3633804		48	22828
9 LAUNDRY & LINEN SERVICE				46948	28837	3507929		11	1259769
10 HOUSEKEEPING	128			37494	23031	6548021		23	6505
11 DIETARY	2904			241978	148634	4186443		48	301491
12 CAFETERIA	5409			189870	116627	1566551		33	260170
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2390			41718	25625	10737716		108	28352
15 CENTRAL SERVICES & SUPPLY	1036			168137	103277	1422215		8	23900
16 PHARMACY	1016			74864	45985	6525473		66	90108
17 MEDICAL RECORDS & LIBRARY				101638	62431	4915415		172	58750
18 SOCIAL SERVICE	344			34441	21155	2194000		54	8809
19 CO-OPERATIVE CARE - GENERAL								2	1652
19.01 CENTRAL TRANSPORTATION				20809	12782	2276994		24	3853
19.02 DEPARTMENT OF MEDICINE	1378			245000	150491	2044272		307	44022
19.03 DEPARTMENT OF SURGERY				200445	123122	3627269		119	20869
19.04 DEPARTMENT OF PEDIATRICS	2584			129806	79733	19974772		230	64137
19.05 DEPARTMENT OF ORTHOPEDICS						126293		34	39942
19.06 DEPARTMENT OF PSYCHIATRY	1			49760	30565	7994006		250	43208
19.07 PRE-ADMISSION TESTING	691			42957	26386	138699		10	7399
19.08 DEPARTMENT OF CARDIOLOGY				43116	26484	653723		23	12539
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES				17026	10458	24774751		39	15613
23 I&R SERVICES-OTHER PRGM COSTS	2430			161367	99119	298964		34	28649
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMED ED PRGM - TECHNICIANS				2204	1354	95827		3	579
24.02 PARAMED ED PRGM-PSYCH									24.02
24.03 PARAMED ED PRGM- RADIOLOGY						2409388			12738
INPATIENT ROUTINE SERV COST CENTERS									24.03
25 ADULTS & PEDIATRICS	14321			1455524	894049	69154612		504	520952
26 INTENSIVE CARE UNIT	2255			143801	88329	12796839		58	90278
27 CORONARY CARE UNIT	1042			149036	91545	2692700		45	10656
27.01 PEDIATRIC INTENSIVE CARE UNIT				97369	59809	3978260		38	22857
31 SUBPROVIDER I				28445	17472	4677172		26	26138
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM				716333	440005	13914917		224	91794
37.01 ENDOSCOPY	1180			89359	54888	4024110		57	36724
37.02 PULMONARY FUNCTION TESTING				2474	1519	1337191		57	29758
37.03 GAMMA KNIFE				15045	9242	536839		9	2961
38 RECOVERY ROOM				25295	15537	4743133		29	14416
41 RADIOLOGY-DIAGNOSTIC	3313			274086	168356	10404731		375	159701
42 RADIOLOGY-THERAPEUTIC	35316			108794	66826	4062975		70	40991
43 RADIOISOTOPE	664			291558	179088	1565260		29	10638
43.01 ULTRASOUND				12213	7502	1717704		16	4269
43.02 CAT SCAN				22863	14043	3732084		15	1517
43.03 MAGNETIC RESONANCE IMAGING(MR				28183	17311	1739152		22	4652
43.04 PET IMAGING						118845			1725
44 LABORATORY	1			241980	148635	16684051		191	4277049
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	494			35643	21894	1179669		11	309154
49 RESPIRATORY THERAPY	120			26521	16291	5329837		20	18964
50 PHYSICAL THERAPY				60522	37176	4353258		23	21493
51 OCCUPATIONAL THERAPY				953	585	1216879		19	7604
52 SPEECH PATHOLOGY				29067	17854	1394958		30	9660
53 ELECTROCARDIOLOGY				17249	10595	309904		13	6452
54 ELECTROENCEPHALOGRAPHY				77679	47714	1623161		76	20289
55 MEDICAL SUPPLIES CHARGED TO P									54960718
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	1107			42597	26165	1014839		11	80412
59 VASCULAR LAB	432			108333	66543	2781727		66	65645



