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

WORKSHEET S

CERTIFICATION	AND SETTLEMENT SUMMARY				PARTS I &					
INTERMEDIARY [USE ONLY: [] AUDITED] DESK REVIEWED	DATE RECEIVED INTERMEDIARY NO.]] INITIAL] FINAL	[] RE-OPENING [] MCR CODE					
		PART I - CERTIFICAT	ION							
CHECK APPLICABLE BOX	ELECTRONICAL; MANUALLY SUB	LY FILED COST REPORT MITTED COST REPORT								
IISREPPRESENTATION 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 ADMINISTR	ATOR OF PROVIDER	(S)						
OR MANUALLY SUBMITTED COMENT COUNTY MEMORIAL HOSI BEGINNING 10/01/2008 AND COMPLETE STATEMENT PREPAI AS NOTED. I FURTHER CERT.	HAVE READ THE ABOVE STATEMENT AN ST REPORT AND THE BALANCE SHEET PITAL (41-0009) ENDING 09/30/2009, AND THAT TO RED FROM THE BOOKS AND RECORDS (IFY THAT I AM FAMILIAR WITH THE RVICES IDENTIFIED IN THIS COST)	AND STATEMENT OF RE (PROVIDER NAME() THE BEST OF MY KNOW OF THE PROVIDER IN A LAWS AND REGULATION	VENUE AND EXPENS S) AND NUMBER(S) LEDGE AND BELIEF CCORDANCE WITH A S REGARDING THE	ES PREPARED BY) FOR THE COST RE , IT IS A TRUE, C PPLICABLE INSTRUC PROVISION OF HEAL	SPORTING PERIOD CORRECT AND TIONS, EXCEPT TH CARE					
				STRATOR OF PROVID						
		 T	ITLE							
		-								

PART II - SETTLEMENT SUMMARY

DATE

		TITLE V	TITLE XVIII PART A PART B		TITLE XIX	
			PART A	PART B		
		1	2	3	4	
1	HOSPITAL		1210210	184743		1
2	SUBPROVIDER I		14839			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		1225049	184743		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, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET	S-2

