South County Hospital

Medicare 2552
Fiscal Year 2009

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

CHECK APPLICABLE BOX — XX ELECTRONICALLY FILED COST REPORT — __ MANUALLY SUBMITTED COST REPORT

DATE: _02/25/2010
TIME: _15:04____

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 SOUTH COUNTY HOSPITAL (41-0008) (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.

ECR Encryption: 02/25/2010 15:04
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(SIGNED) C. Brown
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CFO
TITLE

2/26/10
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		17033	28379		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		17033	28379		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 OMD 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 HOSPITAL HEALTH CARE COMPLEX COST REPORT
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WORKSHEET S
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(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 100 KENYON AVENUE — P.O.BOX: — 1
1.01 CITY: WAKEFIELD — STATE: RI — ZIP CODE: 02879 — COUNTY: WASHINGTON — 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	SOUTH COUNTY HOSPITAL	41-0008	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) — FROM: 10/01/2008 (1) TO: 09/30/2009 (2) — 17

18 TYPE OF CONTROL — 2 — 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL — 1 — 19
20 SUBPROVIDER I — 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. — 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? — NO — 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 Y 39300 — 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. — 1 — 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. — 1 — 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. — NO — 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). — NO — 21.07

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? — NO — 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW — NO — 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. — 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. — 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. — 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. — 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. — 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. — 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. — 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. — 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. — 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? — NO — 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? — NO — 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. — NO — 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) — 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) — 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.0
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
		V	XVIII	XIX	
	PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL	1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO	40
40.01	NAME: FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:	P.O.BOX:	40.02
40.03	CITY:	STATE: ZIP CODE:	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?	YES	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 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

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

		DATE 0	Y/N 1	LIMIT 2	Y/N 3	FEES 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?	NO	57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.	NO	58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	85	31025			7917		309		1
2	HMO					2790		1229		2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	85	31025			7917		309		5
6	INTENSIVE CARE UNIT	8	2920			877				6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY									11
12	TOTAL HOSPITAL	93	33945			8794		309		12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY									18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	93								25
26	OBSERVATION BED DAYS							34	11	26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		19246								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		19246								5
6	INTENSIVE CARE UNIT		2165								6
7	CORONARY CARE UNIT										7
8	BURN INTENSIVE CARE UNIT										8
9	SURGICAL INTENSIVE CARE UNIT										9
10	OTHER SPECIAL CARE (SPECIFY)										10
11	NURSERY		976								11
12	TOTAL HOSPITAL		22387						648.50		12
13	RPCH VISITS										13
14	SUBPROVIDER I										14
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY										18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL								648.50		25
26	OBSERVATION BED DAYS	23	339	103	236						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2025	487	5757	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
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2025	487	5757	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

	PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	
	SALARIES							
1	TOTAL SALARIES	42628638		42628638	1348880.00	31.60		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	549536		549536	4160.00	132.10	WKST A-8-2	4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3676101	-151873	3524228	59333.00	59.40		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	191652		191652	2609.00	73.46	CONT. LABOR SUM	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	213328		213328	4266.50	50.00	WKST A-8-2	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	9431825		9431825			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	850030		850030			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	154434		154434			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1595606		1595606	10816.00	147.52		21
22	ADMINISTRATIVE & GENERAL	5540010	-72376	5467634	204074.00	26.79		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	758222		758222	7838.00	96.74		22.01
23	MAINTENANCE & REPAIRS	660300		660300	27664.00	23.87		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	423348		423348	28704.00	14.75		26
26.01	HOUSEKEEPING UNDER CONTRACT	623806		623806	37791.00	16.51		26.01
27	DIETARY	694186	-353813	340373	22232.00	15.31		27
27.01	DIETARY UNDER CONTRACT	381836		381836	9432.00	40.48		27.01
28	CAFETERIA		353813	353813	23112.00	15.31		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1050261		1050261	24752.00	42.43		30
31	CENTRAL SERVICES AND SUPPLY	357176		357176	24752.00	14.43		31
32	PHARMACY	892762		892762	24752.00	36.07		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	918134		918134	46384.00	19.79		33
34	SOCIAL SERVICE	320197		320197	10192.00	31.42		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1	NET SALARIES	44392502		44392502	1403941.00	31.62	1
2	EXCLUDED AREA SALARIES	3676101	-151873	3524228	59333.00	59.40	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	40716401	151873	40868274	1344608.00	30.39	3
4	SUBTOTAL OTHER WAGES & REL COSTS	404980		404980	6875.50	58.90	4
5	SUBTOTAL WAGE-RELATED COSTS	9586259		9586259		23.46%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	50707640	151873	50859513	1351483.50	37.63	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	14215844	-72376	14143468	502495.00	28.15	13

NHCMQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	2966349	17
17.01	GROSS MEDICAID REVENUES	5049922	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	8016271	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.414899	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	12738233	28
29	TOTAL GROSS MEDICAID COST	5285080	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	1097165	30
31	UNCOMPENSATED CARE COST	455213	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5285080	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								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		99680	99680	12322278	12421958	307710	12729668	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				2923240	2923240	-380	2922860	4
5	0500	EMPLOYEE BENEFITS	1595606	9729493	11325099	13326	11338425		11338425	5
6.01	0610	COMMUNICATIONS	405922	227519	633441	-131874	501567		501567	6.01
6.02	0630	PURCHASING	285611	81741	367352	-2177	365175	-68509	296666	6.02
6.03	0640	ADMITTING	797345	59698	857043	-1397	855646		855646	6.03
6.04	0650	PATIENT ACCOUNTING	680237	971875	1652112	-3407	1648705		1648705	6.04
6.05	0660	OTHER ADMINISTRATION AND GENERA	3370895	10794107	14165002	-1010660	13154342	-923260	12231082	6.05
7	0700	MAINTENANCE & REPAIRS	660300	700469	1360769	-79030	1281739		1281739	7
8	0800	OPERATION OF PLANT		3976706	3976706	-1658576	2318130	-30000	2288130	8
8.01	0801	BIO MED SERVICE CONTRACTS		577237	577237	-2452	574785		574785	8.01
9	0900	LAUNDRY & LINEN SERVICE		409057	409057	-38	409019		409019	9
10	1000	HOUSEKEEPING	423348	906775	1330123	-2384	1327739		1327739	10
11	1100	DIETARY	694186	1032525	1726711	-888928	837783		837783	11
12	1200	CAFETERIA				860081	860081	-266756	593325	12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	1050261	63447	1113708	-17243	1096465		1096465	14
15	1500	CENTRAL SERVICES & SUPPLY	357176	154648	511824	-53570	458254		458254	15
16	1600	PHARMACY	892762	2196223	3088985	-2094167	994818	-12811	982007	16
17	1700	MEDICAL RECORDS & LIBRARY	918134	85566	1003700	779	1004479	-3553	1000926	17
18	1800	SOCIAL SERVICE	320197	16322	336519	-182	336337		336337	18
20	2000	NONPHYSICIAN ANESTHETISTS								20
21	2100	NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A								22
23	2300	I&R SERVICES-OTHER PRGM COSTS A								23
24	2400	PARAMED ED PRGM-(SPECIFY)								24
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	8824600	1615773	10440373	-755340	9685033	-1957057	7727976	25
26	2600	INTENSIVE CARE UNIT	1713280	135968	1849248	-11258	1837990	-156000	1681990	26
33	3300	NURSERY				125869	125869		125869	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	2153211	6459733	8612944	-5458436	3154508		3154508	37
38	3800	RECOVERY ROOM	1811183	122900	1934083	-20291	1913792		1913792	38
39	3900	DELIVERY ROOM & LABOR ROOM	70754	8	70762	166913	237675		237675	39
41	4100	RADIOLOGY-DIAGNOSTIC	1755238	1736462	3491700	-723965	2767735	-38250	2729485	41
43.01	4301	NUCLEAR MEDICINE	150664	156974	307638	-131065	176573		176573	43.01
43.02	4302	ECHOCARDIOGRAPHY	53040	5598	58638	-4298	54340	-53040	1300	43.02
43.03	4303	ULTRASOUND	429352	163424	592776	-101717	491059	-9752	481307	43.03
43.04	4304	MAGNETIC RESONANCE IMAGING	239596	300958	540554	-128210	412344		412344	43.04
43.05	4305	CAT SCAN	351307	318271	669578	-1696	667882		667882	43.05
44	4400	LABORATORY	3566515	3484980	7051495	-490933	6560562	-256055	6304507	44
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700	BLOOD STORING, PROCESSING & TRA		602743	602743	184549	787292		787292	47
48	4800	INTRAVENOUS THERAPY	166212	1764584	1930796	-3520	1927276		1927276	48
49	4900	RESPIRATORY THERAPY	764309	120500	884809	-19058	865751	-46620	819131	49
50	5000	PHYSICAL THERAPY	328910	61172	390082	-3187	386895		386895	50
51	5100	OCCUPATIONAL THERAPY								51
52	5200	SPEECH PATHOLOGY								52
53	5300	ELECTROCARDIOLOGY	220886	47284	268170	-36185	231985	-125200	106785	53
53.01	5301	CARDIAC REHAB	252258	28690	280948	-16971	263977	-5000	258977	53.01
54	5400	ELECTROENCEPHALOGRAPHY	387361	48334	435695	-25675	410020	-171000	239020	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				5432366	5432366		5432366	55
56	5600	DRUGS CHARGED TO PATIENTS				2170877	2170877		2170877	56
57	5700	RENAL DIALYSIS								57
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	883871	503989	1387860	42982	1430842	-20800	1410042	60
60.01	6001	FAMILY EDUCATION	6625	329	6954		6954		6954	60.01
61	6100	EMERGENCY	2371385	1023813	3395198	-760929	2634269	-60000	2574269	61
61.01	6101	EXPRESS CARE								61.01
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63	4950	OCCUPATIONAL MEDICINE		238	238	-101	137	-11705	-11568	63
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02

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	
85.03	8530	ISLET CELL ACQUISITION								85.03
88	8800	INTEREST EXPENSE		8638382	8638382	-8638382				88
95		SUBTOTALS	38952537	59424195	98376732	965958	99342690	-3908038	95434652	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800	PHYSICIANS' PRIVATE OFFICES	2248506	902476	3150982	-28507	3122475		3122475	98
100	7950	NON PATIENT								100
100.01	7951	MD ANSWERING SERVICE		19786	19786	72376	92162		92162	100.01
100.02	7952	DEVELOPMENT								100.02
100.03	7953	CAPITAL CAMPAIGN								100.03
100.04	7954	PROVISION FOR BAD DEBT		7190293	7190293		7190293	-7190293		100.04
100.05	7955	EAST GREENWICH SITE	1214358	818737	2033095	-238980	1794115		1794115	100.05
100.06	7956	NK TREATMENT CENTER	154304	188891	343195	-110142	233053		233053	100.06
100.07	7957	MEDICAL OFFICE BUILDING	58933	660729	719662	-660705	58957		58957	100.07
100.08	7958	FOUNDATION MANAGEMENT								100.08
101		TOTAL	42628638	69205107	111833745		111833745	-11098331	100735414	101