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP BLDGS & FIXTURES DOLLAR VALUE		NEW CAP BLDGS & FIXTURES DOLLAR VALUE		NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE		EMPLOYEE BENEFITS GROSS SALARIES	TELEPHONE NUMBER OF LINES	PURCHASING COSTED REQUISITIO
	1	2	3	4	5	6.01	6.03		
59.01 APPLIANCE SHOP							9	59.01	
59.02 LITHOTRIPSY							4	59.02	
60 OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1		429692	263936	7226334	336	63105	60	
60.01 OUTPATIENT PSYCHIATRY	7		24804	15236	2777214	39	16353	60.01	
60.02 NON-MEDICARE CLINICS	1		189202	116217	5102144	328	189480	60.02	
61 EMERGENCY	235	1	575967	353785	20447782	254	315396	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					1033414	2	6296	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			30347	18641	652955	21	7512	83	
85.01 PANCREAS ACQUISITION			2961	1819		2	733	85.01	
85.02 INTESTINAL ACQUISITION								85.02	
85.03 ISLET CELL ACQUISITION								85.03	
95 SUBTOTALS	155666	935	18053380	11089215	343623087	5244	64546301	95	
96 NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	201	1	20693	12711		1		96	
97 RESEARCH	11291	70	861092	528922	18271084	86	2299743	97	
97.01 DENTAL CLINIC			18976	11656	1034424	25	3978	97.01	
97.02 FUND RAISING			220	135	62912	8	511	97.02	
97.03 CARDIOLOGY FOUNDATION						10		97.03	
97.04 ORTHOPAEDIC FOUNDATION			187534	115192		4	107	97.04	
97.05 MEDICAL FOUNDATION			143324	88036	160758	8	10293	97.05	
97.06 SURGICAL FOUNDATION			319671	196356		9	59	97.06	
97.07 NEUROLOGY FOUNDATION					19959	25		97.07	
97.08 RESEARCH FINANCE ADMINISTRATI					1333016			97.08	
98 PHYSICIANS' PRIVATE OFFICES			3816	2344	120493	135	32004	98	
98.01 NOPCO								98.01	
99.01 HASBRO VNA								99.01	
99.02 PATIENT TELEPHONES								99.02	
99.03 RIH VENTURES			1560	958	97017	8	21722	99.03	
99.04 NON-PATIENT RELATED								99.04	
99.05 DAY CARE CENTER			13296	8167				99.05	
99.06 WORK LAB								99.06	
99.07 PAYROLL BILLED					8592722			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			29824	18320		3	1400	99.11	
99.12 SATALITE PHYSICIANS OFFICE								99.12	
99.13 SNE REHAB					57256	1		99.13	
99.14 CO-OPERATIVE CARE W & I			210436	129259				99.14	
99.15 BROWN UNIV. STUDENTS								99.15	
99.16 LCS CORO	620	5	222924	136930				99.16	
99.17 TMH CORO			94808	58235				99.17	
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 COST TO BE ALLOC PER B PT I	7172487	3149047	22328777	15179883	106960366	472917	1665030	103	
104 UNIT COST MULT-WS B PT I		3114.784372		1.224536		84.950063		104	
104 UNIT COST MULT-WS B PT I	42.749866		1.106395		.286471		.024882	104	
105 COST TO BE ALLOC PER B PT II					128	130138	865	105	
106 UNIT COST MULT-WS B PT II						23.376684		106	
106 UNIT COST MULT-WS B PT II							.000013	106	
107 COST TO BE ALLOC PER B PT III					84948	32674	9635	107	
108 UNIT COST MULT-WS B PT III						5.869229		108	
108 UNIT COST MULT-WS B PT III					.000228		.000144	108	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	ACCOUNTING	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-
	INPATIENT	GROSS	CILIAATION	NISTRATIVE	TENANCE &	OF PLANT	& LINEN	KEEPING
	REVENUE	REVENUE		ACCUM	REPAIRS	SQUARE	POUNDS OF	HOURS OF
	6.04	6.05	6A.06	COST	FOOTAGE	FOOTAGE	LAUNDRY	SERVICE
				6.06	7	8	9	10
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	1199116650							6.04
6.05 ACCOUNTING		2169361935						6.05
6.06 OTHER ADMINISTRATIVE AND GENE			-125882057	744627872				6.06
7 MAINTENANCE & REPAIRS				14964559	1238515			7
8 OPERATION OF PLANT				42970987	47667	1190848		8
9 LAUNDRY & LINEN SERVICE				1832254	19557	19557	6090814	9
10 HOUSEKEEPING				9288445	15127	15127	23997	49337 10
11 DIETARY				8897640	24066	24066	23875	1480 11
12 CAFETERIA				1528868	21039	21039		754 12
13 MAINTENANCE OF PERSONNEL								379 13
14 NURSING ADMINISTRATION				14653683	9122	9122	2	210 14
15 CENTRAL SERVICES & SUPPLY				3515843	26286	26286	7763	316 15
16 PHARMACY				53151986	8448	8448		331 16
17 MEDICAL RECORDS & LIBRARY				8330003	12535	12535		371 17
18 SOCIAL SERVICE				3715829	4250	4250	123	318 18
19 CO-OPERATIVE CARE - GENERAL				211	440	440		19
19.01 CENTRAL TRANSPORTATION				3548634	2520	2520		89 19.01
19.02 DEPARTMENT OF MEDICINE				12116884	31187	31187	2036	772 19.02
19.03 DEPARTMENT OF SURGERY				13309103	9297	9297	1259	279 19.03
19.04 DEPARTMENT OF PEDIATRICS				24712748	23106	23106		19.04
19.05 DEPARTMENT OF ORTHOPEDICS				1397201			20223	9 19.05
19.06 DEPARTMENT OF PSYCHIATRY				7667727	14075	14075		128 19.06
19.07 PRE-ADMISSION TESTING				314380	3150	3150	50029	19.07
19.08 DEPARTMENT OF CARDIOLOGY				913237	5221	5221	29	19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES				29979003	6786	6786	123	22
23 I&R SERVICES-OTHER PRGM COSTS				6763250	29134	29134	4017	114 23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMED ED PRGM - TECHNICIANS				99307	1039	1039		24.01
24.02 PARAMED ED PRGM-PSYCH								24.02
24.03 PARAMED ED PRGM- RADIOLOGY				3037903			37	24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	258456208	258491477		103927787	169126	169126	3075592	23665 25
26 INTENSIVE CARE UNIT	85719901	85723304		19397363	10417	10417	327571	861 26
27 CORONARY CARE UNIT	10546012	10546012		4137696	13022	13022	97139	316 27
27.01 PEDIATRIC INTENSIVE CARE UNIT	20370734	20370734		5886992	9500	9500	234404	27.01
31 SUBPROVIDER I	24520533	24520533		6527662	7262	7262	84583	578 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	92335585	155244976		27426815	56554	56554	703332	1291 37
37.01 ENDOSCOPY	9800255	36713760		7803992	7297	7297	64094	540 37.01
37.02 PULMONARY FUNCTION TESTING	8154984	17601053		2250263	300	300	428	37.02
37.03 GAMMA KNIFE	14473216	15603164		977464	1833	1833	1570	37.03
38 RECOVERY ROOM	14099029	37324373		6472923	5415	5415	28602	38
41 RADIOLOGY-DIAGNOSTIC	30470803	89071327		17622637	25682	25682	102510	2214 41
42 RADIOLOGY-THERAPEUTIC	1589729	40760952		8314931	14060	14060	26806	396 42
43 RADIOISOTOPE	3929514	22540357		2889513	12580	12580	19834	43
43.01 ULTRASOUND	3480116	20275339		2383325	2551	2551	65960	124 43.01
43.02 CAT SCAN	45706491	150206589		5876068	3723	3723	64752	45 43.02
43.03 MAGNETIC RESONANCE IMAGING(MR	16516031	49033880		2642227	3433	3433	25565	177 43.03
43.04 PET IMAGING	281890	11888120		321041			8425	43.04
44 LABORATORY	114199445	240861294		25940895	35823	35823	1145	1940 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	10377884	13637011		7700083	2440	2440	63	33 47
49 RESPIRATORY THERAPY	18121281	19681976		7866843	4080	4080	1	129 49
50 PHYSICAL THERAPY	7041201	13140122		6435731	9954	9954	27556	106 50
51 OCCUPATIONAL THERAPY	3827340	7707424		1775630	243	243	15356	51
52 SPEECH PATHOLOGY	2054327	6327657		1907319	4887	4887		71 52
53 ELECTROCARDIOLOGY	5973078	8792932		510960	2089	2089	2256	53
54 ELECTROENCEPHALOGRAPHY	3555283	5991986		3242871	22069	22069	4490	32 54
55 MEDICAL SUPPLIES CHARGED TO P	149056372	207413319		56637576				55
56 DRUGS CHARGED TO PATIENTS	126726189	234654543		855149				56
57 RENAL DIALYSIS	7174759	8649596		2110306	6661	6661	22618	152 57
59 VASCULAR LAB	58947161	85063234		5435052	11629	11629	36353	699 59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	ACCOUNTING	RECON- CILIATION	OTHER ADMI NISTRATIVE AND GENER ACCUM	MAIN- TENANCE & REPAIRS SQUARE FOOTAGE	OPERATION OF PLANT SQUARE FOOTAGE	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
	INPATIENT	GROSS		COST	FOOTAGE	FOOTAGE	LAUNDRY	HOURS OF	
	REVENUE 6.04	REVENUE 6.05		6A.06	6.06	7	8	9	
59.01 APPLIANCE SHOP	850644	976825		610630	1372	1372	1535		59.01
59.02 LITHOTRIPSY		1087524		199564			5613		59.02
60 OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	125715	18056140		12920849	67138	67138	50410	816	60
60.01 OUTPATIENT PSYCHIATRY	1949648	24377467		3676785	4125	4125	1472	96	60.01
60.02 NON MEDICARE CLINICS	402029	33764764		8077861	24153	24153	11760		60.02
61 EMERGENCY	46570892	187837857		33832875	56329	56329	802681	5285	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES				1565797					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	1463435	2590987		1590242	3917	3917			83
85.01 PANCREAS ACQUISITION	140140	252779		51389	382	382			85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1199007854	2166781387	-125882057	674512791	914098	866431	6047989	45116	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C				50581	1717	1717			96
97 RESEARCH				45722645	182143	182143	15894	575	97
97.01 DENTAL CLINIC	108796	2580548		2048196	5517	5517	6938	163	97.01
97.02 FUND RAISING				723438	1282	1282			97.02
97.03 CARDIOLOGY FOUNDATION				14754			3005		97.03
97.04 ORTHOPAEDIC FOUNDATION				445526	14508	14508	6661		97.04
97.05 MEDICAL FOUNDATION				619963	11087	11087	88		97.05
97.06 SURGICAL FOUNDATON				632755	24730	24730			97.06
97.07 NEUROLOGY FOUNDATION				77228			241		97.07
97.08 RESEARCH FINANCE ADMINISTRATI				3250230					97.08
98 PHYSICIANS' PRIVATE OFFICES				298135	1798	1798	9998	3374	98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES				3292640	735	735		109	99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER				24712	4810	4810			99.05
99.06 WORK LAB									99.06
99.07 PAYROLL BILLED				11054288					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				197506					99.11
99.12 SATALITE PHYSICIANS OFFICE									99.12
99.13 SNE REHAB				132763					99.13
99.14 CO-OPERATIVE CARE W & I				391107	22738	22738			99.14
99.15 BROWN UNIV. STUDENTS				506011					99.15
99.16 LCS CORO				456397	39609	39609			99.16
99.17 TMH CORO				176206	13743	13743			99.17
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	4924678	3156674		125882057	17494378	50908714	3254313	11731868	103
104 UNIT COST MULT-WS B PT I	.004107				14.125286		.534299		104
104 UNIT COST MULT-WS B PT I		.001455		.169054		42.749968		237.790462	104
105 COST TO BE ALLOC PER B PT II	1147	22208		41629	407544	4069243	73639	66603	105
106 UNIT COST MULT-WS B PT II	.000001				.329059		.012090		106
106 UNIT COST MULT-WS B PT II		.000010		.000056		3.417097		1.349960	106
107 COST TO BE ALLOC PER B PT III	181255	249477		1337486	241749	18576651	469118	329842	107
108 UNIT COST MULT-WS B PT III	.000151				.195193		.077021		108
108 UNIT COST MULT-WS B PT III		.000115		.001796		15.599515		6.685490	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAIN- TENANCE & PERSONNEL	NURSING ADMINIS- TRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED	PHARMACY COSTED	MEDICAL RECORDS & LIBRARY GROSS	SOCIAL SERVICE TIME STUDY
	MEALS SERVED 11	NUMBER OF FTE 12	HOUSED 13	HRS OF SVC 14	REQUISITIO 15	REQUISITIO 16	REVENUE 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 GENE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	644847							11
12 CAFETERIA		5045						12
13 MAINTENANCE OF PERSONNEL			21044					13
14 NURSING ADMINISTRATION		117		3058099				14
15 CENTRAL SERVICES & SUPPLY		37			56405923			15
16 PHARMACY		83			112147	38957143		16
17 MEDICAL RECORDS & LIBRARY		114			257		2191192089	17
18 SOCIAL SERVICE		41			116	424048		10000 18
19 CO-OPERATIVE CARE - GENERAL						15		19
19.01 CENTRAL TRANSPORTATION		70			614			19.01
19.02 DEPARTMENT OF MEDICINE		34			1723			19.02
19.03 DEPARTMENT OF SURGERY		36			13257	337		19.03
19.04 DEPARTMENT OF PEDIATRICS		159			53608	3312		19.04
19.05 DEPARTMENT OF ORTHOPEDICS		2			15197	140		19.05
19.06 DEPARTMENT OF PSYCHIATRY		64			1586			19.06
19.07 PRE-ADMISSION TESTING		3			3863			19.07
19.08 DEPARTMENT OF CARDIOLOGY		2			1814			19.08
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES		482			47697			22
23 I&R SERVICES-OTHER PRGM COSTS			15299		1446	15		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			376	107		24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	551319	1137		2365646	4066769	309256	284588100	2685 25
26 INTENSIVE CARE UNIT	21345	162		337917	1217982	32446	85723304	279 26
27 CORONARY CARE UNIT	1138	33		69430	137660	4002	10523978	23 27
27.01 PEDIATRIC INTENSIVE CARE UNIT	2704	56		115752	360417	2917	20369237	285 27.01
31 SUBPROVIDER I	22886	81		169354	37550	5723	24520533	1804 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		236			36777372	1501559	155244976	37
37.01 ENDOSCOPY		55			1431194	167704	36713759	37.01
37.02 PULMONARY FUNCTION TESTING		22			29198	8417	17601053	37.02
37.03 GAMMA KNIFE		6			6146	1439	3090465	37.03
38 RECOVERY ROOM		58			129511	42102	37324373	38
41 RADIOLOGY-DIAGNOSTIC		177			3456778	162091	89071327	41
42 RADIOLOGY-THERAPEUTIC		43			122634	11306	53273651	45 42
43 RADIOISOTOPE		19			59813	1914780	22540357	43
43.01 ULTRASOUND		21			136963	11620	20275339	43.01
43.02 CAT SCAN		51			665006	440565	150206589	43.02
43.03 MAGNETIC RESONANCE IMAGING(MR		28			143535	336491	49033880	43.03
43.04 PET IMAGING		2			220	509780	11888120	43.04
44 LABORATORY		198			123352	115221	240861294	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		17			13878	791	13637011	47
49 RESPIRATORY THERAPY		75			679429	6149	19681976	49
50 PHYSICAL THERAPY		61			27150	165	13140122	50
51 OCCUPATIONAL THERAPY		17			17972	78	7707424	51
52 SPEECH PATHOLOGY		20			261899	1658	6327657	52
53 ELECTROCARDIOLOGY		7			17403		8792932	53
54 ELECTROENCEPHALOGRAPHY		32			6376	18258	5991986	54
55 MEDICAL SUPPLIES CHARGED TO P					1053611		207413319	55
56 DRUGS CHARGED TO PATIENTS						19705639	234654543	56
57 RENAL DIALYSIS		14			217610	51132	8649596	117 57
59 VASCULAR LAB		35			1078355	410439	85063234	59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAIN- TENANCE & PERSONNEL	NURSING ADMINIS- TRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED	PHARMACY COSTED	MEDICAL RECORDS & LIBRARY GROSS	SOCIAL SERVICE TIME	
	MEALS SERVED 11	NUMBER OF FTE 12	NUMBER HOUSED 13	HRS OF SVC 14	REQUISITIO 15	REQUISITIO 16	REVENUE 17	STUDY 18	
59.01 APPLIANCE SHOP					604658		976825		59.01
59.02 LITHOTRIPSY					350		1087524		59.02
60 OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		133			226654	9685515	18056140	3589	60
60.01 OUTPATIENT PSYCHIATRY		33			3757	2824	24377744		60.01
60.02 NON-MEDICARE CLINICS		77			204269	2260366	33764764		60.02
61 EMERGENCY		320			2344261	644315	187837857	759	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		13			1137	450	1181100		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		9			69386	53602		377	83
85.01 PANCREAS ACQUISITION		1			6769	5230		37	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	599392	4523	15299	3058099	55990725	38852004	2191192089	10000	95
96 NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C									96
97 RESEARCH		266			190320	50213			97
97.01 DENTAL CLINIC		14			91204	1330			97.01
97.02 FUND RAISING		1			334	125			97.02
97.03 CARDIOLOGY FOUNDATION									97.03
97.04 ORTHOPAEDIC FOUNDATION					127672	15095			97.04
97.05 MEDICAL FOUNDATION		3			1076				97.05
97.06 SURGICAL FOUNDATION						249			97.06
97.07 NEUROLOGY FOUNDATION					210	230			97.07
97.08 RESEARCH FINANCE ADMINISTRATI		15							97.08
98 PHYSICIANS' PRIVATE OFFICES		29	1249		1983	13			98
98.01 NOPCO									98.01
99.01 HASBRO VNA									99.01
99.02 PATIENT TELEPHONES									99.02
99.03 RIH VENTURES		59			201				99.03
99.04 NON-PATIENT RELATED									99.04
99.05 DAY CARE CENTER									99.05
99.06 WORK LAB						37884			99.06
99.07 PAYROLL BILLED		135							99.07
99.08 O/P MEALS	45455								99.08
99.09 WEIGHT LOSS PROGRAM									99.09
99.10 UNALLOWABLE FLOOR AREA									99.10
99.11 OTHER NON-REIMBURSEABLE			4496		2198				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									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	12135268	3163222	90123	17773059	5707722	62760122	10610878	5370269	103
104 UNIT COST MULT-WS B PT I	18.818833		4.282598		.101190		.004843		104
104 UNIT COST MULT-WS B PT I		627.001388		5.811800		1.611004		537.026900	104
105 COST TO BE ALLOC PER B PT II	274278	414715	512	196314	165397	105891	61319	43281	105
106 UNIT COST MULT-WS B PT II	.425338		.024330		.002932		.000028		106
106 UNIT COST MULT-WS B PT II		82.203171		.064195		.002718		4.328100	106
107 COST TO BE ALLOC PER B PT III	858841	693565	2534	276742	1354513	429501	437857	154194	107
108 UNIT COST MULT-WS B PT III	1.331852		.120414		.024014		.000200		108
108 UNIT COST MULT-WS B PT III		137.475719		.090495		.011025		15.419400	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CO-OPERATIVE CARE - GENERAL PATIENT DAYS	RECONCILIATION	CENTRAL TRANSPORTATION ACCUM COST	DEPARTMENT OF MEDICINE TIME STUDY	DEPARTMENT OF SURGERY TIME STUDY	DEPARTMENT OF PEDIATRICS TIME STUDY	DEPARTMENT OF ORTHOPEDICS TIME STUDY	DEPARTMENT OF PSYCHIATRY TIME STUDY
	19		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 GENE								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	182241							19
19.01 CENTRAL TRANSPORTATION		-4356986	866152943					19.01
19.02 DEPARTMENT OF MEDICINE			16145214	10000				19.02
19.03 DEPARTMENT OF SURGERY			16179302		10000			19.03
19.04 DEPARTMENT OF PEDIATRICS			30315151			10000		19.04
19.05 DEPARTMENT OF ORTHOPEDICS			1649366				10000	19.05
19.06 DEPARTMENT OF PSYCHIATRY			9835231					10000
19.07 PRE-ADMISSION TESTING			575686					
19.08 DEPARTMENT OF CARDIOLOGY			1366022					
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES			35740135	5407	5207	1803	7569	2296
23 I&R SERVICES-OTHER PRGM COSTS			9658551					
24 PARAMED ED PRGM-(SPECIFY)								
24.01 PARAMED ED PRGM - TECHNICIANS			175815					
24.02 PARAMED ED PRGM-PSYCH								
24.03 PARAMED ED PRGM- RADIOLOGY			3569886					
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	128719		166970063	2541	2613	1501	1363	2320
26 INTENSIVE CARE UNIT	36303		26861508	716	737	423	384	654
27 CORONARY CARE UNIT	2840		6234573	72	74	33	39	51
27.01 PEDIATRIC INTENSIVE CARE UNIT	3646		8599871	56	58	43	30	66
31 SUBPROVIDER I	10733		10794640					2071
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			43003081					
37.01 ENDOSCOPY			10328244					
37.02 PULMONARY FUNCTION TESTING			2763522					
37.03 GAMMA KNIFE			1269469					
38 RECOVERY ROOM			8188517					
41 RADIOLOGY-DIAGNOSTIC			23796995					
42 RADIOLOGY-THERAPEUTIC			10968511					
43 RADIOISOTOPE			7315931					
43.01 ULTRASOUND			3139992					
43.02 CAT SCAN			8662957					
43.03 MAGNETIC RESONANCE IMAGING(MR			4151546					
43.04 PET IMAGING			1259923					
44 LABORATORY			34314414					
46.30 BLOOD CLOTTING FACTORS ADMIN								
47 BLOOD STORING, PROCESSING & T			9227851					
49 RESPIRATORY THERAPY			9680493					
50 PHYSICAL THERAPY			8234680					
51 OCCUPATIONAL THERAPY			2147763					
52 SPEECH PATHOLOGY			2596949					
53 ELECTROCARDIOLOGY			766092					
54 ELECTROENCEPHALOGRAPHY			5135421					
55 MEDICAL SUPPLIES CHARGED TO P			67323503					
56 DRUGS CHARGED TO PATIENTS			33882019					
57 RENAL DIALYSIS			3112032					
59 VASCULAR LAB			8405154					