RECLASSIFICATIONS

WORKSHEET A-6
PAGE 1

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	TO RECL INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		8638382	1
2							2
3	TO RECL CAFETERIA EXPENSE	B	CAFETERIA	12	353813	506268	3
4							4
5	TO RECL NURING EXPENSE FOR NURSEY	C	NURSERY	33	107094	18775	5
6	AND LABOR & DELIVERY	C	DELIVERY ROOM & LABOR ROOM	39	142016	24897	6
7							7
8	TO RECL EMPLOYEE HEALTH EXPENSE	D	EMPLOYEE BENEFITS	5		24450	8
9							9
10	TO RECL M&S CHARGEABLE COSTS	E	MEDICAL SUPPLIES CHARGED TO P	55		5432366	10
11		E					11
12		E					12
13		E					13
14		E					14
15		E					15
16							16
17	TO RECL BLOOD PROCESSING COSTS	F	BLOOD STORING, PROCESSING & T	47	81109	103440	17
18							18
19	TO RECL DRUGS CHARGEABLE	J	DRUGS CHARGED TO PATIENTS	56		2170877	19
20		J					20
21							21
22	TO RECL PHYSICIAN ADMIN COSTS	K	PHARMACY	16		5400	22
23		K	MEDICAL RECORDS & LIBRARY	17		1800	23
24		K	ADULTS & PEDIATRICS	25		7200	24
25		K	OPERATING ROOM	37		47600	25
26		K	RESPIRATORY THERAPY	49		9900	26
27		K	ELECTROCARDIOLOGY	53		2250	27
28		K	CLINIC	60		28278	28
29							29
30	TO RECL NK TREATMENT SALARIES	L	CLINIC	60	26749		30
31		L	RADIOLOGY-DIAGNOSTIC	41	189105		31
32		L	PHYSICAL THERAPY	50	8395		32
33							33
34	TO RECL MOB OTHER COSTS FOR	N	NEW CAP REL COSTS-BLDG & FIXT	3		164473	34
35		N	PURCHASING	6.02		177	35
36	SUBTOTAL				908281	17186533	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	TO RECL INTEREST EXPENSE	A	INTEREST EXPENSE	88		8638382	11	1
2								2
3	TO RECL CAFETERIA EXPENSE	B	DIETARY	11	353813	506268		3
4								4
5	TO RECL NURING EXPENSE FOR NURSEY	C	ADULTS & PEDIATRICS	25	249110	43672		5
6	AND LABOR & DELIVERY	C						6
7								7
8	TO RECL EMPLOYEE HEALTH EXPENSE	D	LABORATORY	44		24450		8
9								9
10	TO RECL M&S CHARGEABLE COSTS	E	OPERATING ROOM	37		5057616		10
11		E	RADIOLOGY-DIAGNOSTIC	41		363699		11
12		E	PHYSICAL THERAPY	50		440		12
13		E	CLINIC	60		166		13
14		E	EMERGENCY	61		10445		14
15		E						15
16								16
17	TO RECL BLOOD PROCESSING COSTS	F	LABORATORY	44	81109	103440		17
18								18
19	TO RECL DRUGS CHARGEABLE	J	PHARMACY	16		2082454		19
20		J	NUCLEAR MEDICINE	43.01		88423		20
21								21
22	TO RECL PHYSICIAN ADMIN COSTS	K	OTHER ADMINISTRATION AND GENE	6.05		102428		22
23		K						23
24		K						24
25		K						25
26		K						26
27		K						27
28		K						28
29								29
30	TO RECL NK TREATMENT SALARIES	L	EAST GREENWICH SITE	100.05	200096			30
31		L	NK TREATMENT CENTER	100.06	24153			31
32		L						32
33								33
34	TO RECL MOB OTHER COSTS FOR	N	MEDICAL OFFICE BUILDING	100.07		332689	9	34
35		N						35
36	SUBTOTAL				908281	17354572		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	ALLOCATION THRU STEPDOWN	N	OTHER ADMINISTRATION AND GENE	6.05		34002	1
2		N	MAINTENANCE & REPAIRS	7		9812	2
3		N	OPERATION OF PLANT	8		124225	3
4							4
5	TO RECL MME DEPRECIATION TO OWN	O	NEW CAP REL COSTS-MVBLE EQUIP	4		2777522	5
6	COST CENTER	O					6
7		O					7
8		O					8
9		O					9
10		O					10
11		O					11
12		O					12
13		O					13
14		O					14
15		O					15
16		O					16
17		O					17
18		O					18
19		O					19
20		O					20
21		O					21
22		O					22
23		O					23
24		O					24
25		O					25
26		O					26
27		O					27
28		O					28
29		O					29
30		O					30
31		O					31
32		O					32
33		O					33
34		O					34
35		O					35
36	SUBTOTAL				908281	20132094	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	ALLOCATION THRU STEPDOWN	N						1
2		N						2
3		N						3
4								4
5	TO RECL MME DEPRECIATION TO OWN	O	EMPLOYEE BENEFITS	5		3299	9	5
6	COST CENTER	O	COMMUNICATIONS	6.01		47287	9	6
7		O	PURCHASING	6.02		485	9	7
8		O	ADMITTING	6.03		1341	9	8
9		O	PATIENT ACCOUNTING	6.04		3407	9	9
10		O	OTHER ADMINISTRATION AND GENE	6.05		932390	9	10
11		O	MAINTENANCE & REPAIRS	7		13523	9	11
12		O	OPERATION OF PLANT	8		3366	9	12
13		O	LAUNDRY & LINEN SERVICE	9		38	9	13
14		O	HOUSEKEEPING	10		2384	9	14
15		O	DIETARY	11		12388	9	15
16		O	NURSING ADMINISTRATION	14		12884	9	16
17		O	CENTRAL SERVICES & SUPPLY	15		53288	9	17
18		O	PHARMACY	16		16019	9	18
19		O	MEDICAL RECORDS & LIBRARY	17		3716	9	19
20		O	SOCIAL SERVICE	18		72	9	20
21		O	ADULTS & PEDIATRICS	25		212095	9	21
22		O	INTENSIVE CARE UNIT	26		10170	9	22
23		O	OPERATING ROOM	37		300214	9	23
24		O	RECOVERY ROOM	38		3485	9	24
25		O	RADIOLOGY-DIAGNOSTIC	41		515371	9	25
26		O	NUCLEAR MEDICINE	43.01		42416	9	26
27		O	ECHOCARDIOGRAPHY	43.02		4298	9	27
28		O	ULTRASOUND	43.03		96628	9	28
29		O	MAGNETIC RESONANCE IMAGING	43.04		128210	9	29
30		O	CAT SCAN	43.05		1146	9	30
31		O	LABORATORY	44		135863	9	31
32		O	INTRAVENOUS THERAPY	48		3520	9	32
33		O	RESPIRATORY THERAPY	49		27974	9	33
34		O	PHYSICAL THERAPY	50		9772	9	34
35		O	ELECTROCARDIOLOGY	53		37583	9	35
36	SUBTOTAL				908281	19989204		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		O					1
2		O					2
3		O					3
4		O					4
5		O					5
6		O					6
7		O					7
8		O					8
9		O					9
10	TO RECLASS EMPLOYEE ADVERTISING	P	NURSING ADMINISTRATION	14		1357	10
11		P	MEDICAL RECORDS & LIBRARY	17		2695	11
12		P	OPERATING ROOM	37		150	12
13		P	PHYSICAL THERAPY	50		175	13
14		P					14
15		P					15
16							16
17	TO RECL OR SCOPES TO MME	Q	NEW CAP REL COSTS-MVBLE EQUIP	4		145718	17
18							18
19	TO RECLASS COMMUNICATIONS SALARY	R	MD ANSWERING SERVICE	100.01	72376		19
20	RELATED TO PATIENT PHONES	R					20
21							21
22	TO RECLASS BLDG & FIXED TO OWN	S	NEW CAP REL COSTS-BLDG & FIXT	3		3519423	22
23	COST CENTER	S					23
24		S					24
25		S					25
26		S					26
27		S					27
28		S					28
29		S					29
30		S					30
31		S					31
32		S					32
33		S					33
34		S					34
35		S					35
36	SUBTOTAL				980657	23801612	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1		O	CARDIAC REHAB	53.01		16971	9	1
2		O	ELECTROENCEPHALOGRAPHY	54		17964	9	2
3		O	CLINIC	60		3148	9	3
4		O	EMERGENCY	61		68292	9	4
5		O	OCCUPATIONAL MEDICINE	63		101	9	5
6		O	PHYSICIANS' PRIVATE OFFICES	98		15571	9	6
7		O	NK TREATMENT CENTER	100.06		3202	9	7
8		O	MEDICAL OFFICE BUILDING	100.07		3194	9	8
9		O	EAST GREENWICH SITE	100.05		14447	9	9
10	TO RECLASS EMPLOYEE ADVERTISING	P	EMPLOYEE BENEFITS	5		4377		10
11		P						11
12		P						12
13		P						13
14		P						14
15		P						15
16								16
17	TO RECL OR SCOPES TO MME	Q	OPERATING ROOM	37		145718	9	17
18								18
19	TO RECLASS COMMUNICATIONS SALARY	R	COMMUNICATIONS	6.01	72376			19
20	RELATED TO PATIENT PHONES	R						20
21								21
22	TO RECLASS BLDG & FIXED TO OWN	S	EMPLOYEE BENEFITS	5		3448	9	22
23	COST CENTER	S	COMMUNICATIONS	6.01		12211	9	23
24		S	PURCHASING	6.02		1869	9	24
25		S	ADMITTING	6.03		56	9	25
26		S	OTHER ADMINISTRATION AND GENE	6.05		9844	9	26
27		S	MAINTENANCE & REPAIRS	7		75319	9	27
28		S	OPERATION OF PLANT	8		1779435	9	28
29		S	BIO MED SERVICE CONTRACTS	8.01		2452	9	29
30		S	DIETARY	11		16459	9	30
31		S	NURSING ADMINISTRATION	14		5716	9	31
32		S	CENTRAL SERVICES & SUPPLY	15		282	9	32
33		S	PHARMACY	16		1094	9	33
34		S	SOCIAL SERVICE	18		110	9	34
35		S	ADULTS & PEDIATRICS	25		257663	9	35
36	SUBTOTAL				980657	22448147		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	INCREASE LINE #	INCREASE SALARY	INCREASE OTHER	
		1	2	3	4	5	
1		S					1
2		S					2
3		S					3
4		S					4
5		S					5
6		S					6
7		S					7
8		S					8
9		S					9
10		S					10
11		S					11
12		S					12
13		S					13
14		S					14
15		S					15
16		S					16
17		S					17
18		S					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				980657	23801612	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10	
1		S	INTENSIVE CARE UNIT	26		1088	9	1
2		S	OPERATING ROOM	37		2638	9	2
3		S	RECOVERY ROOM	38		16806	9	3
4		S	RADIOLOGY-DIAGNOSTIC	41		34000	9	4
5		S	NUCLEAR MEDICINE	43.01		226	9	5
6		S	ULTRASOUND	43.03		5089	9	6
7		S	CAT SCAN	43.05		550	9	7
8		S	LABORATORY	44		146071	9	8
9		S	RESPIRATORY THERAPY	49		984	9	9
10		S	PHYSICAL THERAPY	50		1545	9	10
11		S	ELECTROCARDIOLOGY	53		852	9	11
12		S	ELECTROENCEPHALOGRAPHY	54		7711	9	12
13		S	CLINIC	60		8731	9	13
14		S	EMERGENCY	61		682192	9	14
15		S	PHYSICIANS' PRIVATE OFFICES	98		12936	9	15
16		S	NK TREATMENT CENTER	100.06		82787	9	16
17		S	MEDICAL OFFICE BUILDING	100.07		324822	9	17
18		S	EAST GREENWICH SITE	100.05		24437	9	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				980657	23801612		36

WORKSHEET A-7
PARTS I & II

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

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	326821					326821		1
2	LAND IMPROVEMENTS	1933406					1933406		2
3	BUILDINGS AND FIXTURES	53377923	1279120		1279120	824	54656219		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT	29052961	717271		717271		29770232		5
6	MOVABLE EQUIPMENT	34660479	3252726		3252726	477017	37436188		6
7	SUBTOTAL	119351590	5249117		5249117	477841	124122866		7
8	RECONCILING ITEMS								8
9	TOTAL	119351590	5249117		5249117	477841	124122866		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
1	OLD CAP REL COSTS-BLDG & FIXT				.000000					1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000					2
3	NEW CAP REL COSTS-BLDG & FIXT	86359856		86359856	.697598					3
4	NEW CAP REL COSTS-MVBLE EQUIP	37436189		37436189	.302402					4
5	TOTAL	123796045		123796045	1.000000					5

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	4091286		8638382				12729668	3
4	NEW CAP REL COSTS-MVBLE EQUIP	2922860						2922860	4
5	TOTAL	7014146		8638382				15652528	5

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	99680						99680	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	99680						99680	5

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 COST CENTER 3	LINE NO. 4	WKST A-7 REF 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	9	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						6
7	REFUNDS AND REBATES OF EXPENSES	B	-68509	PURCHASING	6.02		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	-2854975				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1					14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-266756	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	B	-12811	PHARMACY	16		19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-3553	MEDICAL RECORDS & LIBRARY	17		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 A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37	MISCELLANEOUS INCOME	B	-210651	OTHER ADMINISTRATION AND GENERA	6.05		37
38	RI PET SHARE OF INCOME	B	-38250	RADIOLOGY-DIAGNOSTIC	41		38
39	EMPLOYEE FITNESS INCOME	B	-5000	CARDIAC REHAB	53.01		39
40	EDUC & PUB OTHER REVENUE	B	-4965	OTHER ADMINISTRATION AND GENERA	6.05		40
41	RENTAL INCOME 85 KEN	B	-1370	OTHER ADMINISTRATION AND GENERA	6.05		41
42	OCC MED OTHER REVENUE	B	-11705	OCCUPATIONAL MEDICINE	63		42
43	WC REVENUES	B	-13274	OTHER ADMINISTRATION AND GENERA	6.05		43
44	ROOM RENT	B	-11600	OTHER ADMINISTRATION AND GENERA	6.05		44
45	JV RADIATION THERAPY	B	-537250	OTHER ADMINISTRATION AND GENERA	6.05		45
46	RENTAL INCOME	B	-18200	OTHER ADMINISTRATION AND GENERA	6.05		46
47	PET DOCK INCOME	B	-30000	OPERATION OF PLANT	8		47
48	MEDICARE REV INCOME	B	-7314	OTHER ADMINISTRATION AND GENERA	6.05		48
49							49
49.01	MOB PARTNERSHIP INCOME	B	-19925	OTHER ADMINISTRATION AND GENERA	6.05		49.01
49.02	RENTAL INCOME DSAIC	B	-4800	OTHER ADMINISTRATION AND GENERA	6.05		49.02
49.03	TELEVISION OFFSET	A	-732	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.03
49.04	TELEVISION OFFSET	A	-380	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.04
49.05	TELEVISION OFFSET	A	-39485	OTHER ADMINISTRATION AND GENERA	6.05		49.05
49.06	PROVISION FOR BAD DEBTS ADJUSTMEN	A	-7190293	PROVISION FOR BAD DEBT	100.04		49.06
49.07	SOCIAL WORKER FROM OBS HEALTH CTR	A	-549	ADULTS & PEDIATRICS	25		49.07
49.09	AMORTIZE LOSS ON REFUNDING	A	149206	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.09
49.10	AMORTIZE LOSS ON REFUNDING 2006	A	159236	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.10
49.11	LOBBYING COSTS	A	-54426	OTHER ADMINISTRATION AND GENERA	6.05		49.11
50	TOTAL		-11098331				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. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL 5) 5	NET ADJ-USTMENTS 6	WKST A-7 REF 7	
1								1
2								2
3								3
4								4
5		TOTALS						5

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

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

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

			-------- RELATED ORGANIZATION(S) AND/OR HOME OFFICE ----------			
	SYMBOL (1) 1	NAME 2	PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
1							1
2							2
3							3
4							4
5							5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA-TION INCL FRINGES 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD-JUSTED RCE LIMIT 8	PERCENT OF UNAD-JUSTED RCE LIMIT 9
1	25	ADULTS & PEDIATRICS	ROUTINE AGGREGATE	1956508	1956508		165600			
2	26	INTENSIVE CARE UNIT	ICU FEES	156000	156000		165600			
3	43.02	ECHOCARDIOGRAPHY	ECHO FEES	53040	53040		165600			
4	43.03	ULTRASOUND	ULTRASOUND FEES	9752	9752		225300			
5	44	LABORATORY	LAB PATH FEES	159800	159800		215700			
6	49	RESPIRATORY THERAPY	RESPIRATORY FEES	46620	46620		165600			
7	53	ELECTROCARDIOLOGY	EKG FEES	125200	125200		165600			
8	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB FEES	171000	171000		165600			
9	60	CLINIC	CLINIC FEES	20800	20800		165600			
10	44	LABORATORY	PATHOLOGISTS SALARY	549536		549356	215700	4160	431400	21570
11	6.05	OTHER ADMINISTRATION AND	ADMIN SERVICES	110900		110900	165600	2218	176587	8829
12	16	PHARMACY	ADMIN SERVICES	5400		5400	165600	108	8598	430
13	25	ADULTS & PEDIATRICS	ADMIN SERVICES	7200		7200	165600	144	11465	573
14	37	OPERATING ROOM	ADMIN SERVICES	47600		47600	208000	952	95200	4760
20	49	RESPIRATORY THERAPY	ADMIN SERVICES	9900		9900	165600	198	15764	788
21	61	EMERGENCY	ER FEES	60000	60000		177200			
23	17	MEDICAL RECORDS & LIBRAR	ADMIN SERVICES	1800		1800	165600	36	2866	143
24	53	ELECTROCARDIOLOGY	ADMIN SERVICES	2250		2250	165600	45	3583	179
25	60	CLINIC	ADMIN SERVICES	28278		28278	165600	566	45062	2253
101		TOTAL		3521584	2758720	762684		8427	790525	39525

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUS MENT 18
1	25	ADULTS & PEDIATRICS	ROUTINE AGGREGATE							1956508
2	26	INTENSIVE CARE UNIT	ICU FEES							156000
3	43.02	ECHOCARDIOGRAPHY	ECHO FEES							53040
4	43.03	ULTRASOUND	ULTRASOUND FEES							9752
5	44	LABORATORY	LAB PATH FEES							159800
6	49	RESPIRATORY THERAPY	RESPIRATORY FEES							46620
7	53	ELECTROCARDIOLOGY	EKG FEES							125200
8	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB FEES							171000
9	60	CLINIC	CLINIC FEES							20800
10	44	LABORATORY	PATHOLOGISTS SALARY			21888	21881	453281	96075	96255
11	6.05	OTHER ADMINISTRATION AND	ADMIN SERVICES					176587		
12	16	PHARMACY	ADMIN SERVICES					8598		
13	25	ADULTS & PEDIATRICS	ADMIN SERVICES					11465		
14	37	OPERATING ROOM	ADMIN SERVICES					95200		
20	49	RESPIRATORY THERAPY	ADMIN SERVICES					15764		
21	61	EMERGENCY	ER FEES							60000
23	17	MEDICAL RECORDS & LIBRAR	ADMIN SERVICES					2866		
24	53	ELECTROCARDIOLOGY	ADMIN SERVICES					3583		
25	60	CLINIC	ADMIN SERVICES					45062		
101		TOTAL				21888	21881	812406	96075	2854975