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PRE-ADMISS ION TESTIN G PATIENT REVENUE	DEPARTMENT OF CARDIO LOGY TIME STUDY	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED PRGM - TE CHNICIANS ASSIGNED TIME	PARAMED ED PRGM-RADI OLOGY ASSIGNED TIME	
	19.07	19.08	22	23	24.01	24.03	
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							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	214778880						19.07
19.08 DEPARTMENT OF CARDIOLOGY		10000					19.08
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES		6486	10000				22
23 I&R SERVICES-OTHER PRGM COSTS				10000			23
24 PARAMED ED PRGM-(SPECIFY)							24
24.01 PARAMED ED PRGM - TECHNICIANS					10000		24.01
24.02 PARAMED ED PRGM-PSYCH							24.02
24.03 PARAMED ED PRGM- RADIOLOGY						10000	24.03
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS		2120	4724	4724			25
26 INTENSIVE CARE UNIT		598					26
27 CORONARY CARE UNIT		60					27
27.01 PEDIATRIC INTENSIVE CARE UNIT		47					27.01
31 SUBPROVIDER I			229	229			31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			1264	1264			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	30470803		692	692		10000	41
42 RADIOLOGY-THERAPEUTIC			75	75			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	114199445		223	223	10000		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	10377884						47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	59730748						53
54 ELECTROENCEPHALOGRAPHY			342	342			54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 VASCULAR LAB							59



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PRE-ADMISS	DEPARTMENT	I&R	I&R	PARAMED ED	PARAMED ED	
	ION TESTIN	OF CARDIO	SALARY &	PROGRAM	PRGM - TE	PRGM-RADI	
	G	LOGY	FRINGES	COSTS	CHNICIANS	OLOGY	
	PATIENT	TIME	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	
	REVENUE	STUDY	TIME	TIME	TIME	TIME	
	19.07	19.08	22	23	24.01	24.03	
59.01 APPLIANCE SHOP							59.01
59.02 LITHOTRIPSY							59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			1202	1202			60
60.01 OUTPATIENT PSYCHIATRY							60.01
60.02 NON MEDICARE CLINICS							60.02
61 EMERGENCY			1080	1080			61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
69.10 CMHC							69.10
69.20 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							83
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	214778880	9311	9831	9831	10000	10000	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C							96
97 RESEARCH		410	169	169			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 FOUNDATON							97.06
97.07 NEUROLOGY FOUNDATION							97.07
97.08 RESEARCH FINANCE ADMINISTRATI							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 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		279					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	578582	1372893	63068460	9707134	176699	3587843	103
104 UNIT COST MULT-WS B PT I	.002694		6306.846000		17.669900		104
104 UNIT COST MULT-WS B PT I		137.289300		970.713400		358.784300	104
105 COST TO BE ALLOC PER B PT II	54926	20343	282649	261683	4053	2623	105
106 UNIT COST MULT-WS B PT II	.000256		28.264900		.405300		106
106 UNIT COST MULT-WS B PT II		2.034300		26.168300		.262300	106
107 COST TO BE ALLOC PER B PT III	134689	171970	1439043	777632	20887	10891	107
108 UNIT COST MULT-WS B PT III	.000627		143.904300		2.088700		108
108 UNIT COST MULT-WS B PT III		17.197000		77.763200		1.089100	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	183565644		183565644		183565644	25
26 INTENSIVE CARE UNIT	31437839		31437839		31437839	26
27 CORONARY CARE UNIT	6668749		6668749		6668749	27
27.01 PEDIATRIC INTENSIVE CARE UN	9035984		9035984		9035984	27.01
31 SUBPROVIDER I	12896059		12896059		12896059	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	43219386		43219386	425843	43645229	37
37.01 ENDOSCOPY	10380195		10380195		10380195	37.01
37.02 PULMONARY FUNCTION TESTING	2777423		2777423		2777423	37.02
37.03 GAMMA KNIFE	1275854		1275854		1275854	37.03
38 RECOVERY ROOM	8229705		8229705		8229705	38
41 RADIOLOGY-DIAGNOSTIC	27586625		27586625		27586625	41
42 RADIOLOGY-THERAPEUTIC	11023683		11023683		11023683	42
43 RADIOISOTOPE	7352730		7352730		7352730	43
43.01 ULTRASOUND	3155786		3155786		3155786	43.01
43.02 CAT SCAN	8706532		8706532		8706532	43.02
43.03 MAGNETIC RESONANCE IMAGING(	4172428		4172428		4172428	43.03
43.04 PET IMAGING	1266260		1266260		1266260	43.04
44 LABORATORY	34971336		34971336		34971336	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	9302225		9302225		9302225	47
49 RESPIRATORY THERAPY	9729186		9729186		9729186	49
50 PHYSICAL THERAPY	8276100		8276100		8276100	50
51 OCCUPATIONAL THERAPY	2158566		2158566		2158566	51
52 SPEECH PATHOLOGY	2610012		2610012		2610012	52
53 ELECTROCARDIOLOGY	930860		930860		930860	53
54 ELECTROENCEPHALOGRAPHY	5161252		5161252	167733	5328985	54
55 MEDICAL SUPPLIES CHARGED TO	67662140		67662140		67662140	55
56 DRUGS CHARGED TO PATIENTS	34052446		34052446		34052446	56
57 RENAL DIALYSIS	3127686		3127686		3127686	57
59 VASCULAR LAB	8447432		8447432		8447432	59
59.01 APPLIANCE SHOP	862947		862947		862947	59.01
59.02 LITHOTRIPSY	242817		242817		242817	59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	37054647		37054647		37054647	60
60.01 OUTPATIENT PSYCHIATRY	4723908		4723908		4723908	60.01
60.02 NON MEDICARE CLINICS	14771306		14771306	40884	14812190	60.02
61 EMERGENCY	47472523		47472523		47472523	61
62 OBSERVATION BEDS (NON-DISTI	11853924		11853924		11853924	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1854493		1854493		1854493	65
101 SUBTOTAL	678016688		678016688	634460	678651148	101
102 LESS OBSERVATION BEDS	11853924		11853924		11853924	102
103 TOTAL	666162764		666162764	634460	666797224	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	258491477		258491477			25
26 INTENSIVE CARE UNIT	85723304		85723304			26
27 CORONARY CARE UNIT	10523978		10523978			27
27.01 PEDIATRIC INTENSIVE CARE UN	20369237		20369237			27.01
31 SUBPROVIDER I	24520533		24520533			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	92335585	62909391	155244976	.278395	.278395	.281138 37
37.01 ENDOSCOPY	9800255	26913504	36713759	.282733	.282733	.282733 37.01
37.02 PULMONARY FUNCTION TESTING	8154984	9446069	17601053	.157799	.157799	.157799 37.02
37.03 GAMMA KNIFE	2803032	287433	3090465	.412836	.412836	.412836 37.03
38 RECOVERY ROOM	14099029	23225344	37324373	.220491	.220491	.220491 38
41 RADIOLOGY-DIAGNOSTIC	30470803	58600524	89071327	.309714	.309714	.309714 41
42 RADIOLOGY-THERAPEUTIC	13259913	40013738	53273651	.206926	.206926	.206926 42
43 RADIOISOTOPE	3929514	18610843	22540357	.326203	.326203	.326203 43
43.01 ULTRASOUND	3480116	16795223	20275339	.155647	.155647	.155647 43.01
43.02 CAT SCAN	45706491	104500098	150206589	.057964	.057964	.057964 43.02
43.03 MAGNETIC RESONANCE IMAGING(	16516031	32517849	49033880	.085093	.085093	.085093 43.03
43.04 PET IMAGING	281890	11606230	11888120	.106515	.106515	.106515 43.04
44 LABORATORY	114199445	126661849	240861294	.145193	.145193	.145193 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	10377884	3259127	13637011	.682131	.682131	.682131 47
49 RESPIRATORY THERAPY	18121281	1560695	19681976	.494320	.494320	.494320 49
50 PHYSICAL THERAPY	7041201	6098921	13140122	.629834	.629834	.629834 50
51 OCCUPATIONAL THERAPY	3827340	3880084	7707424	.280063	.280063	.280063 51
52 SPEECH PATHOLOGY	2054327	4273330	6327657	.412477	.412477	.412477 52
53 ELECTROCARDIOLOGY	5973078	2819854	8792932	.105865	.105865	.105865 53
54 ELECTROENCEPHALOGRAPHY	3555283	2436703	5991986	.861359	.861359	.889352 54
55 MEDICAL SUPPLIES CHARGED TO	149056372	58356947	207413319	.326219	.326219	.326219 55
56 DRUGS CHARGED TO PATIENTS	126726189	107928354	234654543	.145117	.145117	.145117 56
57 RENAL DIALYSIS	7174759	1474837	8649596	.361599	.361599	.361599 57
59 VASCULAR LAB	58947161	26116073	85063234	.099308	.099308	.099308 59
59.01 APPLIANCE SHOP	850644	126181	976825	.883420	.883420	.883420 59.01
59.02 LITHOTRIPSY		1087524	1087524	.223275	.223275	.223275 59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		18056140	18056140	2.052191	2.052191	2.052191 60
60.01 OUTPATIENT PSYCHIATRY	1949925	22427819	24377744	.193780	.193780	.193780 60.01
60.02 NON MEDICARE CLINICS	402029	33362735	33764764	.437477	.437477	.438688 60.02
61 EMERGENCY	46570892	141266965	187837857	.252731	.252731	.252731 61
62 OBSERVATION BEDS (NON-DISTI	1099903	24996720	26096623	.454232	.454232	.454232 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		1181100	1181100	1.570141	1.570141	1.570141 65
101 SUBTOTAL	1198393885	992798204	2191192089			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	1198393885	992798204	2191192089			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	2179170		2179170	8672867		8672867
26 INTENSIVE CARE UNIT	274884		274884	964921		964921
27 CORONARY CARE UNIT	126807		126807	555832		555832
27.01 PEDIATRIC INTENSIVE CARE UNIT	59226		59226	454610		454610
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	79835		79835	390795		390795
33 NURSERY						
101 TOTAL	2719922		2719922	11039025		11039025