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	PURCHASING 6.02	ADMITTING 6.03	PATIENT ACCOUNTING 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	12729668	12729668							3
4	NEW CAP REL COSTS-MVBLE EQUIP	2922860		2922860						4
5	EMPLOYEE BENEFITS	11338425	58714	3472	11400611					5
6.01	COMMUNICATIONS	501567	42706	49761	92672	686706				6.01
6.02	PURCHASING	296666	395100	510	79354	10776	782406			6.02
6.03	ADMITTING	855646	130311	1411	221534	14694	975	1224571		6.03
6.04	PATIENT ACCOUNTING	1648705	12773	3585	188997	7837	168		1862065	6.04
6.05	OTHER ADMINISTRATION AND GENERA	12231082	402995	981182	936569	69552	3337			6.05
7	MAINTENANCE & REPAIRS	1281739	169180	14231	183458		19470			7
8	OPERATION OF PLANT	2288130	2024897	3542		10776	84728			8
8.01	BIO MED SERVICE CONTRACTS	574785					1118			8.01
9	LAUNDRY & LINEN SERVICE	409019	59591	40			16622			9
10	HOUSEKEEPING	1327739	60468	2509	117623	2939	10726			10
11	DIETARY	837783	202128	13036	94569	13715	21072			11
12	CAFETERIA	593325	109808		98303					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	1096465	40678	13558	291805	13715	279			14
15	CENTRAL SERVICES & SUPPLY	458254	174607	56076	99238	5878	4058			15
16	PHARMACY	982007	95883	16857	248045	18613	85954			16
17	MEDICAL RECORDS & LIBRARY	1000926	116551	3910	255094	37225	229			17
18	SOCIAL SERVICE	336337	12499	76	88964	4898	23			18
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
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	7727976	3907697	223193	2382609	142042	17928	137043	208410	25
26	INTENSIVE CARE UNIT	1681990	218081	10702	476018	9796	3902	37551	57106	26
33	NURSERY	125869	24889		29755		326	5090	7741	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3154508	903298	315923	598248	40164	231143	178977	272181	37
38	RECOVERY ROOM	1913792		3667	503219		3558	19243	29264	38
39	DELIVERY ROOM & LABOR ROOM	237675	34702		59116	4898	432	10419	15845	39
41	RADIOLOGY-DIAGNOSTIC	2729485	801933	542338	540216	55838	36730	100454	152766	41
43.01	NUCLEAR MEDICINE	176573	226195	44635	41860	7837	4480	7809	11876	43.01
43.02	ECHOCARDIOGRAPHY	1300	29878	4523	14737	1959		5869	8926	43.02
43.03	ULTRASOUND	481307	69788	101684	119291	3918	2338	23243	35346	43.03
43.04	MAGNETIC RESONANCE IMAGING	412344	113536	134919	66569	980	2143	40293	61277	43.04
43.05	CAT SCAN	667882	16885	1206	97607	4898	6537	77167	117353	43.05
44	LABORATORY	6304507	536431	142972	968385	56817	79711	209553	318466	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	787292	21161		22535		24495	9927	15096	47
48	INTRAVENOUS THERAPY	1927276	119895	3704	46180	1959	71543	54243	82491	48
49	RESPIRATORY THERAPY	819131	247959	29438	212356	3918	3486	27681	42096	49
50	PHYSICAL THERAPY	386895	19242	10283	93717	2939	316	10196	15505	50
51	OCCUPATIONAL THERAPY		5482					468	712	51
52	SPEECH PATHOLOGY		2248					448	681	52
53	ELECTROCARDIOLOGY	106785	81027	39550	61371	14694	360	8918	13563	53
53.01	CARDIAC REHAB	258977	220548	17859	70087	2939	378	3140	4775	53.01
54	ELECTROENCEPHALOGRAPHY	239020		18904	107624	5878	589	8959	13624	54
55	MEDICAL SUPPLIES CHARGED TO PAT	5432366						53011	80616	55
56	DRUGS CHARGED TO PATIENTS	2170877						34481	52437	56
57	RENAL DIALYSIS							1557	2368	57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	1410042		3313	253007	3918	7623	20390	31008	60
60.01	FAMILY EDUCATION	6954			1841			92	140	60.01
61	EMERGENCY	2574269	952309	71865	658866	68573	9147	138349	210396	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE	-11568	6688	106		6857	6			63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	PURCHASING 6.02	ADMITTING 6.03	PATIENT ACCOUNTING 6.04	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	95434652	12668761	2884540	10421439	651440	755930	1224571	1862065	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		27849							96
98	PHYSICIANS' PRIVATE OFFICES	3122475		16386	624725		8959			98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE	92162	11129		20109	27429				100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	EAST GREENWICH SITE	1794115		15203	281803		10038			100.05
100.06	NK TREATMENT CENTER	233053	21929	3370	36161	7837	2260			100.06
100.07	MEDICAL OFFICE BUILDING	58957		3361	16374		5219			100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	100735414	12729668	2922860	11400611	686706	782406	1224571	1862065	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SUBTOTAL	ALL OTHER A&G	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SUBTOTAL	BIO MED SERVICE	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		5A	6.05	7	8		8.01	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	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING									6.04
6.05	OTHER ADMINISTRATION AND GENERA	14624717	14624717							6.05
7	MAINTENANCE & REPAIRS	1668078	283300	1951378						7
8	OPERATION OF PLANT	4412073	749329	343061	5504463					8
8.01	BIO MED SERVICE CONTRACTS	575903	97809			673712	673712			8.01
9	LAUNDRY & LINEN SERVICE	485272	82417	10096	34554	612339	4123	616462		9
10	HOUSEKEEPING	1522004	258491	10245	35062	1825802	12293		1838095	10
11	DIETARY	1182303	200798	34245	117203	1534549	10332		23972	11
12	CAFETERIA	801436	136113	18604	63672	1019825	6866		13009	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	1456500	247366	6892	23587	1734345	11677		4824	14
15	CENTRAL SERVICES & SUPPLY	798111	135548	29582	101245	1064486	7167	20461	20707	15
16	PHARMACY	1447359	245814	16245	55597	1765015	11884		11353	16
17	MEDICAL RECORDS & LIBRARY	1413935	240137	19746	67582	1741400	11725		13789	17
18	SOCIAL SERVICE	442797	75203	2118	7248	527366	3551		1462	18
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
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	14746898	2504571	662045	2265855	20179369	135865	208821	771584	25
26	INTENSIVE CARE UNIT	2495146	423766	36948	126453	3082313	20753	41424	96765	26
33	NURSERY	193670	32892	4217	14432	245211	1651	10995	23192	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	5694442	967121	153038	523773	7338374	49409	131276	233678	37
38	RECOVERY ROOM	2472743	419961			2892704	19477			38
39	DELIVERY ROOM & LABOR ROOM	363087	61665	5879	20122	450753	3035		33717	39
41	RADIOLOGY-DIAGNOSTIC	4959760	842346	135865	464997	6402968	43111	16147	190558	41
43.01	NUCLEAR MEDICINE	521265	88530	38322	131158	779275	5247	6256	6626	43.01
43.02	ECHOCARDIOGRAPHY	67192	11412	5062	17325	100991	680	881	3557	43.02
43.03	ULTRASOUND	836915	142138	11824	40466	1031343	6944	20262	8283	43.03
43.04	MAGNETIC RESONANCE IMAGING	832061	141314	19235	65833	1058443	7126	7113	3021	43.04
43.05	CAT SCAN	989535	168059	2861	9791	1170246	7879	1864	731	43.05
44	LABORATORY	8616842	1463450	90883	311047	10482222	70577		43023	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	880506	149542	3585	12270	1045903	7042		2485	47
48	INTRAVENOUS THERAPY	2307291	391861	20313	69521	2788986	18778	381	14227	48
49	RESPIRATORY THERAPY	1386065	235404	42010	143778	1807257	12168		29380	49
50	PHYSICAL THERAPY	539093	91557	3260	11158	645068	4343	5664	2290	50
51	OCCUPATIONAL THERAPY	6662	1131	929	3179	11901	80		633	51
52	SPEECH PATHOLOGY	3377	574	381	1303	5635	38		244	52
53	ELECTROCARDIOLOGY	326268	55412	13728	46983	442391	2979		9599	53
53.01	CARDIAC REHAB	578703	98285	37366	127884	842238	5671	5693	26116	53.01
54	ELECTROENCEPHALOGRAPHY	394598	67017			461615	3108			54
55	MEDICAL SUPPLIES CHARGED TO PAT	5565993	945306			6511299	43841			55
56	DRUGS CHARGED TO PATIENTS	2257795	383455			2641250	17784			56
57	RENAL DIALYSIS	3925	667			4592	31			57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	1729301	293698			2022999	13621			60
60.01	FAMILY EDUCATION	9027	1533			10560	71			60.01
61	EMERGENCY	4683774	795473	161342	552191	6192780	41696	134150	241766	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE	2089	355	1133	3878	7455	50		780	63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SUBTOTAL	ALL OTHER A&G	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SUBTOTAL	BIO MED SERVICE	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		5A	6.05	7	8		8.01	9	10	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	94294511	13530820	1941060	5469147	93154980	622673	611388	1831371	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	27849	4730	4718	16148	53445	360		5408	96
98	PHYSICIANS' PRIVATE OFFICES	3772545	640714			4413259	29714			98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE	150829	25616	1885	6453	184783	1244		1316	100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	EAST GREENWICH SITE	2101159	356852			2458011	16550			100.05
100.06	NK TREATMENT CENTER	304610	51734	3715	12715	372774	2510	5074		100.06
100.07	MEDICAL OFFICE BUILDING	83911	14251			98162	661			100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	100735414	14624717	1951378	5504463	100735414	673712	616462	1838095	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	
	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	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING									6.04
6.05	OTHER ADMINISTRATION AND GENERA									6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	BIO MED SERVICE CONTRACTS									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	1568853								11
12	CAFETERIA		1039700							12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		20960	1771806						14
15	CENTRAL SERVICES & SUPPLY		20960		1133781					15
16	PHARMACY		20960			1809212				16
17	MEDICAL RECORDS & LIBRARY		39278				1806192			17
18	SOCIAL SERVICE		8631					541010		18
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
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1390941	219831	1460621	44656	11432	202143	479848	25105111	25
26	INTENSIVE CARE UNIT	115827	39278	267872	13177	2124	55389	16150	3751072	26
33	NURSERY		264	18642	876	62	7508	31955	340356	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	62085	64289		48479	30619	263997	86	8222292	37
38	RECOVERY ROOM		46852		11138	396	28384		2998951	38
39	DELIVERY ROOM & LABOR ROOM		2184	24671	1162	83	15369		530974	39
41	RADIOLOGY-DIAGNOSTIC		56363		115590	1569	148172		6974478	41
43.01	NUCLEAR MEDICINE		3170		594	38534	11519		851221	43.01
43.02	ECHOCARDIOGRAPHY						8658		114767	43.02
43.03	ULTRASOUND		9511		7992	241	34284		1118860	43.03
43.04	MAGNETIC RESONANCE IMAGING		5108		1048	545	59434		1141838	43.04
43.05	CAT SCAN		7574		8641	1834	113824		1312593	43.05
44	LABORATORY		91766		4100	619	309005		11001312	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA		1761		1		14642		1071834	47
48	INTRAVENOUS THERAPY		4227		1232	733824	80011		3641666	48
49	RESPIRATORY THERAPY		184940		5478	2348	40830		2082401	49
50	PHYSICAL THERAPY		7221		1199	19	15039		680843	50
51	OCCUPATIONAL THERAPY						691		13305	51
52	SPEECH PATHOLOGY						661		6578	52
53	ELECTROCARDIOLOGY		3699		1270	108	13155		473201	53
53.01	CARDIAC REHAB		8807		626	3	4632		893786	53.01
54	ELECTROENCEPHALOGRAPHY		6517		2011	8	13215		486474	54
55	MEDICAL SUPPLIES CHARGED TO PAT				783512		78192		7416844	55
56	DRUGS CHARGED TO PATIENTS					909236	50860		3619130	56
57	RENAL DIALYSIS						2297		6920	57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		22369		26717	4266	30076		2120048	60
60.01	FAMILY EDUCATION		176				136		10943	60.01
61	EMERGENCY		69749		28809	4004	204069	12971	6929994	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE		705		21				9011	63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	1568853	967150	1771806	1108329	1741874	1806192	541010	92926803	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN								59213	96
98	PHYSICIANS' PRIVATE OFFICES		41391		18073	22629			4525066	98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE								187343	100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	EAST GREENWICH SITE		25716		6946	38112			2545335	100.05
100.06	NK TREATMENT CENTER		3523		429	6597			390907	100.06
100.07	MEDICAL OFFICE BUILDING				4				98827	100.07
100.08	FOUNDATION MANAGEMENT		1920						1920	100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1568853	1039700	1771806	1133781	1809212	1806192	541010	100735414	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT			1
2	OLD CAP REL COSTS-MVBLE EQUIP			2
3	NEW CAP REL COSTS-BLDG & FIXT			3
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6.01	COMMUNICATIONS			6.01
6.02	PURCHASING			6.02
6.03	ADMITTING			6.03
6.04	PATIENT ACCOUNTING			6.04
6.05	OTHER ADMINISTRATION AND GENERA			6.05
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
8.01	BIO MED SERVICE CONTRACTS			8.01
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
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
	INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	25105111		25
26	INTENSIVE CARE UNIT	3751072		26
33	NURSERY	340356		33
	ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	8222292		37
38	RECOVERY ROOM	2998951		38
39	DELIVERY ROOM & LABOR ROOM	530974		39
41	RADIOLOGY-DIAGNOSTIC	6974478		41
43.01	NUCLEAR MEDICINE	851221		43.01
43.02	ECHOCARDIOGRAPHY	114767		43.02
43.03	ULTRASOUND	1118860		43.03
43.04	MAGNETIC RESONANCE IMAGING	1141838		43.04
43.05	CAT SCAN	1312593		43.05
44	LABORATORY	11001312		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
47	BLOOD STORING, PROCESSING & TRA	1071834		47
48	INTRAVENOUS THERAPY	3641666		48
49	RESPIRATORY THERAPY	2082401		49
50	PHYSICAL THERAPY	680843		50
51	OCCUPATIONAL THERAPY	13305		51
52	SPEECH PATHOLOGY	6578		52
53	ELECTROCARDIOLOGY	473201		53
53.01	CARDIAC REHAB	893786		53.01
54	ELECTROENCEPHALOGRAPHY	486474		54
55	MEDICAL SUPPLIES CHARGED TO PAT	7416844		55
56	DRUGS CHARGED TO PATIENTS	3619130		56
57	RENAL DIALYSIS	6920		57
	OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	2120048		60
60.01	FAMILY EDUCATION	10943		60.01
61	EMERGENCY	6929994		61
61.01	EXPRESS CARE			61.01
62	OBSERVATION BEDS (NON-DISTINCT			62
63	OCCUPATIONAL MEDICINE	9011		63
63.50	RHC			63.50
63.60	FQHC			63.60
	OTHER REIMBURSABLE COST CENTERS			
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			
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
85.03	ISLET CELL ACQUISITION			85.03
95	SUBTOTALS		92926803	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN		59213	96
98	PHYSICIANS' PRIVATE OFFICES		4525066	98
100	NON PATIENT			100
100.01	MD ANSWERING SERVICE		187343	100.01
100.02	DEVELOPMENT			100.02
100.03	CAPITAL CAMPAIGN			100.03
100.04	PROVISION FOR BAD DEBT			100.04
100.05	EAST GREENWICH SITE		2545335	100.05
100.06	NK TREATMENT CENTER		390907	100.06
100.07	MEDICAL OFFICE BUILDING		98827	100.07
100.08	FOUNDATION MANAGEMENT		1920	100.08
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	TOTAL		100735414	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	PURCHASING 6.02	ADMITTING 6.03	
	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		58714	3472	62186	62186				5
6.01	COMMUNICATIONS		42706	49761	92467	506	92973			6.01
6.02	PURCHASING		395100	510	395610	433	1459	397502		6.02
6.03	ADMITTING		130311	1411	131722	1209	1989	495	135415	6.03
6.04	PATIENT ACCOUNTING		12773	3585	16358	1031	1061	85		6.04
6.05	OTHER ADMINISTRATION AND GENERA		402995	981182	1384177	5110	9417	1695		6.05
7	MAINTENANCE & REPAIRS		169180	14231	183411	1001		9892		7
8	OPERATION OF PLANT		2024897	3542	2028439		1459	43047		8
8.01	BIO MED SERVICE CONTRACTS							568		8.01
9	LAUNDRY & LINEN SERVICE		59591	40	59631			8445		9
10	HOUSEKEEPING		60468	2509	62977	642	398	5449		10
11	DIETARY		202128	13036	215164	516	1857	10706		11
12	CAFETERIA		109808		109808	536				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		40678	13558	54236	1592	1857	142		14
15	CENTRAL SERVICES & SUPPLY		174607	56076	230683	541	796	2062		15
16	PHARMACY		95883	16857	112740	1353	2520	43670		16
17	MEDICAL RECORDS & LIBRARY		116551	3910	120461	1392	5040	116		17
18	SOCIAL SERVICE		12499	76	12575	485	663	12		18
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
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		3907697	223193	4130890	12983	19230	9109	15166	25
26	INTENSIVE CARE UNIT		218081	10702	228783	2597	1326	1983	4156	26
33	NURSERY		24889		24889	162		166	563	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		903298	315923	1219221	3264	5438	117427	19806	37
38	RECOVERY ROOM			3667	3667	2746		1808	2129	38
39	DELIVERY ROOM & LABOR ROOM		34702		34702	323	663	220	1153	39
41	RADIOLOGY-DIAGNOSTIC		801933	542338	1344271	2948	7560	18661	11117	41
43.01	NUCLEAR MEDICINE		226195	44635	270830	228	1061	2276	864	43.01
43.02	ECHOCARDIOGRAPHY		29878	4523	34401	80	265		650	43.02
43.03	ULTRASOUND		69788	101684	171472	651	531	1188	2572	43.03
43.04	MAGNETIC RESONANCE IMAGING		113536	134919	248455	363	133	1089	4459	43.04
43.05	CAT SCAN		16885	1206	18091	533	663	3321	8540	43.05
44	LABORATORY		536431	142972	679403	5284	7692	40498	23089	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA		21161		21161	123		12445	1099	47
48	INTRAVENOUS THERAPY		119895	3704	123599	252	265	36348	6003	48
49	RESPIRATORY THERAPY		247959	29438	277397	1159	531	1771	3063	49
50	PHYSICAL THERAPY		19242	10283	29525	511	398	160	1128	50
51	OCCUPATIONAL THERAPY		5482		5482				52	51
52	SPEECH PATHOLOGY		2248		2248				50	52
53	ELECTROCARDIOLOGY		81027	39550	120577	335	1989	183	987	53
53.01	CARDIAC REHAB		220548	17859	238407	382	398	192	348	53.01
54	ELECTROENCEPHALOGRAPHY			18904	18904	587	796	299	991	54
55	MEDICAL SUPPLIES CHARGED TO PAT								5866	55
56	DRUGS CHARGED TO PATIENTS								3816	56
57	RENAL DIALYSIS								172	57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC			3313	3313	1380	531	3873	2256	60
60.01	FAMILY EDUCATION					10			10	60.01
61	EMERGENCY		952309	71865	1024174	3595	9284	4647	15310	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE		6688	106	6794		928	3		63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	PURCHASING 6.02	ADMITTING 6.03	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS		12668761	2884540	15553301	56843	88198	384051	135415	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		27849		27849					96
98	PHYSICIANS' PRIVATE OFFICES			16386	16386	3409		4552		98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE		11129		11129	110	3714			100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	EAST GREENWICH SITE			15203	15203	1538		5100		100.05
100.06	NK TREATMENT CENTER		21929	3370	25299	197	1061	1148		100.06
100.07	MEDICAL OFFICE BUILDING			3361	3361	89		2651		100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		12729668	2922860	15652528	62186	92973	397502	135415	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING 6.04	ALL OTHER A&G 6.05	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	BIO MED SERVICE 8.01	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	
	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	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING	18535								6.04
6.05	OTHER ADMINISTRATION AND GENERA		1400399							6.05
7	MAINTENANCE & REPAIRS		27128	221432						7
8	OPERATION OF PLANT		71754	38929	2183628					8
8.01	BIO MED SERVICE CONTRACTS		9366			9934				8.01
9	LAUNDRY & LINEN SERVICE		7892	1146	13707	61	90882			9
10	HOUSEKEEPING		24752	1163	13909	181		109471		10
11	DIETARY		19228	3886	46495	152		1428	299432	11
12	CAFETERIA		13034	2111	25259	101		775		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		23687	782	9357	172		287		14
15	CENTRAL SERVICES & SUPPLY		12980	3357	40164	105	3017	1233		15
16	PHARMACY		23538	1843	22056	175		676		16
17	MEDICAL RECORDS & LIBRARY		22995	2241	26810	172		821		17
18	SOCIAL SERVICE		7201	240	2875	52		87		18
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
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	2081	239806	75124	898869	2026	30786	45954	265475	25
26	INTENSIVE CARE UNIT	570	40579	4193	50164	305	6107	5763	22107	26
33	NURSERY	77	3150	478	5725	24	1621	1381		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	2717	92609	17366	207781	726	19353	13917	11850	37
38	RECOVERY ROOM	292	40214			286				38
39	DELIVERY ROOM & LABOR ROOM	158	5905	667	7982	45		2008		39
41	RADIOLOGY-DIAGNOSTIC	1525	80661	15417	184465	634	2380	11349		41
43.01	NUCLEAR MEDICINE	119	8477	4349	52030	77	922	395		43.01
43.02	ECHOCARDIOGRAPHY	89	1093	574	6873	10	130	212		43.02
43.03	ULTRASOUND	353	13611	1342	16053	102	2987	493		43.03
43.04	MAGNETIC RESONANCE IMAGING	612	13532	2183	26116	105	1049	180		43.04
43.05	CAT SCAN	1172	16093	325	3884	116	275	44		43.05
44	LABORATORY	3124	140136	10313	123393	1038		2562		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	151	14320	407	4868	104		148		47
48	INTRAVENOUS THERAPY	824	37523	2305	27579	276	56	847		48
49	RESPIRATORY THERAPY	420	22542	4767	57037	179		1750		49
50	PHYSICAL THERAPY	155	8767	370	4426	64	835	136		50
51	OCCUPATIONAL THERAPY	7	108	105	1261	1		38		51
52	SPEECH PATHOLOGY	7	55	43	517	1		15		52
53	ELECTROCARDIOLOGY	135	5306	1558	18638	44		572		53
53.01	CARDIAC REHAB	48	9411	4240	50732	83	839	1555		53.01
54	ELECTROENCEPHALOGRAPHY	136	6417			46				54
55	MEDICAL SUPPLIES CHARGED TO PAT	805	90520			645				55
56	DRUGS CHARGED TO PATIENTS	523	36719			261				56
57	RENAL DIALYSIS	24	64							57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	310	28124			200				60
60.01	FAMILY EDUCATION	1	147			1				60.01
61	EMERGENCY	2100	76172	18308	219055	613	19777	14399		61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE		34	129	1538	1		46		63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	ALL OTHER A&G	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	BIO MED SERVICE	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6.04	6.05	7	8	8.01	9	10	11	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	18535	1295650	220261	2169618	9184	90134	109071	299432	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		453	535	6406	5		322		96
98	PHYSICIANS' PRIVATE OFFICES		61353			437				98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE		2453	214	2560	18		78		100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	EAST GREENWICH SITE		34171			243				100.05
100.06	NK TREATMENT CENTER		4954	422	5044	37	748			100.06
100.07	MEDICAL OFFICE BUILDING		1365			10				100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	18535	1400399	221432	2183628	9934	90882	109471	299432	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 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	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING									6.04
6.05	OTHER ADMINISTRATION AND GENERA									6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	BIO MED SERVICE CONTRACTS									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA	151624								12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	3057	95169							14
15	CENTRAL SERVICES & SUPPLY	3057		297995						15
16	PHARMACY	3057			211628					16
17	MEDICAL RECORDS & LIBRARY	5728				185776				17
18	SOCIAL SERVICE	1259					25449			18
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
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	32056	78455	11737	1337	20781	22572	5914437		25
26	INTENSIVE CARE UNIT	5728	14388	3463	248	5694	760	398914		26
33	NURSERY	39	1001	230	7	772	1503	41788		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	9376		12742	3582	27140	4	1784319		37
38	RECOVERY ROOM	6833		2928	46	2918		63867		38
39	DELIVERY ROOM & LABOR ROOM	319	1325	305	10	1580		57365		39
41	RADIOLOGY-DIAGNOSTIC	8220		30380	184	15232		1735004		41
43.01	NUCLEAR MEDICINE	462		156	4507	1184		347937		43.01
43.02	ECHOCARDIOGRAPHY					890		45267		43.02
43.03	ULTRASOUND	1387		2101	28	3524		218395		43.03
43.04	MAGNETIC RESONANCE IMAGING	745		275	64	6110		305470		43.04
43.05	CAT SCAN	1105		2271	215	11701		68349		43.05
44	LABORATORY	13383		1077	72	31863		1082927		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	257				1505		56588		47
48	INTRAVENOUS THERAPY	616		324	85838	8225		330880		48
49	RESPIRATORY THERAPY	26971		1440	275	4197		403499		49
50	PHYSICAL THERAPY	1053		315	2	1546		49391		50
51	OCCUPATIONAL THERAPY					71		7125		51
52	SPEECH PATHOLOGY					68		3004		52
53	ELECTROCARDIOLOGY	539		334	13	1352		152562		53
53.01	CARDIAC REHAB	1284		165		476		308560		53.01
54	ELECTROENCEPHALOGRAPHY	950		529	1	1359		31015		54
55	MEDICAL SUPPLIES CHARGED TO PAT			205933		8038		311807		55
56	DRUGS CHARGED TO PATIENTS				106355	5229		152903		56
57	RENAL DIALYSIS					236		496		57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	3262		7022	499	3092		53862		60
60.01	FAMILY EDUCATION	26				14		209		60.01
61	EMERGENCY	10172		7572	468	20979	610	1447235		61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE	103		6				9582		63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	141044	95169	291305	203751	185776	25449	15382757		95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN							35570		96
98	PHYSICIANS' PRIVATE OFFICES	6036		4750	2647			99570		98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE							20276		100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	EAST GREENWICH SITE	3750		1826	4458			66289		100.05
100.06	NK TREATMENT CENTER	514		113	772			40309		100.06
100.07	MEDICAL OFFICE BUILDING			1				7477		100.07
100.08	FOUNDATION MANAGEMENT	280						280		100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	151624	95169	297995	211628	185776	25449	15652528		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	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	COMMUNICATIONS		6.01
6.02	PURCHASING		6.02
6.03	ADMITTING		6.03
6.04	PATIENT ACCOUNTING		6.04
6.05	OTHER ADMINISTRATION AND GENERA		6.05
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
8.01	BIO MED SERVICE CONTRACTS		8.01
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
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
	INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	5914437	25
26	INTENSIVE CARE UNIT	398914	26
33	NURSERY	41788	33
	ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	1784319	37
38	RECOVERY ROOM	63867	38
39	DELIVERY ROOM & LABOR ROOM	57365	39
41	RADIOLOGY-DIAGNOSTIC	1735004	41
43.01	NUCLEAR MEDICINE	347937	43.01
43.02	ECHOCARDIOGRAPHY	45267	43.02
43.03	ULTRASOUND	218395	43.03
43.04	MAGNETIC RESONANCE IMAGING	305470	43.04
43.05	CAT SCAN	68349	43.05
44	LABORATORY	1082927	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	56588	47
48	INTRAVENOUS THERAPY	330880	48
49	RESPIRATORY THERAPY	403499	49
50	PHYSICAL THERAPY	49391	50
51	OCCUPATIONAL THERAPY	7125	51
52	SPEECH PATHOLOGY	3004	52
53	ELECTROCARDIOLOGY	152562	53
53.01	CARDIAC REHAB	308560	53.01
54	ELECTROENCEPHALOGRAPHY	31015	54
55	MEDICAL SUPPLIES CHARGED TO PAT	311807	55
56	DRUGS CHARGED TO PATIENTS	152903	56
57	RENAL DIALYSIS	496	57
	OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	53862	60
60.01	FAMILY EDUCATION	209	60.01
61	EMERGENCY	1447235	61
61.01	EXPRESS CARE		61.01
62	OBSERVATION BEDS (NON-DISTINCT		62
63	OCCUPATIONAL MEDICINE	9582	63
63.50	RHC		63.50
63.60	FQHC		63.60
	OTHER REIMBURSABLE COST CENTERS		
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		
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	TOTAL	
		27	
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	15382757	95
	NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & CAN	35570	96
98	PHYSICIANS' PRIVATE OFFICES	99570	98
100	NON PATIENT		100
100.01	MD ANSWERING SERVICE	20276	100.01
100.02	DEVELOPMENT		100.02
100.03	CAPITAL CAMPAIGN		100.03
100.04	PROVISION FOR BAD DEBT		100.04
100.05	EAST GREENWICH SITE	66289	100.05
100.06	NK TREATMENT CENTER	40309	100.06
100.07	MEDICAL OFFICE BUILDING	7477	100.07
100.08	FOUNDATION MANAGEMENT	280	100.08
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	15652528	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICAT NUMBER OF PHONES 6.01	PURCHASING SUPPLIES EXPENSE 6.02	ADMITTING GROSS REVENUE 6.03	PATIENT ACCOUNTING GROSS REVENUE 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	232201							3
4	NEW CAP REL COSTS-MVBLE EQUIP		2777522						4
5	EMPLOYEE BENEFITS	1071	3299	41033032					5
6.01	COMMUNICATIONS	779	47287	333546	701				6.01
6.02	PURCHASING	7207	485	285611	11	19252522			6.02
6.03	ADMITTING	2377	1341	797345	15	23987	223974624		6.03
6.04	PATIENT ACCOUNTING	233	3407	680237	8	4135		223974624	6.04
6.05	OTHER ADMINISTRATION AND GENE	7351	932390	3370895	71	82111			6.05
7	MAINTENANCE & REPAIRS	3086	13523	660300		479091			7
8	OPERATION OF PLANT	36936	3366		11	2084884			8
8.01	BIO MED SERVICE CONTRACTS					27508			8.01
9	LAUNDRY & LINEN SERVICE	1087	38			409020			9
10	HOUSEKEEPING	1103	2384	423348	3	263927			10
11	DIETARY	3687	12388	340373	14	518508			11
12	CAFETERIA	2003		353813					12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	742	12884	1050261	14	6868			14
15	CENTRAL SERVICES & SUPPLY	3185	53288	357176	6	99850			15
16	PHARMACY	1749	16019	892762	19	2115068			16
17	MEDICAL RECORDS & LIBRARY	2126	3716	918134	38	5624			17
18	SOCIAL SERVICE	228	72	320197	5	571			18
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
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	71280	212095	8575490	145	441160	25067310	25067310	25
26	INTENSIVE CARE UNIT	3978	10170	1713280	10	96028	6868684	6868684	26
33	NURSERY	454		107094		8024	931104	931104	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	16477	300214	2153211	41	5687704	32737675	32737675	37
38	RECOVERY ROOM		3485	1811183		87558	3519829	3519829	38
39	DELIVERY ROOM & LABOR ROOM	633		212770	5	10641	1905870	1905870	39
41	RADIOLOGY-DIAGNOSTIC	14628	515371	1944343	57	903811	18374528	18374528	41
43.01	NUCLEAR MEDICINE	4126	42416	150664	8	110234	1428402	1428402	43.01
43.02	ECHOCARDIOGRAPHY	545	4298	53040	2		1073618	1073618	43.02
43.03	ULTRASOUND	1273	96628	429352	4	57527	4251427	4251427	43.03
43.04	MAGNETIC RESONANCE IMAGING	2071	128210	239596	1	52725	7370288	7370288	43.04
43.05	CAT SCAN	308	1146	351307	5	160852	14115057	14115057	43.05
44	LABORATORY	9785	135863	3485406	58	1961441	38311801	38311801	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T	386		81109		602743	1815764	1815764	47
48	INTRAVENOUS THERAPY	2187	3520	166212	2	1760459	9921960	9921960	48
49	RESPIRATORY THERAPY	4523	27974	764309	4	85786	5063303	5063303	49
50	PHYSICAL THERAPY	351	9772	337305	3	7768	1864932	1864932	50
51	OCCUPATIONAL THERAPY	100					85677	85677	51
52	SPEECH PATHOLOGY	41					81950	81950	52
53	ELECTROCARDIOLOGY	1478	37583	220886	15	8849	1631303	1631303	53
53.01	CARDIAC REHAB	4023	16971	252258	3	9302	574389	574389	53.01
54	ELECTROENCEPHALOGRAPHY		17964	387361	6	14501	1638730	1638730	54
55	MEDICAL SUPPLIES CHARGED TO P						9696474	9696474	55
56	DRUGS CHARGED TO PATIENTS						6307053	6307053	56
57	RENAL DIALYSIS						284797	284797	57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		3148	910620	4	187567	3729662	3729662	60
60.01	FAMILY EDUCATION			6625			16805	16805	60.01
61	EMERGENCY	17371	68292	2371385	70	225091	25306232	25306232	61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63	OCCUPATIONAL MEDICINE	122	101		7	137			63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
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								