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	137605	34308	15.84	543439	63.03	2162433
26 INTENSIVE CARE UNIT	36303	13361	7.57	101143	26.58	355135
27 CORONARY CARE UNIT	2840	912	44.65	40721	195.72	178497
27.01 PEDIATRIC INTENSIVE CARE UNIT	3646		16.24		124.69	
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	10733	3432	7.44	25534	36.41	124959
33 NURSERY						
101 TOTAL	191127	52013		710837		2821024

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	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL	
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	367012	3751220	155244976	22769313	.002364	53827	.024163	550175	37
37.01 ENDOSCOPY	113631	387479	36713759	3232952	.003095	10006	.010554	34121	37.01
37.02 PULMONARY FUNCTION TESTING	5234	33376	17601053	2669567	.000297	793	.001896	5061	37.02
37.03 GAMMA KNIFE	7947	64736	3090465		.002571		.020947		37.03
38 RECOVERY ROOM	28522	213502	37324373	3294465	.000764	2517	.005720	18844	38
41 RADIOLOGY-DIAGNOSTIC	350912	1263619	89071327	9147588	.003940	36041	.014187	129777	41
42 RADIOLOGY-THERAPEUTIC	2250641	473066	53273651	3879792	.042247	163910	.008880	34453	42
43 RADIOISOTOPE	96992	790729	22540357	1116601	.004303	4805	.035081	39171	43
43.01 ULTRASOUND	14021	87926	20275339	796119	.000692	551	.004337	3453	43.01
43.02 CAT SCAN	28729	202956	150206589	15677784	.000191	2994	.001351	21181	43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)	19668	144571	49033880	4022184	.000401	1613	.002948	11857	43.03
43.04 PET IMAGING	2147	12568	11888120	113736	.000181	21	.001057	120	43.04
44 LABORATORY	198896	1711507	240861294	35739913	.000826	29521	.007106	253968	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	45141	135595	13637011	3019692	.003310	9995	.009943	30025	47
49 RESPIRATORY THERAPY	33737	172911	19681976	5437926	.001714	9321	.008785	47772	49
50 PHYSICAL THERAPY	44419	302239	13140122	2509907	.003380	8483	.023001	57730	50
51 OCCUPATIONAL THERAPY	3427	18135	7707424	1229214	.000445	547	.002353	2892	51
52 SPEECH PATHOLOGY	21919	150048	6327657	758295	.003464	2627	.023713	17981	52
53 ELECTROCARDIOLOGY	24457	108906	8792932	2461279	.002781	6845	.012386	30485	53
54 ELECTROENCEPHALOGRAPHY	87760	517037	5991986	529276	.014646	7752	.086288	45670	54
55 MEDICAL SUPPLIES CHARGED TO P	16286	232479	207413319	40777940	.000079	3221	.001121	45712	55
56 DRUGS CHARGED TO PATIENTS	63299	316717	234654543	37834755	.000270	10215	.001350	51077	56
57 RENAL DIALYSIS	97762	213203	8649596	3878047	.011302	43830	.024649	95590	57
59 VASCULAR LAB	85215	766875	85063234	16613232	.001002	16646	.009015	149768	59
59.01 APPLIANCE SHOP	7229	38018	976825	184156	.007401	1363	.038920	7167	59.01
59.02 LITHOTRIPSY	220	1199	1087524		.000202		.001103		59.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	316686	2107673	18056140		.017539		.116729		60
60.01 OUTPATIENT PSYCHIATRY	20768	135023	24377744		.000852		.005539		60.01
60.02 NON MEDICARE CLINICS	113423	811929	33764764		.003359		.024047		60.02
61 EMERGENCY	295150	2481479	187837857	19349301	.001571	30398	.013211	255624	61
62 OBSERVATION BEDS (NON-DISTINC	140718	560062	26096623	442988	.005392	2389	.021461	9507	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL	4901968	18206783	1790382460	237486022		460231		1949181	101

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 05/14/2010 14:11

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	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL		
	COST	COST	COSTS	EDUCATION	SWING-BED	TOTAL
	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 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 05/14/2010 14:11

APPORIONMENT 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
25 INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	137605		34308	25
26 INTENSIVE CARE UNIT	36303		13361	26
27 CORONARY CARE UNIT	2840		912	27
27.01 PEDIATRIC INTENSIVE CARE UNIT	3646			27.01
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I	10733		3432	31
33 NURSERY				33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	191127		52013	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				3587843			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				176699			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				3764542			3764542 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155244976			22769313		9452528 37
37.01 ENDOSCOPY		36713759			3232952		5329706 37.01
37.02 PULMONARY FUNCTION TESTING		17601053			2669567		799101 37.02
37.03 GAMMA KNIFE		3090465					37.03
38 RECOVERY ROOM		37324373			3294465		3548806 38
41 RADIOLOGY-DIAGNOSTIC	3587843	89071327	.040281	.040281	9147588	368474	7120041 41
42 RADIOLOGY-THERAPEUTIC		53273651			3879792		8686155 42
43 RADIOISOTOPE		22540357			1116601		3884527 43
43.01 ULTRASOUND		20275339			796119		1460827 43.01
43.02 CAT SCAN		150206589			15677784		14921576 43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)		49033880			4022184		4107843 43.03
43.04 PET IMAGING		11888120			113736		3487904 43.04
44 LABORATORY	176699	240861294	.000734	.000734	35739913	26233	3621273 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13637011			3019692		449121 47
49 RESPIRATORY THERAPY		19681976			5437926		128172 49
50 PHYSICAL THERAPY		13140122			2509907		50
51 OCCUPATIONAL THERAPY		7707424			1229214		1336 51
52 SPEECH PATHOLOGY		6327657			758295		87405 52
53 ELECTROCARDIOLOGY		8792932			2461279		2436720 53
54 ELECTROENCEPHALOGRAPHY		5991986			529276		107783 54
55 MEDICAL SUPPLIES CHARGED TO P		207413319			40777940		13681100 55
56 DRUGS CHARGED TO PATIENTS		234654543			37834755		22847522 56
57 RENAL DIALYSIS		8649596			3878047		129114 57
59 VASCULAR LAB		85063234			16613232		4174691 59
59.01 APPLIANCE SHOP		976825			184156		59.01
59.02 LITHOTRIPSY		1087524					239895 59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		18056140					2824359 60
60.01 OUTPATIENT PSYCHIATRY		24377744					240670 60.01
60.02 NON MEDICARE CLINICS		33764764					60.02
61 EMERGENCY		187837857			19349301		14753637 61
62 OBSERVATION BEDS (NON-DISTINC		26096623			442988		6050452 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	3764542	1790382460			237486022	394707	134572264 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
	8.01	8.02	9	9.01	9.02
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			286802		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			2658		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			289460		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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.278395	.278395	.278395			37
37.01 ENDOSCOPY	.282733	.282733	.282733			37.01
37.02 PULMONARY FUNCTION TESTING	.157799	.157799	.157799			37.02
37.03 GAMMA KNIFE	.412836	.412836	.412836			37.03
38 RECOVERY ROOM	.220491	.220491	.220491			38
41 RADIOLOGY-DIAGNOSTIC	.309714	.309714	.309714			41
42 RADIOLOGY-THERAPEUTIC	.206926	.206926	.206926			42
43 RADIOISOTOPE	.326203	.326203	.326203			43
43.01 ULTRASOUND	.155647	.155647	.155647			43.01
43.02 CAT SCAN	.057964	.057964	.057964			43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	.085093	.085093	.085093			43.03
43.04 PET IMAGING	.106515	.106515	.106515			43.04
44 LABORATORY	.145193	.145193	.145193			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.682131	.682131	.682131			47
49 RESPIRATORY THERAPY	.494320	.494320	.494320			49
50 PHYSICAL THERAPY	.629834	.629834	.629834			50
51 OCCUPATIONAL THERAPY	.280063	.280063	.280063			51
52 SPEECH PATHOLOGY	.412477	.412477	.412477			52
53 ELECTROCARDIOLOGY	.105865	.105865	.105865			53
54 ELECTROENCEPHALOGRAPHY	.861359	.861359	.861359			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.326219	.326219	.326219			55
56 DRUGS CHARGED TO PATIENTS	.145117	.145117	.145117			56
57 RENAL DIALYSIS	.361599	.361599	.361599			57
59 VASCULAR LAB	.099308	.099308	.099308			59
59.01 APPLIANCE SHOP	.883420	.883420	.883420			59.01
59.02 LITHOTRIPSY	.223275	.223275	.223275			59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2.052191	2.052191	2.052191			60
60.01 OUTPATIENT PSYCHIATRY	.193780	.193780	.193780			60.01
60.02 NON MEDICARE CLINICS	.437477	.437477	.437477			60.02
61 EMERGENCY	.252731	.252731	.252731			61
62 OBSERVATION BEDS (NON-DISTINCT	.454232	.454232	.454232			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1.570141	1.570141	1.570141			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	1.570141	1.570141	1.570141			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	1.570141	1.570141	1.570141			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	1.570141	1.570141	1.570141			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	1.145117	1
2 PROGRAM VACCINE CHARGES	7086	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1028	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) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		9452528						37
37.01 ENDOSCOPY		5329706						37.01
37.02 PULMONARY FUNCTION TESTING		799101						37.02
37.03 GAMMA KNIFE								37.03
38 RECOVERY ROOM		3548806						38
41 RADIOLOGY-DIAGNOSTIC		7120041						41
42 RADIOLOGY-THERAPEUTIC		8686155						42
43 RADIOISOTOPE		3884527						43
43.01 ULTRASOUND		1460827						43.01
43.02 CAT SCAN		14921576						43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)		4107843						43.03
43.04 PET IMAGING		3487904						43.04
44 LABORATORY		3621273						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		449121						47
49 RESPIRATORY THERAPY		128172						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY		1336						51
52 SPEECH PATHOLOGY		87405						52
53 ELECTROCARDIOLOGY		2436720						53
54 ELECTROENCEPHALOGRAPHY		107783						54
55 MEDICAL SUPPLIES CHARGED TO PA		13681100						55
56 DRUGS CHARGED TO PATIENTS		22847522						56
57 RENAL DIALYSIS		129114						57
59 VASCULAR LAB		4174691						59
59.01 APPLIANCE SHOP								59.01
59.02 LITHOTRIPSY		239895						59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2824359						60
60.01 OUTPATIENT PSYCHIATRY		240670						60.01
60.02 NON MEDICARE CLINICS								60.02
61 EMERGENCY		14753637						61
62 OBSERVATION BEDS (NON-DISTINCT		6050452						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		134572264						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		134572264						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 I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2631537					37
37.01 ENDOSCOPY		1506884					37.01
37.02 PULMONARY FUNCTION TESTING		126097					37.02
37.03 GAMMA KNIFE							37.03
38 RECOVERY ROOM		782480					38
41 RADIOLOGY-DIAGNOSTIC		2205176					41
42 RADIOLOGY-THERAPEUTIC		1797391					42
43 RADIOISOTOPE		1267144					43
43.01 ULTRASOUND		227373					43.01
43.02 CAT SCAN		864914					43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)		349549					43.03
43.04 PET IMAGING		371514					43.04
44 LABORATORY		525783					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		306359					47
49 RESPIRATORY THERAPY		63358					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY		374					51
52 SPEECH PATHOLOGY		36053					52
53 ELECTROCARDIOLOGY		257963					53
54 ELECTROENCEPHALOGRAPHY		92840					54
55 MEDICAL SUPPLIES CHARGED TO PAT		4463035					55
56 DRUGS CHARGED TO PATIENTS		3315564					56
57 RENAL DIALYSIS		46687					57
59 VASCULAR LAB		414580					59
59.01 APPLIANCE SHOP							59.01
59.02 LITHOTRIPSY		53563					59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5796124					60
60.01 OUTPATIENT PSYCHIATRY		46637					60.01
60.02 NON MEDICARE CLINICS							60.02
61 EMERGENCY		3728701					61
62 OBSERVATION BEDS (NON-DISTINCT		2748309					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		34025989					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		34025989					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	--- OLD CAPITAL ---		--- NEW CAPITAL ---	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	367012	3751220	155244976	7781	.002364	18	.024163	188 37
37.01 ENDOSCOPY	113631	387479	36713759	11084	.003095	34	.010554	117 37.01
37.02 PULMONARY FUNCTION TESTING	5234	33376	17601053	6566	.000297	2	.001896	12 37.02
37.03 GAMMA KNIFE	7947	64736	3090465		.002571		.020947	
38 RECOVERY ROOM	28522	213502	37324373	74186	.000764	57	.005720	424 38
41 RADIOLOGY-DIAGNOSTIC	350912	1263619	89071327	38406	.003940	151	.014187	545 41
42 RADIOLOGY-THERAPEUTIC	2250641	473066	53273651		.042247		.008880	42
43 RADIOISOTOPE	96992	790729	22540357	1318	.004303	6	.035081	46 43
43.01 ULTRASOUND	14021	87926	20275339	1784	.000692	1	.004337	8 43.01
43.02 CAT SCAN	28729	202956	150206589	101150	.000191	19	.001351	137 43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)	19668	144571	49033880	31975	.000401	13	.002948	94 43.03
43.04 PET IMAGING	2147	12568	11888120	5416	.000181	1	.001057	6 43.04
44 LABORATORY	198896	1711507	240861294	494396	.000826	408	.007106	3513 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	45141	135595	13637011	419	.003310	1	.009943	4 47
49 RESPIRATORY THERAPY	33737	172911	19681976	28567	.001714	49	.008785	251 49
50 PHYSICAL THERAPY	44419	302239	13140122	8995	.003380	30	.023001	207 50
51 OCCUPATIONAL THERAPY	3427	18135	7707424	3793	.000445	2	.002353	9 51
52 SPEECH PATHOLOGY	21919	150048	6327657	2030	.003464	7	.023713	48 52
53 ELECTROCARDIOLOGY	24457	108906	8792932	6508	.002781	18	.012386	81 53
54 ELECTROENCEPHALOGRAPHY	87760	517037	5991986	9708	.014646	142	.086288	838 54
55 MEDICAL SUPPLIES CHARGED TO P	16286	232479	207413319	25015	.000079	2	.001121	28 55
56 DRUGS CHARGED TO PATIENTS	63299	316717	234654543	887496	.000270	240	.001350	1198 56
57 RENAL DIALYSIS	97762	213203	8649596	92643	.011302	1047	.024649	2284 57
59 VASCULAR LAB	85215	766875	85063234	8516	.001002	9	.009015	77 59
59.01 APPLIANCE SHOP	7229	38018	976825		.007401		.038920	59.01
59.02 LITHOTRIPSY	220	1199	1087524		.000202		.001103	59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	316686	2107673	18056140		.017539		.116729	60
60.01 OUTPATIENT PSYCHIATRY	20768	135023	24377744		.000852		.005539	60.01
60.02 NON MEDICARE CLINICS	113423	811929	33764764		.003359		.024047	60.02
61 EMERGENCY	295150	2481479	187837857	757451	.001571	1190	.013211	10007 61
62 OBSERVATION BEDS (NON-DISTINC	140718	560062	26096623		.005392		.021461	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	4901968	18206783	1790382460	2605203		3447		20122 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				3587843			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				176699			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				3764542			3764542 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	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		155244976			7781		37
37.01 ENDOSCOPY		36713759			11084		37.01
37.02 PULMONARY FUNCTION TESTING		17601053			6566		37.02
37.03 GAMMA KNIFE		3090465					37.03
38 RECOVERY ROOM		37324373			74186		38
41 RADIOLOGY-DIAGNOSTIC	3587843	89071327	.040281	.040281	38406	1547	41
42 RADIOLOGY-THERAPEUTIC		53273651					42
43 RADIOISOTOPE		22540357			1318		43
43.01 ULTRASOUND		20275339			1784		43.01
43.02 CAT SCAN		150206589			101150		43.02
43.03 MAGNETIC RESONANCE IMAGING(MR)		49033880			31975		43.03
43.04 PET IMAGING		11888120			5416		43.04
44 LABORATORY	176699	240861294	.000734	.000734	494396	363	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13637011			419		47
49 RESPIRATORY THERAPY		19681976			28567		49
50 PHYSICAL THERAPY		13140122			8995		50
51 OCCUPATIONAL THERAPY		7707424			3793		51
52 SPEECH PATHOLOGY		6327657			2030		52
53 ELECTROCARDIOLOGY		8792932			6508		53
54 ELECTROENCEPHALOGRAPHY		5991986			9708		54
55 MEDICAL SUPPLIES CHARGED TO P		207413319			25015		55
56 DRUGS CHARGED TO PATIENTS		234654543			887496		56
57 RENAL DIALYSIS		8649596			92643		57
59 VASCULAR LAB		85063234			8516		59
59.01 APPLIANCE SHOP		976825					59.01
59.02 LITHOTRIPSY		1087524					59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		18056140					60
60.01 OUTPATIENT PSYCHIATRY		24377744					60.01
60.02 NON MEDICARE CLINICS		33764764					60.02
61 EMERGENCY		187837857			757451		61
62 OBSERVATION BEDS (NON-DISTINC		26096623					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	3764542	1790382460			2605203	1910	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	8.01	8.02	9	9.01	9.02

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 (PPS) (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)	137605	10733					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	137605	10733					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		1305					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	136300	7544					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)	34308	3432					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 (PPS) (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	183565644	12896059					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	183565644	12896059					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	401204619	24520553					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		1918870	7283676				29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		399285749	17236877				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO		.457536	.525929				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE		1470.40	2284.00				32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE		2929.46	2284.85				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	183565644	12896059					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 (PPS) (41-S007)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1334.00	1201.53				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	45766872	4123651				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	45766872	4123651				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	31437839	36303	865.98	13361	11570359	43
44 CORONARY CARE UNIT	6668749	2840	2348.15	912	2141513	44
44.01 PEDIATRIC INTENSIVE CARE UNIT	9035984	3646	2478.33			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 (PPS) (41-S007)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	53855705	510284				48
49 TOTAL PROGRAM INPATIENT COSTS	113334449	4633935				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3381368	150493				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2804119	25479				51
52 TOTAL PROGRAM EXCLUDABLE COST	6185487	175972				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	107148962	4457963				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 (PPS) (41-S007)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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) (PPS)  
 (41-0007)(41-S007)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	8886	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1334.00	84
85 OBSERVATION BED COST	11853924	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	2179170	183565644	.011871	11853924	140718	86
87 NEW CAPITAL-RELATED COST	8672867	183565644	.047247	11853924	560062	87
88 NON PHYSICIAN ANESTHETIST		183565644		11853924		88
89 NURSING SCHOOL		183565644		11853924		89
89.01 ALLIED HEALTH		183565644		11853924		89.01
89.02 ALL OTHER		183565644		11853924		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (41-0007)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> 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		46000244		25
26 INTENSIVE CARE UNIT		53763036		26
27 CORONARY CARE UNIT		3915492		27
27.01 PEDIATRIC INTENSIVE CARE UNIT				27.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.281138	22769313	6401319	37
37.01 ENDOSCOPY	.282733	3232952	914062	37.01
37.02 PULMONARY FUNCTION TESTING	.157799	2669567	421255	37.02
37.03 GAMMA KNIFE	.412836			37.03
38 RECOVERY ROOM	.220491	3294465	726400	38
41 RADIOLOGY-DIAGNOSTIC	.309714	9147588	2833136	41
42 RADIOLOGY-THERAPEUTIC	.206926	3879792	802830	42
43 RADIOISOTOPE	.326203	1116601	364239	43
43.01 ULTRASOUND	.155647	796119	123914	43.01
43.02 CAT SCAN	.057964	15677784	908747	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	.085093	4022184	342260	43.03
43.04 PET IMAGING	.106515	113736	12115	43.04
44 LABORATORY	.145193	35739913	5189185	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.682131	3019692	2059826	47
49 RESPIRATORY THERAPY	.494320	5437926	2688076	49
50 PHYSICAL THERAPY	.629834	2509907	1580825	50
51 OCCUPATIONAL THERAPY	.280063	1229214	344257	51
52 SPEECH PATHOLOGY	.412477	758295	312779	52
53 ELECTROCARDIOLOGY	.105865	2461279	260563	53
54 ELECTROENCEPHALOGRAPHY	.889352	529276	470713	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.326219	40777940	13302539	55
56 DRUGS CHARGED TO PATIENTS	.145117	37834755	5490466	56
57 RENAL DIALYSIS	.361599	3878047	1402298	57
59 VASCULAR LAB	.099308	16613232	1649827	59
59.01 APPLIANCE SHOP	.883420	184156	162687	59.01
59.02 LITHOTRIPSY	.223275			59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.052191			60
60.01 OUTPATIENT PSYCHIATRY	.193780			60.01
60.02 NON MEDICARE CLINICS	.438688			60.02
61 EMERGENCY	.252731	19349301	4890168	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.454232	442988	201219	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		237486022	53855705	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		237486022		103