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICAT NUMBER OF PHONES 6.01	PURCHASING SUPPLIES EXPENSE 6.02	ADMITTING GROSS REVENUE 6.03	PATIENT ACCOUNTING GROSS REVENUE 6.04	
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	231090	2741108	37508804	665	18601060	223974624	223974624	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	508							96
98	PHYSICIANS' PRIVATE OFFICES		15571	2248506		220445			98
100	NON PATIENT								100
100.01	MD ANSWERING SERVICE	203		72376	28				100.01
100.02	DEVELOPMENT								100.02
100.03	CAPITAL CAMPAIGN								100.03
100.04	PROVISION FOR BAD DEBT								100.04
100.05	EAST GREENWICH SITE		14447	1014262		246996			100.05
100.06	NK TREATMENT CENTER	400	3202	130151	8	55602			100.06
100.07	MEDICAL OFFICE BUILDING		3194	58933		128419			100.07
100.08	FOUNDATION MANAGEMENT								100.08
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	12729668	2922860	11400611	686706	782406	1224571	1862065	103
104	UNIT COST MULT-WS B PT I		1.052326		979.609130		.005467		104
104	UNIT COST MULT-WS B PT I	54.821762		.277840		.040639		.008314	104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III			62186	92973	397502	135415	18535	107
108	UNIT COST MULT-WS B PT III				132.629101		.000605		108
108	UNIT COST MULT-WS B PT III			.001516		.020647		.000083	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	RECON-CILIATION 6A.05	ALL OTHER A&G ACCUM COST 6.05	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	RECON-CILIATION	BIO MED SERVICE ACCUM COST 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 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	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING									6.04
6.05	OTHER ADMINISTRATION AND GENE	-14624717	86110697							6.05
7	MAINTENANCE & REPAIRS		1668078	210097						7
8	OPERATION OF PLANT		4412073	36936	173161					8
8.01	BIO MED SERVICE CONTRACTS		575903			-673712	100061702			8.01
9	LAUNDRY & LINEN SERVICE		485272	1087	1087		612339	655102		9
10	HOUSEKEEPING		1522004	1103	1103		1825802		37725	10
11	DIETARY		1182303	3687	3687		1534549		492	11
12	CAFETERIA		801436	2003	2003		1019825		267	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		1456500	742	742		1734345		99	14
15	CENTRAL SERVICES & SUPPLY		798111	3185	3185		1064486	21744	425	15
16	PHARMACY		1447359	1749	1749		1765015		233	16
17	MEDICAL RECORDS & LIBRARY		1413935	2126	2126		1741400		283	17
18	SOCIAL SERVICE		442797	228	228		527366		30	18
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
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		14746898	71280	71280		20179369	221910	15836	25
26	INTENSIVE CARE UNIT		2495146	3978	3978		3082313	44020	1986	26
33	NURSERY		193670	454	454		245211	11684	476	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		5694442	16477	16477		7338374	139504	4796	37
38	RECOVERY ROOM		2472743				2892704			38
39	DELIVERY ROOM & LABOR ROOM		363087	633	633		450753		692	39
41	RADIOLOGY-DIAGNOSTIC		4959760	14628	14628		6402968	17159	3911	41
43.01	NUCLEAR MEDICINE		521265	4126	4126		779275	6648	136	43.01
43.02	ECHOCARDIOGRAPHY		67192	545	545		100991	936	73	43.02
43.03	ULTRASOUND		836915	1273	1273		1031343	21532	170	43.03
43.04	MAGNETIC RESONANCE IMAGING		832061	2071	2071		1058443	7559	62	43.04
43.05	CAT SCAN		989535	308	308		1170246	1981	15	43.05
44	LABORATORY		8616842	9785	9785		10482222		883	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		880506	386	386		1045903		51	47
48	INTRAVENOUS THERAPY		2307291	2187	2187		2788986	405	292	48
49	RESPIRATORY THERAPY		1386065	4523	4523		1807257		603	49
50	PHYSICAL THERAPY		539093	351	351		645068	6019	47	50
51	OCCUPATIONAL THERAPY		6662	100	100		11901		13	51
52	SPEECH PATHOLOGY		3377	41	41		5635		5	52
53	ELECTROCARDIOLOGY		326268	1478	1478		442391		197	53
53.01	CARDIAC REHAB		578703	4023	4023		842238	6050	536	53.01
54	ELECTROENCEPHALOGRAPHY		394598				461615			54
55	MEDICAL SUPPLIES CHARGED TO P		5565993				6511299			55
56	DRUGS CHARGED TO PATIENTS		2257795				2641250			56
57	RENAL DIALYSIS		3925				4592			57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		1729301				2022999			60
60.01	FAMILY EDUCATION		9027				10560			60.01
61	EMERGENCY		4683774	17371	17371		6192780	142559	4962	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINC									62
63	OCCUPATIONAL MEDICINE		2089	122	122		7455		16	63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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									