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (41-S007)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> 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		7795471		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.281138	7781	2188	37
37.01 ENDOSCOPY	.282733	11084	3134	37.01
37.02 PULMONARY FUNCTION TESTING	.157799	6566	1036	37.02
37.03 GAMMA KNIFE	.412836			37.03
38 RECOVERY ROOM	.220491	74186	16357	38
41 RADIOLOGY-DIAGNOSTIC	.309714	38406	11895	41
42 RADIOLOGY-THERAPEUTIC	.206926			42
43 RADIOISOTOPE	.326203	1318	430	43
43.01 ULTRASOUND	.155647	1784	278	43.01
43.02 CAT SCAN	.057964	101150	5863	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	.085093	31975	2721	43.03
43.04 PET IMAGING	.106515	5416	577	43.04
44 LABORATORY	.145193	494396	71783	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.682131	419	286	47
49 RESPIRATORY THERAPY	.494320	28567	14121	49
50 PHYSICAL THERAPY	.629834	8995	5665	50
51 OCCUPATIONAL THERAPY	.280063	3793	1062	51
52 SPEECH PATHOLOGY	.412477	2030	837	52
53 ELECTROCARDIOLOGY	.105865	6508	689	53
54 ELECTROENCEPHALOGRAPHY	.889352	9708	8634	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.326219	25015	8160	55
56 DRUGS CHARGED TO PATIENTS	.145117	887496	128791	56
57 RENAL DIALYSIS	.361599	92643	33500	57
59 VASCULAR LAB	.099308	8516	846	59
59.01 APPLIANCE SHOP	.883420			59.01
59.02 LITHOTRIPSY	.223275			59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.052191			60
60.01 OUTPATIENT PSYCHIATRY	.193780			60.01
60.02 NON MEDICARE CLINICS	.438688			60.02
61 EMERGENCY	.252731	757451	191431	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.454232			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		2605203	510284	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2605203		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		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST		
	1	D					
1	ADULTS & PEDIATRICS	369366	38	1334.00	61	81374	1
2	INTENSIVE CARE UNIT		43	865.98			2
3	CORONARY CARE UNIT		44	2348.15			3
3.01	PEDIATRIC INTENSIVE CARE UNIT		44.01	2478.33			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	369366			61	81374	7

  

	C	RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		1	2			
8	OPERATING ROOM	37	.278395	372184	103614	8
8.01	ENDOSCOPY	37.01	.282733	23027	6510	8.01
8.02	PULMONARY FUNCTION TESTING	37.02	.157799	27870	4398	8.02
8.03	GAMMA KNIFE	37.03	.412836			8.03
9	RECOVERY ROOM	38	.220491	74904	16516	9
10	DELIVERY ROOM & LABOR ROOM	39				10
11	ANESTHESIOLOGY	40				11
12	RADIOLOGY-DIAGNOSTIC	41	.309714	136348	42229	12
13	RADIOLOGY-THERAPEUTIC	42	.206926			13
14	RADIOISOTOPE	43	.326203	28392	9262	14
14.01	ULTRASOUND	43.01	.155647			14.01
14.02	CAT SCAN	43.02	.057964	105848	6135	14.02
14.03	MAGNETIC RESONANCE IMAGING(MRI)	43.03	.085093	7636	650	14.03
14.04	PET IMAGING	43.04	.106515			14.04
15	LABORATORY	44	.145193	783041	113692	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	.682131	15842	10806	18
19	INTRAVENOUS THERAPY	48		36179		19
20	RESPIRATORY THERAPY	49	.494320	408	202	20
21	PHYSICAL THERAPY	50	.629834	27903	17574	21
22	OCCUPATIONAL THERAPY	51	.280063	3781	1059	22
23	SPEECH PATHOLOGY	52	.412477			23
24	ELECTROCARDIOLOGY	53	.105865	7120	754	24
25	ELECTROENCEPHALOGRAPHY	54	.861359	528	455	25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.326219	308332	100584	26
27	DRUGS CHARGED TO PATIENTS	56	.145117	323477	46942	27
28	RENAL DIALYSIS	57	.361599	100270	36258	28
29	ASC (NON-DISTINCT PART)	58				29
30	VASCULAR LAB	59	.099308	77763	7722	30
30.01	APPLIANCE SHOP	59.01	.883420			30.01
30.02	LITHOTRIPSY	59.02	.223275			30.02
31	CLINIC	60	2.052191	24712	50714	31
31.01	OUTPATIENT PSYCHIATRY	60.01	.193780			31.01
31.02	NON MEDICARE CLINICS	60.02	.437477			31.02
32	EMERGENCY	61	.252731	51218	12944	32
33	OBSERVATION BEDS (NON-DISTINCT	62	.454232	9680	4397	33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			2546463	593417	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	
		1	2	3	
36	ADULTS & PEDIATRICS		61		36
37	INTENSIVE CARE UNIT				37
38	CORONARY CARE UNIT				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		61		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	2	3	
43	CLINIC	24712	20		43
43.01	OUTPATIENT PSYCHIATRY		20.01		43.01
43.02	NON MEDICARE CLINICS		20.02		43.02
44	EMERGENCY	51218	21		44
45	OBSERVATION BEDS (NON-DISTINCT)	9680	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	85610			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	674791		2915829		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2395324		3563531		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	3070115		6479360		53
54 TOTAL USABLE ORGANS		43			54
55 MEDICARE USABLE ORGANS		21			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.488372			56
57 MEDICARE COST/CHARGES	1499358		3164338		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	1499358		3164338		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	1499358		3164338		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER	16			62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		27		65
66 TOTAL	16	27		66
67 ORGANS TRANSPLANTED	16	27		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	16	27		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 [ ] 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	38	1334.00			1
2	INTENSIVE CARE UNIT	43	865.98			2
3	CORONARY CARE UNIT	44	2348.15			3
3.01	PEDIATRIC INTENSIVE CARE UNIT	44.01	2478.33			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		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
	C	1	2	3	
8	OPERATING ROOM	37	.278395		8
8.01	ENDOSCOPY	37.01	.282733		8.01
8.02	PULMONARY FUNCTION TESTING	37.02	.157799		8.02
8.03	GAMMA KNIFE	37.03	.412836		8.03
9	RECOVERY ROOM	38	.220491		9
10	DELIVERY ROOM & LABOR ROOM	39			10
11	ANESTHESIOLOGY	40			11
12	RADIOLOGY-DIAGNOSTIC	41	.309714		12
13	RADIOLOGY-THERAPEUTIC	42	.206926		13
14	RADIOISOTOPE	43	.326203		14
14.01	ULTRASOUND	43.01	.155647		14.01
14.02	CAT SCAN	43.02	.057964		14.02
14.03	MAGNETIC RESONANCE IMAGING(MRI)	43.03	.085093		14.03
14.04	PET IMAGING	43.04	.106515		14.04
15	LABORATORY	44	.145193		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	.682131		18
19	INTRAVENOUS THERAPY	48			19
20	RESPIRATORY THERAPY	49	.494320		20
21	PHYSICAL THERAPY	50	.629834		21
22	OCCUPATIONAL THERAPY	51	.280063		22
23	SPEECH PATHOLOGY	52	.412477		23
24	ELECTROCARDIOLOGY	53	.105865		24
25	ELECTROENCEPHALOGRAPHY	54	.861359		25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.326219		26
27	DRUGS CHARGED TO PATIENTS	56	.145117		27
28	RENAL DIALYSIS	57	.361599		28
29	ASC (NON-DISTINCT PART)	58			29
30	VASCULAR LAB	59	.099308		30
30.01	APPLIANCE SHOP	59.01	.883420		30.01
30.02	LITHOTRIPSY	59.02	.223275		30.02
31	CLINIC	60	2.052191		31
31.01	OUTPATIENT PSYCHIATRY	60.01	.193780		31.01
31.02	NON-MEDICARE CLINICS	60.02	.437477		31.02
32	EMERGENCY	61	.252731		32
33	OBSERVATION BEDS (NON-DISTINCT	62	.454232		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	
		1	2	3	
36	ADULTS & PEDIATRICS	D			36
37	INTENSIVE CARE UNIT	2			37
38	CORONARY CARE UNIT	3			38
38.01	PEDIATRIC INTENSIVE CARE UNIT	4			38.01
39	BURN INTENSIVE CARE UNIT	4.01			39
40	SURGICAL INTENSIVE CARE UNIT	5			40
41	OTHER SPECIAL CARE (SPECIFY)	6			41
42	SUBTOTAL	7			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	111971		364588		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	111971		364588		53
54 TOTAL USABLE ORGANS		4			54
55 MEDICARE USABLE ORGANS		6			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		1.500000			56
57 MEDICARE COST/CHARGES	167957		546882		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	167957		546882		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	167957		546882		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	19562980					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	58852193					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	10048349					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	31579964					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	4551507					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	619.45					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	296.27					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]	16.00					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	16.00	333.97			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	405.20					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	334.55					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	330.80					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..	332.55					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	332.63				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	0.536976				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.597604				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	0.536976				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	7601139				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 ]	23213663				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	30814802 1279784	32094586			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0932				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2298				4.01
4.02	SUM OF 4 AND 4.01	0.3230				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1586				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	12436646				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	127497912				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	127497912				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	8553663				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	8961049				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	1667315				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	394707				15
16	TOTAL	147074646				16
17	PRIMARY PAYER PAYMENTS	142804				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	146931842				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5839368				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	821733				20
21	REIMBURSABLE BAD DEBTS	1719190				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1203433				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1281825				21.02
22	SUBTOTAL	141474174				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	141474174				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	145971481				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-4497307				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	4528608				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 INSTR.)					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	1028			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	33736529			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	29660271			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.902			1.03
1.04 LINE 1.01 TIMES LINE 1.03	30430349			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	97.47			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	289460			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	1028			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	7086			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	7086			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	7086			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	6058			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1028			17
17.01 TOTAL PPS PAYMENTS	29949731			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	6426508		18.01
19 SUBTOTAL	23524251		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2550425		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	26074676		23
24 PRIMARY PAYER PAYMENTS	17838		24
25 SUBTOTAL	26056838		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1834247		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	1283973		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1550885		27.02
28 SUBTOTAL	27340811		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	27340811		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	26688024		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	652787		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	234600		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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			18.01
LINE 17.01			
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
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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

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		145971481		26688024	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	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		145971481		26688024	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			652787	6.01
	PROVIDER TO .02	-4497307			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		141474174		27340811	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		2699706		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2699706		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-398365		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		2301341		7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 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						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08		2501700				1.08
1.09		148612				1.09
1.10		17744				1.10
1.11		9.56				1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		29.405479				1.16
1.17						1.17
1.18						1.18
1.19		2668056				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		2668056				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		2668056				4
5						5
6		2668056				6
7		163604				7
8		2504452				8
9		205021				9
10		2299431				10
11						11
11.01						11.01
11.02						11.02
12		2299431				12
13						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)	1910				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	2301341				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2699706				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-398365				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					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					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	319.66 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	21.70 3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	19.00 3.03
3.04	FTE ADJUSTMENT CAP 19.00	360.36 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	414.62 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	360.36 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	129.84 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	242.67 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	372.51 3.09
3.10	SEE INSTRUCTIONS	323.76 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	0.58 3.11
3.12	SEE INSTRUCTIONS	211.49 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	202.66 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	199.88 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	204.68 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	204.68 3.16
3.17	SEE INSTRUCTIONS	83090.05 3.17
3.18	SEE INSTRUCTIONS	17006871 3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS		111.86	3.19
3.20	SEE INSTRUCTIONS		113.50	3.20
3.21	SEE INSTRUCTIONS		112.74	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		112.74	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		83090.05	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		9367572	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		26374443	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		52013	4
5	TOTAL INPATIENT DAYS		182241	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.285408	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7527477 532629	8060106	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		25937	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		182241	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		3223294	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 228074	228074	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		8649596	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
05/14/2010 14:11