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	RECON-CILIATION 6A.05	ALL OTHER A&G ACCUM COST 6.05	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	RECON-CILIATION	BIO MED SERVICE ACCUM COST 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	-14624717	79669794	208986	172050	-673712	92481268	649710	37587	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C		27849	508	508		53445		111	96
98	PHYSICIANS' PRIVATE OFFICES		3772545				4413259			98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE		150829	203	203		184783		27	100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	EAST GREENWICH SITE		2101159				2458011			100.05
100.06	NK TREATMENT CENTER		304610	400	400		372774	5392		100.06
100.07	MEDICAL OFFICE BUILDING		83911				98162			100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I		14624717	1951378	5504463		673712	616462	1838095	103
104	UNIT COST MULT-WS B PT I			9.287986				.941017		104
104	UNIT COST MULT-WS B PT I		.169836		31.788122		.006733		48.723526	104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III		1400399	221432	2183628		9934	90882	109471	107
108	UNIT COST MULT-WS B PT III			1.053951				.138730		108
108	UNIT COST MULT-WS B PT III		.016263		12.610391		.000099		2.901816	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 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	COMMUNICATIONS								6.01
6.02	PURCHASING								6.02
6.03	ADMITTING								6.03
6.04	PATIENT ACCOUNTING								6.04
6.05	OTHER ADMINISTRATION AND GENE								6.05
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
8.01	BIO MED SERVICE CONTRACTS								8.01
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY	60369							11
12	CAFETERIA		59029						12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		1190	306801					14
15	CENTRAL SERVICES & SUPPLY		1190		7318603				15
16	PHARMACY		1190			4319656			16
17	MEDICAL RECORDS & LIBRARY		2230				223974624		17
18	SOCIAL SERVICE		490					6298	18
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
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	53523	12481	252917	288256	27296	25067310	5586	25
26	INTENSIVE CARE UNIT	4457	2230	46384	85056	5071	6868684	188	26
33	NURSERY		15	3228	5655	149	931104	372	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	2389	3650		312931	73106	32737675	1	37
38	RECOVERY ROOM		2660		71899	946	3519829		38
39	DELIVERY ROOM & LABOR ROOM		124	4272	7499	198	1905870		39
41	RADIOLOGY-DIAGNOSTIC		3200		746137	3746	18374528		41
43.01	NUCLEAR MEDICINE		180		3837	92003	1428402		43.01
43.02	ECHOCARDIOGRAPHY						1073618		43.02
43.03	ULTRASOUND		540		51588	576	4251427		43.03
43.04	MAGNETIC RESONANCE IMAGING		290		6763	1302	7370288		43.04
43.05	CAT SCAN		430		55778	4380	14115057		43.05
44	LABORATORY		5210		26463	1478	38311801		44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		100		4		1815764		47
48	INTRAVENOUS THERAPY		240		7952	1752073	9921960		48
49	RESPIRATORY THERAPY		10500		35358	5605	5063303		49
50	PHYSICAL THERAPY		410		7739	46	1864932		50
51	OCCUPATIONAL THERAPY						85677		51
52	SPEECH PATHOLOGY						81950		52
53	ELECTROCARDIOLOGY		210		8198	259	1631303		53
53.01	CARDIAC REHAB		500		4044	6	574389		53.01
54	ELECTROENCEPHALOGRAPHY		370		12982	18	1638730		54
55	MEDICAL SUPPLIES CHARGED TO P				5057616		9696474		55
56	DRUGS CHARGED TO PATIENTS					2170877	6307053		56
57	RENAL DIALYSIS						284797		57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		1270		172456	10186	3729662		60
60.01	FAMILY EDUCATION		10				16805		60.01
61	EMERGENCY		3960		185964	9559	25306232	151	61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63	OCCUPATIONAL MEDICINE		40		137				63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
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								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	60369	54910	306801	7154312	4158880	223974624	6298	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C								96
98	PHYSICIANS' PRIVATE OFFICES		2350		116661	54029			98
100	NON PATIENT								100
100.01	MD ANSWERING SERVICE								100.01
100.02	DEVELOPMENT								100.02
100.03	CAPITAL CAMPAIGN								100.03
100.04	PROVISION FOR BAD DEBT								100.04
100.05	EAST GREENWICH SITE		1460		44839	90996			100.05
100.06	NK TREATMENT CENTER		200		2767	15751			100.06
100.07	MEDICAL OFFICE BUILDING				24				100.07
100.08	FOUNDATION MANAGEMENT		109						100.08
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1568853	1039700	1771806	1133781	1809212	1806192	541010	103
104	UNIT COST MULT-WS B PT I	25.987725		5.775099		.418832		85.901874	104
104	UNIT COST MULT-WS B PT I		17.613376		.154918		.008064		104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III	299432	151624	95169	297995	211628	185776	25449	107
108	UNIT COST MULT-WS B PT III	4.960029		.310198		.048992		4.040807	108
108	UNIT COST MULT-WS B PT III		2.568636		.040717		.000829		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	25105111		25105111		25105111	25
26	INTENSIVE CARE UNIT	3751072		3751072		3751072	26
33	NURSERY	340356		340356		340356	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	8222292		8222292		8222292	37
38	RECOVERY ROOM	2998951		2998951		2998951	38
39	DELIVERY ROOM & LABOR ROOM	530974		530974		530974	39
41	RADIOLOGY-DIAGNOSTIC	6974478		6974478		6974478	41
43.01	NUCLEAR MEDICINE	851221		851221		851221	43.01
43.02	ECHOCARDIOGRAPHY	114767		114767		114767	43.02
43.03	ULTRASOUND	1118860		1118860		1118860	43.03
43.04	MAGNETIC RESONANCE IMAGING	1141838		1141838		1141838	43.04
43.05	CAT SCAN	1312593		1312593		1312593	43.05
44	LABORATORY	11001312		11001312	96075	11097387	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	1071834		1071834		1071834	47
48	INTRAVENOUS THERAPY	3641666		3641666		3641666	48
49	RESPIRATORY THERAPY	2082401		2082401		2082401	49
50	PHYSICAL THERAPY	680843		680843		680843	50
51	OCCUPATIONAL THERAPY	13305		13305		13305	51
52	SPEECH PATHOLOGY	6578		6578		6578	52
53	ELECTROCARDIOLOGY	473201		473201		473201	53
53.01	CARDIAC REHAB	893786		893786		893786	53.01
54	ELECTROENCEPHALOGRAPHY	486474		486474		486474	54
55	MEDICAL SUPPLIES CHARGED TO	7416844		7416844		7416844	55
56	DRUGS CHARGED TO PATIENTS	3619130		3619130		3619130	56
57	RENAL DIALYSIS	6920		6920		6920	57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	2120048		2120048		2120048	60
60.01	FAMILY EDUCATION	10943		10943		10943	60.01
61	EMERGENCY	6929994		6929994		6929994	61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTI	434547		434547		434547	62
63	OCCUPATIONAL MEDICINE	9011		9011		9011	63
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	93361350		93361350	96075	93457425	101
102	LESS OBSERVATION BEDS	434547		434547		434547	102
103	TOTAL	92926803		92926803	96075	93022878	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	24499194		24499194				25
26	INTENSIVE CARE UNIT	6868684		6868684				26
33	NURSERY	931104		931104				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	11679274	21058401	32737675	.251157	.251157	.251157	37
38	RECOVERY ROOM	813942	2705887	3519829	.852016	.852016	.852016	38
39	DELIVERY ROOM & LABOR ROOM	1868132	37738	1905870	.278599	.278599	.278599	39
41	RADIOLOGY-DIAGNOSTIC	4713144	13661384	18374528	.379573	.379573	.379573	41
43.01	NUCLEAR MEDICINE	364142	1064260	1428402	.595925	.595925	.595925	43.01
43.02	ECHOCARDIOGRAPHY	973662	99956	1073618	.106897	.106897	.106897	43.02
43.03	ULTRASOUND	501607	3749820	4251427	.263173	.263173	.263173	43.03
43.04	MAGNETIC RESONANCE IMAGING	1517738	5852550	7370288	.154924	.154924	.154924	43.04
43.05	CAT SCAN	3404985	10710072	14115057	.092992	.092992	.092992	43.05
44	LABORATORY	8144585	30167216	38311801	.287152	.287152	.289660	44
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
47	BLOOD STORING, PROCESSING &	1420007	395757	1815764	.590294	.590294	.590294	47
48	INTRAVENOUS THERAPY	791762	9130198	9921960	.367031	.367031	.367031	48
49	RESPIRATORY THERAPY	4424091	639212	5063303	.411273	.411273	.411273	49
50	PHYSICAL THERAPY	1291166	573766	1864932	.365077	.365077	.365077	50
51	OCCUPATIONAL THERAPY	85677		85677	.155293	.155293	.155293	51
52	SPEECH PATHOLOGY	81950		81950	.080268	.080268	.080268	52
53	ELECTROCARDIOLOGY	675207	956096	1631303	.290075	.290075	.290075	53
53.01	CARDIAC REHAB	55	574334	574389	1.556064	1.556064	1.556064	53.01
54	ELECTROENCEPHALOGRAPHY	118993	1519737	1638730	.296860	.296860	.296860	54
55	MEDICAL SUPPLIES CHARGED TO	6737850	2958624	9696474	.764901	.764901	.764901	55
56	DRUGS CHARGED TO PATIENTS	2768964	3538089	6307053	.573823	.573823	.573823	56
57	RENAL DIALYSIS	280769	4028	284797	.024298	.024298	.024298	57
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	2601	3727061	3729662	.568429	.568429	.568429	60
60.01	FAMILY EDUCATION	15421	1384	16805	.651175	.651175	.651175	60.01
61	EMERGENCY	5778472	19527760	25306232	.273845	.273845	.273845	61
61.01	EXPRESS CARE							61.01
62	OBSERVATION BEDS (NON-DISTI	411176	156940	568116	.764891	.764891	.764891	62
63	OCCUPATIONAL MEDICINE							63
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	91164354	132810270	223974624				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	91164354	132810270	223974624				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				5914437		5914437	25
26	INTENSIVE CARE UNIT				398914		398914	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY				41788		41788	33
101	TOTAL				6355139		6355139	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	19585	7917			301.99	2390855	25
26	INTENSIVE CARE UNIT	2165	877			184.26	161596	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY	976				42.82		33
101	TOTAL	22726	8794				2552451	101

WORKSHEET D
PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB III	[XX]	PPS
[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ]	TEFRA
[ ]	TITLE XIX	[ ]	SUB II				

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1784319	32737675	3796719			.054504	206936	37
38	RECOVERY ROOM		63867	3519829	244363			.018145	4434	38
39	DELIVERY ROOM & LABOR ROOM		57365	1905870	8556			.030099	258	39
41	RADIOLOGY-DIAGNOSTIC		1735004	18374528	1753515			.094424	165574	41
43.01	NUCLEAR MEDICINE		347937	1428402	134167			.243585	32681	43.01
43.02	ECHOCARDIOGRAPHY		45267	1073618	484579			.042163	20431	43.02
43.03	ULTRASOUND		218395	4251427	112227			.051370	5765	43.03
43.04	MAGNETIC RESONANCE IMAGING		305470	7370288	585215			.041446	24255	43.04
43.05	CAT SCAN		68349	14115057	1344828			.004842	6512	43.05
44	LABORATORY		1082927	38311801	3789329			.028266	107109	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		56588	1815764	621964			.031165	19384	47
48	INTRAVENOUS THERAPY		330880	9921960	428741			.033348	14298	48
49	RESPIRATORY THERAPY		403499	5063303	1743536			.079691	138944	49
50	PHYSICAL THERAPY		49391	1864932	495944			.026484	13135	50
51	OCCUPATIONAL THERAPY		7125	85677	85677			.083161	7125	51
52	SPEECH PATHOLOGY		3004	81950	81950			.036656	3004	52
53	ELECTROCARDIOLOGY		152562	1631303	315763			.093522	29531	53
53.01	CARDIAC REHAB		308560	574389	55			.537197	30	53.01
54	ELECTROENCEPHALOGRAPHY		31015	1638730	65382			.018926	1237	54
55	MEDICAL SUPPLIES CHARGED TO P		311807	9696474	2764681			.032157	88904	55
56	DRUGS CHARGED TO PATIENTS		152903	6307053	2213260			.024243	53656	56
57	RENAL DIALYSIS		496	284797	190139			.001742	331	57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		53862	3729662	1891			.014442	27	60
60.01	FAMILY EDUCATION		209	16805	15421			.012437	192	60.01
61	EMERGENCY		1447235	25306232	1459511			.057189	83468	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINC		102374	568116	12460			.180199	2245	62
63	OCCUPATIONAL MEDICINE		9582							63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		9129992	191675642	22749873				1029466	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					19585		7917		25
26	INTENSIVE CARE UNIT					2165		877		26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY					976				33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					22726		8794		101

WORKSHEET D
PART IV

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

CHECK APPLICABLE BOXES							
[ ] TITLE V	[XX] HOSPITAL (41-0008)	[ ] SUB IV	[ ] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] SNF	[ ] TEFRA
[ ] TITLE XIX	[ ] SUB II	[ ] NF	
	[ ] SUB III	[ ] ICF/MR	

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								37
37	OPERATING ROOM								38
38	RECOVERY ROOM								39
39	DELIVERY ROOM & LABOR ROOM								41
41	RADIOLOGY-DIAGNOSTIC								43.01
43.01	NUCLEAR MEDICINE								43.02
43.02	ECHOCARDIOGRAPHY								43.03
43.03	ULTRASOUND								43.04
43.04	MAGNETIC RESONANCE IMAGING								43.05
43.05	CAT SCAN								44
44	LABORATORY								46.30
46.30	BLOOD CLOTTING FACTORS ADMIN								47
47	BLOOD STORING, PROCESSING & T								48
48	INTRAVENOUS THERAPY								49
49	RESPIRATORY THERAPY								50
50	PHYSICAL THERAPY								51
51	OCCUPATIONAL THERAPY								52
52	SPEECH PATHOLOGY								53
53	ELECTROCARDIOLOGY								53.01
53.01	CARDIAC REHAB								54
54	ELECTROENCEPHALOGRAPHY								55
55	MEDICAL SUPPLIES CHARGED TO P								56
56	DRUGS CHARGED TO PATIENTS								57
57	RENAL DIALYSIS								
	OUTPATIENT SERVICE COST CENTERS								60
60	CLINIC								60.01
60.01	FAMILY EDUCATION								61
61	EMERGENCY								61.01
61.01	EXPRESS CARE								62
62	OBSERVATION BEDS (NON-DISTINC								63
63	OCCUPATIONAL MEDICINE								63.50
63.50	RHC								63.60
63.60	FQHC								
	OTHER REIMBURSABLE COST CENTERS								101
101	TOTAL								

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		32737675			3796719		6045226	37
38	RECOVERY ROOM		3519829			244363		453790	38
39	DELIVERY ROOM & LABOR ROOM		1905870			8556			39
41	RADIOLOGY-DIAGNOSTIC		18374528			1753515		2815157	41
43.01	NUCLEAR MEDICINE		1428402			134167		248336	43.01
43.02	ECHOCARDIOGRAPHY		1073618			484579		72594	43.02
43.03	ULTRASOUND		4251427			112227		356593	43.03
43.04	MAGNETIC RESONANCE IMAGING		7370288			585215		1226093	43.04
43.05	CAT SCAN		14115057			1344828		2517113	43.05
44	LABORATORY		38311801			3789329		592295	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		1815764			621964		208651	47
48	INTRAVENOUS THERAPY		9921960			428741		541860	48
49	RESPIRATORY THERAPY		5063303			1743536		262880	49
50	PHYSICAL THERAPY		1864932			495944		103	50
51	OCCUPATIONAL THERAPY		85677			85677			51
52	SPEECH PATHOLOGY		81950			81950			52
53	ELECTROCARDIOLOGY		1631303			315763		186799	53
53.01	CARDIAC REHAB		574389			55		128992	53.01
54	ELECTROENCEPHALOGRAPHY		1638730			65382		23044	54
55	MEDICAL SUPPLIES CHARGED TO P		9696474			2764681		949727	55
56	DRUGS CHARGED TO PATIENTS		6307053			2213260		3533831	56
57	RENAL DIALYSIS		284797			190139		4028	57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		3729662			1891		768417	60
60.01	FAMILY EDUCATION		16805			15421		1384	60.01
61	EMERGENCY		25306232			1459511		2826700	61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC		568116			12460		156940	62
63	OCCUPATIONAL MEDICINE								63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		191675642			22749873		23920553	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
		[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
41	RADIOLOGY-DIAGNOSTIC						41
43.01	NUCLEAR MEDICINE						43.01
43.02	ECHOCARDIOGRAPHY						43.02
43.03	ULTRASOUND						43.03
43.04	MAGNETIC RESONANCE IMAGING						43.04
43.05	CAT SCAN						43.05
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
48	INTRAVENOUS THERAPY						48
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	FAMILY EDUCATION						60.01
61	EMERGENCY						61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTINC						62
63	OCCUPATIONAL MEDICINE						63
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (41-0008)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	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, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.251157	.251157	.251157				37
38	RECOVERY ROOM	.852016	.852016	.852016				38
39	DELIVERY ROOM & LABOR ROOM	.278599	.278599	.278599				39
41	RADIOLOGY-DIAGNOSTIC	.379573	.379573	.379573				41
43.01	NUCLEAR MEDICINE	.595925	.595925	.595925				43.01
43.02	ECHOCARDIOGRAPHY	.106897	.106897	.106897				43.02
43.03	ULTRASOUND	.263173	.263173	.263173				43.03
43.04	MAGNETIC RESONANCE IMAGING	.154924	.154924	.154924				43.04
43.05	CAT SCAN	.092992	.092992	.092992				43.05
44	LABORATORY	.287152	.287152	.287152				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	.590294	.590294	.590294				47
48	INTRAVENOUS THERAPY	.367031	.367031	.367031				48
49	RESPIRATORY THERAPY	.411273	.411273	.411273				49
50	PHYSICAL THERAPY	.365077	.365077	.365077				50
51	OCCUPATIONAL THERAPY	.155293	.155293	.155293				51
52	SPEECH PATHOLOGY	.080268	.080268	.080268				52
53	ELECTROCARDIOLOGY	.290075	.290075	.290075				53
53.01	CARDIAC REHAB	1.556064	1.556064	1.556064				53.01
54	ELECTROENCEPHALOGRAPHY	.296860	.296860	.296860				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.764901	.764901	.764901				55
56	DRUGS CHARGED TO PATIENTS	.573823	.573823	.573823				56
57	RENAL DIALYSIS	.024298	.024298	.024298				57
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.568429	.568429	.568429				60
60.01	FAMILY EDUCATION	.651175	.651175	.651175				60.01
61	EMERGENCY	.273845	.273845	.273845				61
61.01	EXPRESS CARE							61.01
62	OBSERVATION BEDS (NON-DISTINCT	.764891	.764891	.764891				62
63	OCCUPATIONAL MEDICINE							63
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							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	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.573823	1
2	PROGRAM VACCINE CHARGES	4258	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	2443	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (41-0008)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		6045226							37
38	RECOVERY ROOM		453790							38
39	DELIVERY ROOM & LABOR ROOM									39
41	RADIOLOGY-DIAGNOSTIC		2815157							41
43.01	NUCLEAR MEDICINE		248336							43.01
43.02	ECHOCARDIOGRAPHY		72594							43.02
43.03	ULTRASOUND		356593							43.03
43.04	MAGNETIC RESONANCE IMAGING		1226093							43.04
43.05	CAT SCAN		2517113							43.05
44	LABORATORY		592295	15018						44
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
47	BLOOD STORING, PROCESSING & TR		208651							47
48	INTRAVENOUS THERAPY		541860							48
49	RESPIRATORY THERAPY		262880							49
50	PHYSICAL THERAPY		103							50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		186799							53
53.01	CARDIAC REHAB		128992							53.01
54	ELECTROENCEPHALOGRAPHY		23044							54
55	MEDICAL SUPPLIES CHARGED TO PA		949727	827						55
56	DRUGS CHARGED TO PATIENTS		3533831							56
57	RENAL DIALYSIS		4028							57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		768417							60
60.01	FAMILY EDUCATION		1384							60.01
61	EMERGENCY		2826700	4023						61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT		156940							62
63	OCCUPATIONAL MEDICINE									63
63.50	RHC									63.50
63.60	FQHC									63.6
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL		23920553	19868						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		23920553	19868						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (41-0008)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		1518301						37
38	RECOVERY ROOM		386636						38
39	DELIVERY ROOM & LABOR ROOM								39
41	RADIOLOGY-DIAGNOSTIC		1068558						41
43.01	NUCLEAR MEDICINE		147990						43.01
43.02	ECHOCARDIOGRAPHY		7760						43.02
43.03	ULTRASOUND		93846						43.03
43.04	MAGNETIC RESONANCE IMAGING		189951						43.04
43.05	CAT SCAN		234071						43.05
44	LABORATORY		170079	4312					44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA		123165						47
48	INTRAVENOUS THERAPY		198879						48
49	RESPIRATORY THERAPY		108115						49
50	PHYSICAL THERAPY		38						50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		54186						53
53.01	CARDIAC REHAB		200720						53.01
54	ELECTROENCEPHALOGRAPHY		6841						54
55	MEDICAL SUPPLIES CHARGED TO PAT		726447	633					55
56	DRUGS CHARGED TO PATIENTS		2027794						56
57	RENAL DIALYSIS		98						57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		436791						60
60.01	FAMILY EDUCATION		901						60.01
61	EMERGENCY		774078	1102					61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINCT		120042						62
63	OCCUPATIONAL MEDICINE								63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL		8595287	6047					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		8595287	6047					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				5914437		5914437	25
26	INTENSIVE CARE UNIT				398914		398914	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY				41788		41788	33
101	TOTAL				6355139		6355139	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	19585	309			301.99	93315	25
26	INTENSIVE CARE UNIT	2165				184.26		26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY	976				42.82		33
101	TOTAL	22726	309				93315	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB III	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[XX]	OTHER		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1784319	32737675				.054504		37
38	RECOVERY ROOM		63867	3519829				.018145		38
39	DELIVERY ROOM & LABOR ROOM		57365	1905870				.030099		39
41	RADIOLOGY-DIAGNOSTIC		1735004	18374528				.094424		41
43.01	NUCLEAR MEDICINE		347937	1428402				.243585		43.01
43.02	ECHOCARDIOGRAPHY		45267	1073618				.042163		43.02
43.03	ULTRASOUND		218395	4251427				.051370		43.03
43.04	MAGNETIC RESONANCE IMAGING		305470	7370288				.041446		43.04
43.05	CAT SCAN		68349	14115057				.004842		43.05
44	LABORATORY		1082927	38311801				.028266		44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		56588	1815764				.031165		47
48	INTRAVENOUS THERAPY		330880	9921960				.033348		48
49	RESPIRATORY THERAPY		403499	5063303				.079691		49
50	PHYSICAL THERAPY		49391	1864932				.026484		50
51	OCCUPATIONAL THERAPY		7125	85677				.083161		51
52	SPEECH PATHOLOGY		3004	81950				.036656		52
53	ELECTROCARDIOLOGY		152562	1631303				.093522		53
53.01	CARDIAC REHAB		308560	574389				.537197		53.01
54	ELECTROENCEPHALOGRAPHY		31015	1638730				.018926		54
55	MEDICAL SUPPLIES CHARGED TO P		311807	9696474				.032157		55
56	DRUGS CHARGED TO PATIENTS		152903	6307053				.024243		56
57	RENAL DIALYSIS		496	284797				.001742		57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		53862	3729662				.014442		60
60.01	FAMILY EDUCATION		209	16805				.012437		60.01
61	EMERGENCY		1447235	25306232				.057189		61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINC		102374	568116				.180199		62
63	OCCUPATIONAL MEDICINE		9582							63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		9129992	191675642						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					19585		309		25
26	INTENSIVE CARE UNIT					2165				26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY					976				33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					22726		309		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
41	RADIOLOGY-DIAGNOSTIC								41
43.01	NUCLEAR MEDICINE								43.01
43.02	ECHOCARDIOGRAPHY								43.02
43.03	ULTRASOUND								43.03
43.04	MAGNETIC RESONANCE IMAGING								43.04
43.05	CAT SCAN								43.05
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
48	INTRAVENOUS THERAPY								48
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	CARDIAC REHAB								53.01
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS								57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	FAMILY EDUCATION								60.01
61	EMERGENCY								61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63	OCCUPATIONAL MEDICINE								63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		32737675						37
38	RECOVERY ROOM		3519829						38
39	DELIVERY ROOM & LABOR ROOM		1905870						39
41	RADIOLOGY-DIAGNOSTIC		18374528						41
43.01	NUCLEAR MEDICINE		1428402						43.01
43.02	ECHOCARDIOGRAPHY		1073618						43.02
43.03	ULTRASOUND		4251427						43.03
43.04	MAGNETIC RESONANCE IMAGING		7370288						43.04
43.05	CAT SCAN		14115057						43.05
44	LABORATORY		38311801						44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		1815764						47
48	INTRAVENOUS THERAPY		9921960						48
49	RESPIRATORY THERAPY		5063303						49
50	PHYSICAL THERAPY		1864932						50
51	OCCUPATIONAL THERAPY		85677						51
52	SPEECH PATHOLOGY		81950						52
53	ELECTROCARDIOLOGY		1631303						53
53.01	CARDIAC REHAB		574389						53.01
54	ELECTROENCEPHALOGRAPHY		1638730						54
55	MEDICAL SUPPLIES CHARGED TO P		9696474						55
56	DRUGS CHARGED TO PATIENTS		6307053						56
57	RENAL DIALYSIS		284797						57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		3729662						60
60.01	FAMILY EDUCATION		16805						60.01
61	EMERGENCY		25306232						61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC		568116						62
63	OCCUPATIONAL MEDICINE								63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		191675642						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
41	RADIOLOGY-DIAGNOSTIC						41
43.01	NUCLEAR MEDICINE						43.01
43.02	ECHOCARDIOGRAPHY						43.02
43.03	ULTRASOUND						43.03
43.04	MAGNETIC RESONANCE IMAGING						43.04
43.05	CAT SCAN						43.05
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
48	INTRAVENOUS THERAPY						48
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	FAMILY EDUCATION						60.01
61	EMERGENCY						61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTINC						62
63	OCCUPATIONAL MEDICINE						63
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (41-0008)	SUB I	SUB II	SUB III	SUB IV	SNF	
	INPATIENT DAYS	1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	19585						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	19585						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5485						3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14100						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)	7917						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) (41-0008)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25105111						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	25105111						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24499194						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8242199						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16256995						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.024732						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1502.68						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1152.98						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	349.70						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	358.35						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1965550						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	23139561						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) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1281.85					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10148406					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10148406					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	3751072	2165	1732.60	877	1519490	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	8667649					48
49	TOTAL PROGRAM INPATIENT COSTS	20335545					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2552451					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1029466					51
52	TOTAL PROGRAM EXCLUDABLE COST	3581917					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16753628					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) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	339					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1281.85					84
85 OBSERVATION BED COST	434547					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		25105111		434547		86
87 NEW CAPITAL-RELATED COST	5914437	25105111	.235587	434547	102374	87
88 NON PHYSICIAN ANESTHETIST		25105111		434547		88
89 MEDICAL EDUCATION		25105111		434547		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (OTHER) (41-0008)	SUB I	SUB II	SUB III	SUB IV	NF	
	INPATIENT DAYS	1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	19585						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	19585						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5485						3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14100						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)	309						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	976						15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (41-0008)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25105111						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	25105111						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24499194						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8242199						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16256995						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.024732						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1502.68						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1152.98						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	349.70						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	358.35						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1965550						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	23139561						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1181.49					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	365080					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	365080					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)	340356	976	348.73			42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	3751072	2165	1732.60			43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	365080					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	93315					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	93315					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