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

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

12	REASONABLE COST	117968384	12
13	ORGAN ACQUISITION COSTS	1667315	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	142804	15
16	TOTAL PART A REASONABLE COST	119492895	16
PART B REASONABLE COST			
17	REASONABLE COST	34027017	17
18	PRIMARY PAYER PAYMENTS	17838	18
19	TOTAL PART B REASONABLE COST	34009179	19
20	TOTAL REASONABLE COST	153502074	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.778445	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.221555	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	11511474	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	8961049	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	2550425	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)	54.26	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	22.46	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	83090.05	8
9	LINE 7 TIMES LINE 8	1866203	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.285408	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	532629	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	228074	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)	71.23	17
18	SEE INSTRUCTIONS	25.00	18
19	RESIDENT TO BED COUNT	.040358	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.010661	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	78415173	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	41628313	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	1279784	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	81927000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	147910000			4
5	OTHER RECEIVABLES	8469000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-31301000			6
7	INVENTORY	11470000			7
8	PREPAID EXPENSES	1901000			8
9	OTHER CURRENT ASSETS	2000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	220378000			11
FIXED ASSETS					
12	LAND	17720000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	5975000			13
13.01	ACCUMULATED DEPRECIATION	-2550000			13.01
14	BUILDINGS	655094000			14
14.01	ACCUMULATED DEPRECIATION	-265340000			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	311487000			16
16.01	ACCUMULATED DEPRECIATION	-233091000			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	489295000			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	502962000			25
26	TOTAL OTHER ASSETS	502962000			26
27	TOTAL ASSETS	1212635000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	32489000			28
29	SALARIES, WAGES & FEES PAYABLE	39579000			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	45164000			35
36	TOTAL CURRENT LIABILITIES	117232000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	271108000			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	165237000			41
42	TOTAL LONG TERM LIABILITIES	436345000			42
43	TOTAL LIABILITIES	553577000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	659058000			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	659058000			51
52	TOTAL LIABILITIES AND FUND BALANCES	1212635000			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	714186000			1
2 NET INCOME (LOSS)	20443446			2
3 TOTAL	734629446			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	2170000			4
5 GIFTS, GRANTS AND BEQUESTS - TEMP	155203000			5
6 TRNSFR FROM RIH FOUNDATION				6
7 NET ASSETS RELEASED FROM RESTRICTED	13264000			7
8 NET UNRLZD GAINS-UNRSTCTD	-5186000			8
9 OTHER	-5177000			9
10 TOTAL ADDITIONS	160274000			10
11 SUBTOTAL	894903446			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED FROM RSTRCTN	71487000			13
14 NET REALIZ/UNREALIZ LOSSES/GAINS				14
15 TRNSFR TO/FROM AFFILIATES				15
16 APPROP TO TEMP RSTRCTD NET ASSETS	97284000			16
17 CUMU EFF OF CHG ACCTG PRINC	57439000			17
18 TOTAL DEDUCTIONS	226210000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	668693446			19



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	258491477		258491477	2
4 SUBPROVIDER I	24520533		24520533	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	283012010		283012010	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	85723304		85723304	12
13 CORONARY CARE UNIT	10523978		10523978	13
14.01 PEDIATRIC INTENSIVE CARE UNIT	20369237		20369237	14.01
15 BURN INTENSIVE CARE UNIT				15
16 SURGICAL INTENSIVE CARE UNIT				16
17 OTHER SPECIAL CARE (SPECIFY)				17
18 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	116616519		116616519	18
19 TOTAL INPATIENT ROUTINE CARE SERVICES	399628529		399628529	19
20 ANCILLARY SERVICES	807581101		807581101	20
21 OUTPATIENT SERVICES		1022842653	1022842653	21
22.50 RHC				22.50
23.60 FQHC				23.60
24 HOME HEALTH AGENCY				24
25 AMBULANCE				25
26 CORF				26
27 ASC				27
28 HOSPICE				28
29				29
30				30
31				31
32				32
33 TOTAL PATIENT REVENUES	1207209630	1022842653	2230052283	33

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		912109250	26
27 PROVISION FOR BAD DEBS	51123716		27
28 INDIRECT RESEARCH EXPENSES	8953489		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		60077205	33
34 PAYROLL BILLED	-8592724		34
35 RADIOSURGERY	-324269		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-8916993		39
40 TOTAL OPERATING EXPENSES		963269462	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	2230052283	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1392729000	2
3	NET PATIENT REVENUES	837323283	3
4	LESS - TOTAL OPERATING EXPENSES	963269462	4
5	NET INCOME FROM SERVICE TO PATIENTS	-125946179	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	3516075	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	6995170	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INDIRECT COSTS FROM GRANTS	8953489	24
24.01	RESTRICTED ENDOWMENT	6570361	24.01
24.02	RESTRICTED G&C-RESEARCH (7000'S)	45023200	24.02
24.03	RESTRICTED G&C-OTHER (6000'S)	14615505	24.03
24.04	W&I SHARED SERVICES	2055620	24.04
24.05	OTHER	14334045	24.05
24.06	DISPROPORTIONATE SHARE REVENUE	44326160	24.06
24.07	RECONCILING		24.07
25	TOTAL OTHER INCOME	146389625	25
26	TOTAL	20443446	26
27	NONOPERATING GAINS, NET		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	20443446	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

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

	TOTAL COSTS		BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2				
1 REGISTERED NURSES	621347		HRS OF SERVICE	15912.00	7.65	1
2 LICENSED PRACTICAL NURSES			HRS OF SERVICE			2
3 NURSES AIDES			HRS OF SERVICE			3
4 TECHNICIANS			HRS OF SERVICE			4
5 SOCIAL WORKERS	49984		HRS OF SERVICE	1456.00	.70	5
6 DIETICIANS	11554		HRS OF SERVICE	416.00	.20	6
7 PHYSICIANS			ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	306147		ACCUMULATED COST			8
9 SUBTOTAL	989032					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	637269		ACCUMULATED COST			16
17 SUBTOTAL	1626301					17
18 OLD CAP REL COSTS-BLDGS & FIXTURES	47324		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT	21803		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	47129		SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	32040		PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	290722		SALARY			22
23 ADMINISTRATIVE AND GENERAL	401743		ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	414991		SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS						25
26 CENTRAL SERVICES & SUPPLIES	22020		REQUISITIONS			26
27 PHARMACY	82374		REQUISITIONS			27
28 OTHER ALLOCATED COSTS	141239		ACCUMULATED COST			28
29 SUBTOTAL	3127686					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	3127686					33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- DIRECT PATIENT					ROUTINE					TOTAL	
	RELATED COSTS		CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL	ANCILLARY	SUB-	OVERHEAD		
	BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS		SUPPLIES	SERVICES	TOTAL			
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	509444	53843	621347	61538	290722	82374	22020		1641288	1486398	3127686	1
2 MAINTENANCE												
3 HEMODIALYSIS	90547	9576	110509	10947	51705	14650	3916		291850	264308	556158	2
4 INTERMITTENT PERITONEAL TRAINING												3
5 HEMODIALYSIS												4
6 INTERMITTENT PERITONEAL												5
7 CAPD												6
8 CCPD												7
9 HOME												
10 HEMODIALYSIS												8
11 INTERMITTENT PERITONEAL												9
12 CAPD												10
13 CCPD												11
14 OTHER BILLABLE SERVICES												
15 INPATIENT DIALYSIS	418897	44267	510838	50591	239017	67724	18104		1349438	1222090	2571528	12
16 METHOD II HOME PATIENT												13
17 EPO (INCL IN RENAL DEPT)												14
18.01 ARANESP (INCL IN RENAL DEPT)												14.01
19 OTHER												15
20 TOTAL	509444	53843	621347	61538	290722	82374	22020		1641288	1486398	3127686	16
21 MEDICAL EDUC PGM COSTS												17
22 TOTAL RENAL COSTS											3127686	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)									
	1	2									
1	TOTAL RENAL DEPT COSTS	509444	53843	621347	61538	290722	82374	22020	1641288	1486398	1
2	MAINTENANCE										
3	HEMODIALYSIS	198	12229.00	2830.00	1802.00	180489	9094	38702			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD										6
7	CCPD										7
8	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRTMNTS 3413	916	56533.00	13082.00	8328.00	834350	42038	178908			
13	METHOD II HOME PATIENT										13
14	EPO										14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	1114	68762.00	15912.00	10130.00	1014839	51132	217610		1641288	16
17	UNIT COST MULTIPLIER	457.310592	.783034	39.048957	6.074827	.286471	1.611007	.101190		.905629	17

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 05/14/2010 14:11

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -  
 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	628	556158	885.60	147	130183	146.61	21552	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	628	556158		147	130183		21552	11

PROVIDER NO. 41-0007 RHODE ISLAND HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
05/14/2010 14:11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	130183 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	21552 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	4651 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	4651 6
7	PROGRAM PAYMENT	17242 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) (41-0007)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	6464273			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	103565			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18]	469.88			4
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS 332.63 25.00	357.63			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	23.96			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	1548840			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0932			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2298			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3230			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0676			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	436985			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8553663			6
<b>PART II - HOLD HARMLESS METHOD</b>					
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
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
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
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
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	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	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 GENER					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					22
23 I&R SERVICES-OTHER PRGM COSTS					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 C					46.30
47 BLOOD STORING, PROCESSING & TR					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 PA					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 THERAP					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
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					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 ADMINISTRATIO					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 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					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	24.93						24.93 25
26 INTENSIVE CARE UNIT	36.80						36.80 26
27 CORONARY CARE UNIT	32.11						32.11 27
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	14.67	6.09					20.76 37
37.01 ENDOSCOPY	8.81	14.52					23.33 37.01
37.02 PULMONARY FUNCTION TESTING	15.17	4.54					19.71 37.02
38 RECOVERY ROOM	8.83	9.51					18.34 38
41 RADIOLOGY-DIAGNOSTIC	10.27	7.99					18.26 41
42 RADIOLOGY-THERAPEUTIC	7.28	16.30					23.58 42
43 RADIOISOTOPE	4.95	17.23					22.18 43
43.01 ULTRASOUND	3.93	7.20					11.13 43.01
43.02 CAT SCAN	10.44	9.93					20.37 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	8.20	8.38					16.58 43.03
43.04 PET IMAGING	0.96	29.34					30.30 43.04
44 LABORATORY	14.84	1.50					16.34 44
47 BLOOD STORING, PROCESSING & TRA	22.14	3.29					25.43 47
49 RESPIRATORY THERAPY	27.63	0.65					28.28 49
50 PHYSICAL THERAPY	19.10						19.10 50
51 OCCUPATIONAL THERAPY	15.95	0.02					15.97 51
52 SPEECH PATHOLOGY	11.98	1.38					13.36 52
53 ELECTROCARDIOLOGY	27.99	27.71					55.70 53
54 ELECTROENCEPHALOGRAPHY	8.83	1.80					10.63 54
55 MEDICAL SUPPLIES CHARGED TO PAT	19.66	6.60					26.26 55
56 DRUGS CHARGED TO PATIENTS	16.12	9.74					25.86 56
57 RENAL DIALYSIS	44.84	1.49					46.33 57
59 VASCULAR LAB	19.53	4.91					24.44 59
59.01 APPLIANCE SHOP	18.85						18.85 59.01
59.02 LITHOTRIPSY		22.06					22.06 59.02
60 CLINIC		15.64					15.64 60
60.01 OUTPATIENT PSYCHIATRY		0.99					0.99 60.01
61 EMERGENCY	10.30	7.85					18.15 61
62 OBSERVATION BEDS (NON-DISTINCT	1.70	23.18					24.88 62
101 TOTAL CHARGES	10.84	6.14					16.98 101

\*\*\*\*\* 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	31.98						31.98 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
37.01 ENDOSCOPY	0.03						0.03 37.01
37.02 PULMONARY FUNCTION TESTING	0.04						0.04 37.02
38 RECOVERY ROOM	0.20						0.20 38
41 RADIOLOGY-DIAGNOSTIC	0.04						0.04 41
43 RADIOISOTOPE	0.01						0.01 43
43.01 ULTRASOUND	0.01						0.01 43.01
43.02 CAT SCAN	0.07						0.07 43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	0.07						0.07 43.03
43.04 PET IMAGING	0.05						0.05 43.04
44 LABORATORY	0.21						0.21 44
49 RESPIRATORY THERAPY	0.15						0.15 49
50 PHYSICAL THERAPY	0.07						0.07 50
51 OCCUPATIONAL THERAPY	0.05						0.05 51
52 SPEECH PATHOLOGY	0.03						0.03 52
53 ELECTROCARDIOLOGY	0.07						0.07 53
54 ELECTROENCEPHALOGRAPHY	0.16						0.16 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.38						0.38 56
57 RENAL DIALYSIS	1.07						1.07 57
59 VASCULAR LAB	0.01						0.01 59
61 EMERGENCY	0.40						0.40 61
101 TOTAL CHARGES	0.12						0.12 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	7172487	.82	-7172487	-1.46			1
2	OLD CAP REL COSTS-MVBLE EQUIP	3149047	.36	-3149047	-.64			2
3	NEW CAP REL COSTS-BLDG & FIXT	22328777	2.57	-22328777	-4.55			3
4	NEW CAP REL COSTS-MVBLE EQUIP	15179883	1.74	-15179883	-3.09			4
5	EMPLOYEE BENEFITS	106880104	12.28	-106880104	-21.78			5
6.01	TELEPHONE	310105	.04	-310105	-.06			6.01
6.02 DATA PROCESSING								
6.03	PURCHASING	1228498	.14	-1228498	-.25			6.02
6.04	ADMITTING	3748859	.43	-3748859	-.76			6.03
6.05	ACCOUNTING	2271415	.26	-2271415	-.46			6.04
6.06	OTHER ADMINISTRATIVE AND GENERA	122828595	14.11	-122828595	-25.03			6.05
7	MAINTENANCE & REPAIRS	12798185	1.47	-12798185	-2.61			6.06
8	OPERATION OF PLANT	19386275	2.23	-19386275	-3.95			7
9	LAUNDRY & LINEN SERVICE	707799	.08	-707799	-.14			8
10	HOUSEKEEPING	7332239	.84	-7332239	-1.49			9
11	DIETARY	7056822	.81	-7056822	-1.44			10
12	CAFETERIA	383913	.04	-383913	-.08			11
13 MAINTENANCE OF PERSONNEL								
14	NURSING ADMINISTRATION	11341329	1.30	-11341329	-2.31			12
15	CENTRAL SERVICES & SUPPLY	2731675	.31	-2731675	-.56			13
16	PHARMACY	51073516	5.87	-51073516	-10.41			14
17	MEDICAL RECORDS & LIBRARY	6716905	.77	-6716905	-1.37			15
18	SOCIAL SERVICE	2997560	.34	-2997560	-.61			16
19 CO-OPERATIVE CARE - GENERAL								
19.01	CENTRAL TRANSPORTATION	2855531	.33	-2855531	-.58			17
19.02	DEPARTMENT OF MEDICINE	10964908	1.26	-10964908	-2.23			18
19.03	DEPARTMENT OF SURGERY	11886830	1.37	-11886830	-2.42			19
19.04	DEPARTMENT OF PEDIATRICS	18567864	2.13	-18567864	-3.78			19.01
19.05	DEPARTMENT OF ORTHOPEDICS	1357140	.16	-1357140	-.28			19.02
19.06	DEPARTMENT OF PSYCHIATRY	5262838	.60	-5262838	-1.07			19.03
19.07	PRE-ADMISSION TESTING	151776	.02	-151776	-.03			19.04
19.08	DEPARTMENT OF CARDIOLOGY	643564	.07	-643564	-.13			19.05
20 NONPHYSICIAN ANESTHETISTS								
21	NURSING SCHOOL							19.06
22	I&R SERVICES-SALARY & FRINGES A	22846411	2.62	-22846411	-4.65			19.07
23	I&R SERVICES-OTHER PRGM COSTS A	6223489	.71	-6223489	-1.27			19.08
24	PARAMED ED PRGM-(SPECIFY)							20
24.01	PARAMED ED PRGM - TECHNICIANS	67490	.01	-67490	-.01			21
24.02	PARAMED ED PRGM-PSYCH							22
24.03	PARAMED ED PRGM- RADIOLOGY	2347366	.27	-2347366	-.48			23
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	79103720	9.09	138841114	28.29	217944834	25.04	24
26	INTENSIVE CARE UNIT	14840217	1.70	16597622	3.38	31437839	3.61	24.01
27	CORONARY CARE UNIT	2963345	.34	3705404	.75	6668749	.77	24.02
27.01	PEDIATRIC INTENSIVE CARE UNIT	4449270	.51	4586714	.93	9035984	1.04	24.03
31	SUBPROVIDER I	4995680	.57	9566940	1.95	14562620	1.67	25



COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	328		157248	.03	157576	.02	96
97 RESEARCH	38122865	4.38	31942273	6.51	70065138	8.05	97
97.01 DENTAL CLINIC	1710171	.20	1074616	.22	2784787	.32	97.01
97.02 FUND RAISING	704315	.08	219824	.04	924139	.11	97.02
97.03 CARDIOLOGY FOUNDATION	13904		5045		18949		97.03
97.04 ORTHOPAEDIC FOUNDATION	96639	.01	1297124	.26	1393763	.16	97.04
97.05 MEDICAL FOUNDATION	306598	.04	1057613	.22	1364211	.16	97.05
97.06 SURGICAL FOUNDATION	37862		2119587	.43	2157449	.25	97.06
97.07 NEUROLOGY FOUNDATION	69386	.01	21876		91262	.01	97.07
97.08 RESEARCH FINANCE ADMINISTRATION	2868360	.33	959899	.20	3828259	.44	97.08
98 PHYSICIANS' PRIVATE OFFICES	244261	.03	18371136	3.74	18615397	2.14	98
98.01 NOPCO							98.01
99.01 HASBRO VNA							99.01
99.02 PATIENT TELEPHONES							99.02
99.03 RIH VENTURES	3260728	.37	713170	.15	3973898	.46	99.03
99.04 NON-PATIENT RELATED							99.04
99.05 DAY CARE CENTER			303981	.06	303981	.03	99.05
99.06 WORK LAB			61338	.01	61338	.01	99.06
99.07 PAYROLL BILLED	8592722	.99	4480412	.91	13073134	1.50	99.07
99.08 O/P MEALS			859713	.18	859713	.10	99.08
99.09 WEIGHT LOSS PROGRAM							99.09
99.10 UNALLOWABLE FLOOR AREA							99.10
99.11 OTHER NON-REIMBURSEABLE	141786	.02	109845	.02	251631	.03	99.11
99.12 SATALITE PHYSICIANS OFFICE							99.12
99.13 SNE REHAB	116276	.01	39712	.01	155988	.02	99.13
99.14 CO-OPERATIVE CARE W & I			1759260	.36	1759260	.20	99.14
99.15 BROWN UNIV. STUDENTS	506011	.06	4155362	.85	4661373	.54	99.15
99.16 LCS CORO			2800339	.57	2800339	.32	99.16
99.17 TMH CORO			992599	.20	992599	.11	99.17
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	870509929	100.00	0	.00	870509929	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	4118232	155244976	.026527	22769313	604002	37
37.01 ENDOSCOPY	501110	36713759	.013649	3232952	44127	37.01
37.02 PULMONARY FUNCTION TESTING	38610	17601053	.002193	2669567	5854	37.02
37.03 GAMMA KNIFE	72683	3090465	.023518			37.03
38 RECOVERY ROOM	242024	37324373	.006484	3294465	21361	38
41 RADIOLOGY-DIAGNOSTIC	1614531	89071327	.018127	9147588	165818	41
42 RADIOLOGY-THERAPEUTIC	2723707	53273651	.051127	3879792	198363	42
43 RADIOISOTOPE	887721	22540357	.039384	1116601	43976	43
43.01 ULTRASOUND	101947	20275339	.005029	796119	4004	43.01
43.02 CAT SCAN	231685	150206589	.001542	15677784	24175	43.02
43.03 MAGNETIC RESONANCE IMAGING(MRI)	164239	49033880	.003349	4022184	13470	43.03
43.04 PET IMAGING	14715	11888120	.001238	113736	141	43.04
44 LABORATORY	1910403	240861294	.007932	35739913	283489	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	180736	13637011	.013253	3019692	40020	47
49 RESPIRATORY THERAPY	206648	19681976	.010499	5437926	57093	49
50 PHYSICAL THERAPY	346658	13140122	.026381	2509907	66213	50
51 OCCUPATIONAL THERAPY	21562	7707424	.002798	1229214	3439	51
52 SPEECH PATHOLOGY	171967	6327657	.027177	758295	20608	52
53 ELECTROCARDIOLOGY	133363	8792932	.015167	2461279	37330	53
54 ELECTROENCEPHALOGRAPHY	604797	5991986	.100934	529276	53422	54
55 MEDICAL SUPPLIES CHARGED TO PAT	248765	207413319	.001200	40777940	48933	55
56 DRUGS CHARGED TO PATIENTS	380016	234654543	.001620	37834755	61292	56
57 RENAL DIALYSIS	310965	8649596	.035951	3878047	139420	57
59 VASCULAR LAB	852090	85063234	.010017	16613232	166414	59
59.01 APPLIANCE SHOP	45247	976825	.046321	184156	8530	59.01
59.02 LITHOTRIPSY	1419	1087524	.001305			59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2424359	18056140	.134268			60
60.01 OUTPATIENT PSYCHIATRY	155791	24377744	.006391			60.01
60.02 NON MEDICARE CLINICS	925352	33764764	.027406			60.02
61 EMERGENCY	2776629	187837857	.014782	19349301	286022	61
62 OBSERVATION BEDS (NON-DISTINCT	700780	26096623	.026853	442988	11896	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	23108751	1790382460		237486022	2409412	101



APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	10852037		10852037	137605	78.87	34308	2705872 25
26 INTENSIVE CARE UNIT	1239805		1239805	36303	34.15	13361	456278 26
27 CORONARY CARE UNIT	682639		682639	2840	240.37	912	219218 27
27.01 PEDIATRIC INTENSIVE CARE UNIT	513836		513836	3646	140.93		27.01
101 TOTAL	13288317		13288317			48581	3381368 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						3381368	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2409412	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						5790780	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						8352	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						48581	
PER DISCHARGE CAPITAL COSTS						693.34	
PER DIEM CAPITAL COSTS						119.20	

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)	107148962
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	341164794
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.314

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))	4632025
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	10400674
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.445

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)	5790780
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 OPPTS. (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))	33653416
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	134354409
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.250