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

	HOSPITAL (OTHER) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	339					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1281.85					84
85 OBSERVATION BED COST	434547					85

WORKSHEET D-4

INPATIENT ANCILLARY COST APPORTIONMENT

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (41-0008)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		10680094		25
26	INTENSIVE CARE UNIT		2794730		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.251157	3796719	953573	37
38	RECOVERY ROOM	.852016	244363	208201	38
39	DELIVERY ROOM & LABOR ROOM	.278599	8556	2384	39
41	RADIOLOGY-DIAGNOSTIC	.379573	1753515	665587	41
43.01	NUCLEAR MEDICINE	.595925	134167	79953	43.01
43.02	ECHOCARDIOGRAPHY	.106897	484579	51800	43.02
43.03	ULTRASOUND	.263173	112227	29535	43.03
43.04	MAGNETIC RESONANCE IMAGING	.154924	585215	90664	43.04
43.05	CAT SCAN	.092992	1344828	125058	43.05
44	LABORATORY	.289660	3789329	1097617	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.590294	621964	367142	47
48	INTRAVENOUS THERAPY	.367031	428741	157361	48
49	RESPIRATORY THERAPY	.411273	1743536	717069	49
50	PHYSICAL THERAPY	.365077	495944	181058	50
51	OCCUPATIONAL THERAPY	.155293	85677	13305	51
52	SPEECH PATHOLOGY	.080268	81950	6578	52
53	ELECTROCARDIOLOGY	.290075	315763	91595	53
53.01	CARDIAC REHAB	1.556064	55	86	53.01
54	ELECTROENCEPHALOGRAPHY	.296860	65382	19409	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.764901	2764681	2114707	55
56	DRUGS CHARGED TO PATIENTS	.573823	2213260	1270019	56
57	RENAL DIALYSIS	.024298	190139	4620	57
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.568429	1891	1075	60
60.01	FAMILY EDUCATION	.651175	15421	10042	60.01
61	EMERGENCY	.273845	1459511	399680	61
61.01	EXPRESS CARE				61.01
62	OBSERVATION BEDS (NON-DISTINCT	.764891	12460	9531	62
	OTHER REIMBURSABLE COST CENTERS				
63	OCCUPATIONAL MEDICINE				63
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		22749873	8667649	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		22749873		103

INPATIENT ANCILLARY COST APPORTIONMENT

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[XX] HOSPITAL (41-0008)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				25
25	ADULTS & PEDIATRICS				26
26	INTENSIVE CARE UNIT				
	ANCILLARY SERVICE COST CENTERS				37
37	OPERATING ROOM	.251157			38
38	RECOVERY ROOM	.852016			39
39	DELIVERY ROOM & LABOR ROOM	.278599			41
41	RADIOLOGY-DIAGNOSTIC	.379573			43.01
43.01	NUCLEAR MEDICINE	.595925			43.02
43.02	ECHOCARDIOGRAPHY	.106897			43.03
43.03	ULTRASOUND	.263173			43.04
43.04	MAGNETIC RESONANCE IMAGING	.154924			43.05
43.05	CAT SCAN	.092992			44
44	LABORATORY	.287152			46.30
46.30	BLOOD CLOTTING FACTORS ADMIN CO				47
47	BLOOD STORING, PROCESSING & TRA	.590294			48
48	INTRAVENOUS THERAPY	.367031			49
49	RESPIRATORY THERAPY	.411273			50
50	PHYSICAL THERAPY	.365077			51
51	OCCUPATIONAL THERAPY	.155293			52
52	SPEECH PATHOLOGY	.080268			53
53	ELECTROCARDIOLOGY	.290075			53.01
53.01	CARDIAC REHAB	1.556064			54
54	ELECTROENCEPHALOGRAPHY	.296860			55
55	MEDICAL SUPPLIES CHARGED TO PAT	.764901			56
56	DRUGS CHARGED TO PATIENTS	.573823			57
57	RENAL DIALYSIS	.024298			
	OUTPATIENT SERVICE COST CENTERS				60
60	CLINIC	.568429			60.01
60.01	FAMILY EDUCATION	.651175			61
61	EMERGENCY	.273845			61.01
61.01	EXPRESS CARE				62
62	OBSERVATION BEDS (NON-DISTINCT	.764891			
	OTHER REIMBURSABLE COST CENTERS				63
63	OCCUPATIONAL MEDICINE				63.50
63.50	RHC				63.60
63.60	FQHC				101
101	TOTAL				102
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				103
103	NET CHARGES				

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
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	3623704					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	10752948					1.02
	MANAGED CARE PATIENTS						
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						1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						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	508970					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	92.35					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						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)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE						3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						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..						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	RES. IN INIT YRS 0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (41-0008)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						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						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						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1						3.23
	[SUM OF LINES][PLUS E-3,PT.VI]						
	[3.21-3.23][LINE 23]						
3.24	SUM OF LINES 3.21-3.23	0	0				3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						4.01
4.02	SUM OF 4 AND 4.01						4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT						4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
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	14885622					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	14885622					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1269361					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16	TOTAL	16154983					16
17	PRIMARY PAYER PAYMENTS	36628					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	16118355					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1549420					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	21795					20
21	REIMBURSABLE BAD DEBTS	89601					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	62721					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	76310					21.02
22	SUBTOTAL	14609861					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (41-0008)	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	14609861					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	14592828					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	17033					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	162646					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 RECONILIATION 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 (41-0008) 1	HOSPITAL (41-0008) 1.01	HOSPITAL (41-0008) 1.02	
1	MEDICAL AND OTHER SERVICES	8490			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8595287			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6947769			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.836			1.03
1.04	LINE 1.01 TIMES LINE 1.03	7185660			1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04	96.69			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	8490			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	24126			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	24126			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	24126			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	15636			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	8490			17
17.01	TOTAL PPS PAYMENTS	6947769			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (41-0008) 1	HOSPITAL (41-0008) 1.01	HOSPITAL (41-0008) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE	163			18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1770212			18.01
19	SUBTOTAL	5185884			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	5185884			23
24	PRIMARY PAYER PAYMENTS	3363			24
25	SUBTOTAL	5182521			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	151866			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	106306			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	127169			27.02
28	SUBTOTAL	5288827			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	5288827			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	5260448			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	28379			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

		HOSPITAL (41-0008) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	STANDARD OVERHEAD AMOUNTS (ASC FEES)			1
2	DEDUCTIBLES			2
3	SUBTOTAL			3
4	80 PERCENT OF LINE 3			4
5	ASC PORTION OF BLEND			5
6	OUTPATIENT ASC COST			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	HOSPITAL SPECIFIC PORTION OF BLEND			17
18	ASC BLENDED AMOUNT			18
19	LESSER OF LINES 16 OR 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	ASC PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

		HOSPITAL (41-0008) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	62 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OUTPATIENT RADIOLOGY			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	RADIOLOGY PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

		HOSPITAL (41-0008) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	42 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	DIAGNOSTIC PAYMENT AMOUNT			21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (41-0008)

WORKSHEET E-1

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				14592828		5260448	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
	PROGRAM	.02					3.02
	TO	.03		NONE		NONE	3.03
	PROVIDER	.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				14592828		5260448	4
TO BE COMPLETED BY INTERMEDIARY							
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

WORKSHEET E-3
PART III

CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

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

		HOSPITAL (41-0008) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	365080						2
2	MEDICAL AND OTHER SERVICES							3
3	INTERNS AND RESIDENTS							4
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							5
5	COST OF TEACHING PHYSICIANS							6
6	SUBTOTAL	365080						7
7	INPATIENT PRIMARY PAYER PAYMENTS							8
8	OUTPATIENT PRIMARY PAYER PAYMENTS							9
9	SUBTOTAL	365080						
	COMPUTATION OF LESSER OF COST OR CHARGES							10
10	ROUTINE SERVICE CHARGES							11
11	ANCILLARY SERVICE CHARGES							12
12	INTERNS AND RESIDENTS SERVICE CHARGES							13
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							14
14	TEACHING PHYSICIANS							15
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							16
16	TOTAL REASONABLE CHARGES							
	CUSTOMARY CHARGES							17
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							18
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							19
19	RATIO OF LINE 17 TO LINE 18							20
20	TOTAL CUSTOMARY CHARGES							21
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							22
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	365080						23
23	COST OF COVERED SERVICES	365080						
	PROSPECTIVE PAYMENT AMOUNT							24
24	OTHER THAN OUTLIER PAYMENTS							25
25	OUTLIER PAYMENTS							26
26	PROGRAM CAPITAL PAYMENTS							27
27	CAPITAL EXCEPTION PAYMENTS							28
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							29
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							30
30	SUBTOTAL	365080						31
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							32
32	LESSER OF LINES 30 OR 31	365080						33
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							

CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

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

		HOSPITAL (41-0008) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST	365080						34
35	SUBTOTAL							35
36	COINSURANCE							36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38	REIMBURSABLE BAD DEBTS							38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39	UTILIZATION REVIEW							39
40	SUBTOTAL							40
41	INPATIENT ROUTINE SERVICE COST							41
42	MEDICARE INPATIENT ROUTINE CHARGES							42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50	OTHER ADJUSTMENTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7907574				1
2	TEMPORARY INVESTMENTS	4126899				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	8046578				4
5	OTHER RECEIVABLES					5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	1648973				7
8	PREPAID EXPENSES	1566347				8
9	OTHER CURRENT ASSETS	112065				9
10	DUE FROM OTHER FUNDS	64758				10
11	TOTAL CURRENT ASSETS	23473194				11
	FIXED ASSETS					
12	LAND					12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS					13
13.01	ACCUMULATED DEPRECIATION					13.01
14	BUILDINGS					14
14.01	ACCUMULATED DEPRECIATION					14.01
15	LEASEHOLD IMPROVEMENTS					15
15.01	ACCUMULATED AMORTIZATION					15.01
16	FIXED EQUIPMENT					16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	60311182				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	60311182				21
	OTHER ASSETS					
22	INVESTMENTS	12579269				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	3012112				25
26	TOTAL OTHER ASSETS	15591381				26
27	TOTAL ASSETS	99375757				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	5814658				28
29	SALARIES, WAGES & FEES PAYABLE	5838300				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	5418942				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS	2336224				33
34	DUE TO OTHER FUNDS					34
35	OTHER CURRENT LIABILITIES	30251				35
36	TOTAL CURRENT LIABILITIES	19438375				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE	54109582				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	23526917				41
42	TOTAL LONG TERM LIABILITIES	77636499				42
43	TOTAL LIABILITIES	97074874				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	2300883				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	2300883				51
52	TOTAL LIABILITIES AND FUND BALANCES	99375757				52

WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND 1		SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1	FUND BALANCES AT BEGINNING OF PERIOD		17988394				1
2	NET INCOME (LOSS)		-7107270				2
3	TOTAL		10881124				3
4	ADDITIONS (CREDIT ADJUSTMENTS)						4
5	NET ASSEYS RELEASED FOR CAPITAL	2349427					5
6	INTERCOMPANY	1000000					6
7	CONTRIBUTIONS FOR CAPITAL						7
8	EQUITY TRANSFER						8
9	CONTRIBUTIONS						9
10	TOTAL ADDITIONS		3349427				10
11	SUBTOTAL		14230551				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)						12
13	FUNDING STATUS OF EMPLOYEE BENEFITS	11666148					13
14	DECREASE IN PERM RESTRICTED	7500					14
15	NET UNREALIZED GAINS ON SECURITIES	256020					15
16							16
17							17
18	TOTAL DEDUCTIONS		11929668				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2300883				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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	24499194		24499194	1
2	SUBPROVIDER I				2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	24499194		24499194	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	6868684		6868684	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	6868684		6868684	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	31367878		31367878	16
17	ANCILLARY SERVICES	61242205		61242205	17
18	OUTPATIENT SERVICES		131603971	131603971	18
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	92610083	131603971	224214054	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		111833745	26
27	ADD (SPECIFY)			27
28				28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS			33
34	DEDUCT (SPECIFY)			34
35	ROUNDING			35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		111833745	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	224214054	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	123109197	2
3	NET PATIENT REVENUES	101104857	3
4	LESS - TOTAL OPERATING EXPENSES	111833745	4
5	NET INCOME FROM SERVICE TO PATIENTS	-10728888	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		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		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUES	7358087	24
25	TOTAL OTHER INCOME	7358087	25
26	TOTAL	-3370801	26
27			27
27.01	CHANGE IN EQUITY IN LIMITED PARTNER	-408084	27.01
27.02	INTEREST RATE SWAP	3575934	27.02
27.03	INVESTMENT LOSS	568619	27.03
28			28
29			29
30	TOTAL OTHER EXPENSES	3736469	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-7107270	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (41-0008) (41-0008)	SUB I	SUB II	SUB III	SUB IV
	PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
	CAPITAL FEDERAL AMOUNT					
2	CAPITAL DRG OTHER THAN OUTLIER	1187618				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	81743				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17] [x E-3,PT VI,LN.1]					4
4.01	NO. OF INTERNS & RESIDENTS 0.00 0.00					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT					
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					5.01
5.02	SUM OF LINES 5 AND 5.01					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1269361				6
	PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL					1
2	OLD CAPITAL					2
3	TOTAL CAPITAL					3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7	REDUCED OLD CAPITAL AMOUNT					7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9	SUBTOTAL					9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
	PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3	TOTAL INPATIENT PROGRAM CAPITAL					3
4	CAPITAL COST PAYMENT FACTOR					4
5	TOTAL INPATIENT PROGRAM CAPITAL COST					5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS					1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3	NET PROGRAM INPATIENT CAPITAL COSTS					3
4	APPLICABLE EXCEPTION PERCENTAGE					4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8	CAPITAL MINIMUM PAYMENT LEVEL					8
9	CURRENT YEAR CAPITAL PAYMENTS					9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13	CURRENT YEAR EXCEPTION PAYMENT					13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	COMMUNICATIONS						6.01
6.02	PURCHASING						6.02
6.03	ADMITTING						6.03
6.04	PATIENT ACCOUNTING						6.04
6.05	OTHER ADMINISTRATION AND GENER						6.05
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	BIO MED SERVICE CONTRACTS						8.01
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
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
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
33	NURSERY						33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
41	RADIOLOGY-DIAGNOSTIC						41
43.01	NUCLEAR MEDICINE						43.01
43.02	ECHOCARDIOGRAPHY						43.02
43.03	ULTRASOUND						43.03
43.04	MAGNETIC RESONANCE IMAGING						43.04
43.05	CAT SCAN						43.05
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN C						46.30
47	BLOOD STORING, PROCESSING & TR						47
48	INTRAVENOUS THERAPY						48
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PA						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	FAMILY EDUCATION						60.01
61	EMERGENCY						61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTINCT						62
63	OCCUPATIONAL MEDICINE						63
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
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						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02

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	
85.03	ISLET CELL ACQUISITION						85.03
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CA						96
98	PHYSICIANS' PRIVATE OFFICES						98
100	NON PATIENT						100
100.01	MD ANSWERING SERVICE						100.01
100.02	DEVELOPMENT						100.02
100.03	CAPITAL CAMPAIGN						100.03
100.04	PROVISION FOR BAD DEBT						100.04
100.05	EAST GREENWICH SITE						100.05
100.06	NK TREATMENT CENTER						100.06
100.07	MEDICAL OFFICE BUILDING						100.07
100.08	FOUNDATION MANAGEMENT						100.08
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 PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	40.42		1.58				42.00	25
26 INTENSIVE CARE UNIT	40.51						40.51	26
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	11.60	18.47					30.07	37
38 RECOVERY ROOM	6.94	12.89					19.83	38
39 DELIVERY ROOM & LABOR ROOM	0.45						0.45	39
41 RADIOLOGY-DIAGNOSTIC	9.54	15.32					24.86	41
43.01 NUCLEAR MEDICINE	9.39	17.39					26.78	43.01
43.02 ECHOCARDIOGRAPHY	45.14	6.76					51.90	43.02
43.03 ULTRASOUND	2.64	8.39					11.03	43.03
43.04 MAGNETIC RESONANCE IMAGING	7.94	16.64					24.58	43.04
43.05 CAT SCAN	9.53	17.83					27.36	43.05
44 LABORATORY	9.89	1.55					11.44	44
47 BLOOD STORING, PROCESSING & TRA	34.25	11.49					45.74	47
48 INTRAVENOUS THERAPY	4.32	5.46					9.78	48
49 RESPIRATORY THERAPY	34.43	5.19					39.62	49
50 PHYSICAL THERAPY	26.59	0.01					26.60	50
51 OCCUPATIONAL THERAPY	100.00						100.00	51
52 SPEECH PATHOLOGY	100.00						100.00	52
53 ELECTROCARDIOLOGY	19.36	11.45					30.81	53
53.01 CARDIAC REHAB	0.01	22.46					22.47	53.01
54 ELECTROENCEPHALOGRAPHY	3.99	1.41					5.40	54
55 MEDICAL SUPPLIES CHARGED TO PAT	28.51	9.79					38.30	55
56 DRUGS CHARGED TO PATIENTS	35.09	56.03					91.12	56
57 RENAL DIALYSIS	66.76	1.41					68.17	57
60 CLINIC	0.05	20.60					20.65	60
60.01 FAMILY EDUCATION	91.76	8.24					100.00	60.01
61 EMERGENCY	5.77	11.17					16.94	61
62 OBSERVATION BEDS (NON-DISTINCT	2.19	27.62					29.81	62
101 TOTAL CHARGES	10.16	10.68					20.84	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							1
1	OLD CAP REL COSTS-BLDG & FIXT							2
2	OLD CAP REL COSTS-MVBLE EQUIP							3
3	NEW CAP REL COSTS-BLDG & FIXT	12729668	12.64	-12729668	-23.70			4
4	NEW CAP REL COSTS-MVBLE EQUIP	2922860	2.90	-2922860	-5.44			5
5	EMPLOYEE BENEFITS	11338425	11.26	-11338425	-21.11			6.01
6.01	COMMUNICATIONS	501567	.50	-501567	-.93			6.02
6.02	PURCHASING	296666	.29	-296666	-.55			6.03
6.03	ADMITTING	855646	.85	-855646	-1.59			6.04
6.04	PATIENT ACCOUNTING	1648705	1.64	-1648705	-3.07			6.05
6.05	OTHER ADMINISTRATION AND GENERA	12231082	12.14	-12231082	-22.77			7
7	MAINTENANCE & REPAIRS	1281739	1.27	-1281739	-2.39			8
8	OPERATION OF PLANT	2288130	2.27	-2288130	-4.26			8.01
8.01	BIO MED SERVICE CONTRACTS	574785	.57	-574785	-1.07			9
9	LAUNDRY & LINEN SERVICE	409019	.41	-409019	-.76			10
10	HOUSEKEEPING	1327739	1.32	-1327739	-2.47			11
11	DIETARY	837783	.83	-837783	-1.56			12
12	CAFETERIA	593325	.59	-593325	-1.10			13
13	MAINTENANCE OF PERSONNEL							14
14	NURSING ADMINISTRATION	1096465	1.09	-1096465	-2.04			15
15	CENTRAL SERVICES & SUPPLY	458254	.45	-458254	-.85			16
16	PHARMACY	982007	.97	-982007	-1.83			17
17	MEDICAL RECORDS & LIBRARY	1000926	.99	-1000926	-1.86			18
18	SOCIAL SERVICE	336337	.33	-336337	-.63			20
20	NONPHYSICIAN ANESTHETISTS							21
21	NURSING SCHOOL							22
22	I&R SERVICES-SALARY & FRINGES A							23
23	I&R SERVICES-OTHER PRGM COSTS A							24
24	PARAMED ED PRGM-(SPECIFY)							
	INPATIENT ROUTINE SERV COST CENTERS							25
25	ADULTS & PEDIATRICS	7727976	7.67	17377135	32.35	25105111	24.92	26
26	INTENSIVE CARE UNIT	1681990	1.67	2069082	3.85	3751072	3.72	33
33	NURSERY	125869	.12	214487	.40	340356	.34	
	ANCILLARY SERVICE COST CENTERS							37
37	OPERATING ROOM	3154508	3.13	5067784	9.44	8222292	8.16	38
38	RECOVERY ROOM	1913792	1.90	1085159	2.02	2998951	2.98	39
39	DELIVERY ROOM & LABOR ROOM	237675	.24	293299	.55	530974	.53	41
41	RADIOLOGY-DIAGNOSTIC	2729485	2.71	4244993	7.90	6974478	6.92	43.01
43.01	NUCLEAR MEDICINE	176573	.18	674648	1.26	851221	.85	43.02
43.02	ECHOCARDIOGRAPHY	1300		113467	.21	114767	.11	43.03
43.03	ULTRASOUND	481307	.48	637553	1.19	1118860	1.11	43.04
43.04	MAGNETIC RESONANCE IMAGING	412344	.41	729494	1.36	1141838	1.13	43.05
43.05	CAT SCAN	667882	.66	644711	1.20	1312593	1.30	44
44	LABORATORY	6304507	6.26	4696805	8.74	11001312	10.92	46.30
46.30	BLOOD CLOTTING FACTORS ADMIN CO							47
47	BLOOD STORING, PROCESSING & TRA	787292	.78	284542	.53	1071834	1.06	48
48	INTRAVENOUS THERAPY	1927276	1.91	1714390	3.19	3641666	3.62	

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
49	RESPIRATORY THERAPY	819131	.81	1263270	2.35	2082401	2.07	49
50	PHYSICAL THERAPY	386895	.38	293948	.55	680843	.68	50
51	OCCUPATIONAL THERAPY			13305	.02	13305	.01	51
52	SPEECH PATHOLOGY			6578	.01	6578	.01	52
53	ELECTROCARDIOLOGY	106785	.11	366416	.68	473201	.47	53
53.01	CARDIAC REHAB	258977	.26	634809	1.18	893786	.89	53.01
54	ELECTROENCEPHALOGRAPHY	239020	.24	247454	.46	486474	.48	54
55	MEDICAL SUPPLIES CHARGED TO PAT	5432366	5.39	1984478	3.69	7416844	7.36	55
56	DRUGS CHARGED TO PATIENTS	2170877	2.16	1448253	2.70	3619130	3.59	56
57	RENAL DIALYSIS			6920	.01	6920	.01	57
60	CLINIC	1410042	1.40	710006	1.32	2120048	2.10	60
60.01	FAMILY EDUCATION	6954	.01	3989	.01	10943	.01	60.01
61	EMERGENCY	2574269	2.56	4355725	8.11	6929994	6.88	61
61.01	EXPRESS CARE							61.01
62	OBSERVATION BEDS (NON-DISTINCT							62
63	OCCUPATIONAL MEDICINE	-11568	-.01	20579	.04	9011	.01	63
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
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							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN			59213	.11	59213	.06	96
98	PHYSICIANS' PRIVATE OFFICES	3122475	3.10	1402591	2.61	4525066	4.49	98
100	NON PATIENT							100
100.01	MD ANSWERING SERVICE	92162	.09	95181	.18	187343	.19	100.01
100.02	DEVELOPMENT							100.02
100.03	CAPITAL CAMPAIGN							100.03
100.04	PROVISION FOR BAD DEBT							100.04
100.05	EAST GREENWICH SITE	1794115	1.78	751220	1.40	2545335	2.53	100.05
100.06	NK TREATMENT CENTER	233053	.23	157854	.29	390907	.39	100.06
100.07	MEDICAL OFFICE BUILDING	58957	.06	39870	.07	98827	.10	100.07
100.08	FOUNDATION MANAGEMENT			1920		1920		100.08
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	100735414	100.00	0	.00	100735414	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	1784319	32737675	.054504	3796719	206936	37
38	RECOVERY ROOM	63867	3519829	.018145	244363	4434	38
39	DELIVERY ROOM & LABOR ROOM	57365	1905870	.030099	8556	258	39
41	RADIOLOGY-DIAGNOSTIC	1735004	18374528	.094424	1753515	165574	41
43.01	NUCLEAR MEDICINE	347937	1428402	.243585	134167	32681	43.01
43.02	ECHOCARDIOGRAPHY	45267	1073618	.042163	484579	20431	43.02
43.03	ULTRASOUND	218395	4251427	.051370	112227	5765	43.03
43.04	MAGNETIC RESONANCE IMAGING	305470	7370288	.041446	585215	24255	43.04
43.05	CAT SCAN	68349	14115057	.004842	1344828	6512	43.05
44	LABORATORY	1082927	38311801	.028266	3789329	107109	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	56588	1815764	.031165	621964	19384	47
48	INTRAVENOUS THERAPY	330880	9921960	.033348	428741	14298	48
49	RESPIRATORY THERAPY	403499	5063303	.079691	1743536	138944	49
50	PHYSICAL THERAPY	49391	1864932	.026484	495944	13135	50
51	OCCUPATIONAL THERAPY	7125	85677	.083161	85677	7125	51
52	SPEECH PATHOLOGY	3004	81950	.036656	81950	3004	52
53	ELECTROCARDIOLOGY	152562	1631303	.093522	315763	29531	53
53.01	CARDIAC REHAB	308560	574389	.537197	55	30	53.01
54	ELECTROENCEPHALOGRAPHY	31015	1638730	.018926	65382	1237	54
55	MEDICAL SUPPLIES CHARGED TO PAT	311807	9696474	.032157	2764681	88904	55
56	DRUGS CHARGED TO PATIENTS	152903	6307053	.024243	2213260	53656	56
57	RENAL DIALYSIS	496	284797	.001742	190139	331	57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	53862	3729662	.014442	1891	27	60
60.01	FAMILY EDUCATION	209	16805	.012437	15421	192	60.01
61	EMERGENCY	1447235	25306232	.057189	1459511	83468	61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTINCT	102374	568116	.180199	12460	2245	62
	OTHER REIMBURSABLE COST CENTERS						
63	OCCUPATIONAL MEDICINE	9582					63
63.50	RHC						63.50
63.60	FQHC						63.60
101	TOTAL	9129992	191675642		22749873	1029466	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	5914437		5914437	19585	301.99	7917	2390855	25
26	INTENSIVE CARE UNIT	398914		398914	2165	184.26	877	161596	26
101	TOTAL	6313351		6313351			8794	2552451	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	2552451
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1029466
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	3581917
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	2025
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	8794
PER DISCHARGE CAPITAL COSTS	1768.85
PER DIEM CAPITAL COSTS	407.31

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)	16753628
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	36224697
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.462

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)	3581917
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.099

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8595151
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	23916422
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.359