24.01

25.01

25.02

25.03

25.04

25.05

25.06

25

YES

YES

NO

YES

NO

YES

	110011111111111111111111111111111111111	122111111111111111111111111111111111111						
	AL AND HOSPITAL HEALTH CARE COMPLEX A STREET: 455 TOLL GATE ROAD		P.O.BOX:					1
1.01	CITY: WARWICK	STATE: RI	ZIP CODE:	02886	COUNTY: KENT			1.01
HOSPIT	AL AND HOSPITAL-BASED COMPONENT IDENT	CIFICATION:				PAYMENT S		
	COMPONENT 0	COMPONENT NAME		PROVIDER NUMBER 2		(P,T,O C V XVIII 4 5		
2 3 4 5 6 7 8 9 11 12 14 15	HOSPITAL SUBPROVIDER I SWING BEDS - SNF SWING BEDS - NF HOSPITAL-BASED SNF HOSPITAL-BASED NF HOSPITAL-BASED OLTC HOSPITAL-BASED HHA SEPARATELY CERTIFIED ASC HOSPITAL-BASED HOSPICE HOSP-BASED RHC OUTPATIENT REHABILITATION PROVID	KENT COUNTY MEMORIAL KENT COUNTY MEMORIAL			07/01/1966 10/01/1995	N P N P	ON	2 3 4 5 6 7 8 9 11 12 14 15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)			FROM:	10/01/2008 TO: 1 2	09/30/2009		17
18	TYPE OF CONTROL				2			18
	F HOSPITAL/SUBPROVIDER							
19 20	HOSPITAL SUBPROVIDER I				1 5			19 20
OTHER	INFORMATION							
21	INDICATE IF YOUR HOSPITAL IS EITHER COST REPORTING PERIOD IN COLUMN 1. I OR LOCATED IN A RURAL AREA, IS YOUR LESS THAN OR EQUAL TO 100 BEDS, ENTE	F YOUR HOSPITAL IS GEOGR BED SIZE IN ACCORDANCE W	APHICALLY C	LASSIFIED 412.105				21
21.01	DOES YOUR FACILITY QUALIFY AND IS CU	RRENTLY RECEIVING PAYMEN		ik ivo.	YES			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHI	C RECLASSIFICATION? ENTE		ES				21.02
21.03	AND 'N' FOR NO. IF YES, REPORT IN COENTER IN COLUMN 1 YOUR GEOGRAPHIC LOURBAN IN COLUMN 1 INDICATE IF YOU RE RECLASSIFICATION TO A RURAL LOCATION IS YES, ENTER IN COLUMN 3 THE EFFECT FACILITY CONTAIN 100 OR FEWER BEDS IT	CATION EITHER (1) URBAN ICEIVED EITHER A WAGE OR I, ENTER IN COLUMN 2 'Y' ITVE DATE (mm/dd/yyyy)(SE IN ACCORDANCE WITH 42 CFR	(2) RURAL. STANDARD GE AND 'N' FOR E INSTRUCTI 412.105? E	COGRAPHIC NO. IF COLU CON). DOES YO COTTER IN COLU	MN 2 UR	N	39300	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICA OF THE COST REPORTING PERIOD. ENTER	TION (NOT WAGE), WHAT IS	YOUR STATU		INNING 1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICA COST REPORTING PERIOD. ENTER (1) URE	TION (NOT WAGE), WHAT IS		S AT THE END	OF THE 1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE T SMALL RURAL HOSPITAL UNDER THE PROSE UNDER DRA SECTION 5105 OR MIPPA 147?	THREE-YEAR TRANSITION OF PECTIVE PAYMENT SYSTEM FO	R HOSPITAL	OUTPATIENT S	ERVICES			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH ENTER 'Y' FOR YES AND 'N' FOR NO (SE	WITH UNDER 100 BEDS OR						21.07
22 23	ARE YOU CLASSIFIED AS A REFERRAL CEN DOES THIS FACILITY OPERATE A TRANSPL	ITER?	ם מקסחדפומי	ייים איים איים איים איים איים איים איים	NO BELOW NO			22 23
	IF THIS IS A MEDICARE CERTIFIED KIDN IN COL. 2 AND TERMINATION IN COl. 3.	IEY TRANSPLANT CENTER, EN						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEAR	T TRANSPLANT CENTER, ENT	ER THE CERT	CIFICATION DA	TE			23.02
23.03	IN COL. 2 AND TERMINATION IN COL. 3. IF THIS IS A MEDICARE CERTIFIED LIVE	R TRANSPLANT CENTER, ENT	ER THE CERT	FICATION DA	TE			23.03
23.04	IN COL. 2 AND TERMINATION IN COL. 3. IF THIS IS A MEDICARE CERTIFIED LUNG	TRANSPLANT CENTER, ENTE	R THE CERTI	FICATION DAT	E			23.04
23.05	IN COL. 2 AND TERMINATION IN COL. 3. IF MEDICARE PANCREAS TRANSPLANTS ARE		ONS FOR ENT	ERING CERTIF	ICATION			23.05
23.06	AND TERMINATION DATE. IF THIS IS A MEDICARE CERTIFIED INTE		, ENTER THE	CERTIFICATI	ON			23.06
23.07	DATE IN COL. 2 AND TERMINATION IN COLIF THIS IS A MEDICARE CERTIFIED ISLE	T TRANSPLANT CENTER ENTE	R THE CERTI	FICATION DAT	E			23.07
24	IN COL. 2 AND TERMINATION IN COL. 3. IF THIS AN ORGAN PROCUREMENT ORGANIZ AND TERMINATION IN COL. 3.		PO NUMBER I	IN COL 2.				24
24 01	TE THE A MEDICADE TRANSPIANT CENTER	. ENGED GUE GON (DDOMIDE	р мимого) т	או מרטו או שונים				24 01

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. IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CHOS FOR 15-1, CHAFTER 1.
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS
IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE
WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE

DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2

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)

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)

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

PAYMENTS FOR I & R?

WORKSHEET S-2 (CONTINUED) HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

				, -	- 1
	NFORMATION 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				26
26 01	NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26.01
	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING: 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				26.01
26.04	AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA. IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: ENDING:				26.04
27	BEGINNING: ENDING: BEGINNING: ENDING: 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				28.02
	CHARACTER CODE IF RURAL BASED FACILITY.				
	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		0.00		N	28.03
		0.00		N	28.04
		0.00		N	28.05
	TRAINING OTHER (SPECIFY)	0.00		N	28.06 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		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
	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 1&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
MISCELI 32	ANEOUS COST REPORTING INFORMATION IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY)	NO			32
33	IN COLUMN 2. IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N'	NO			33
34	FOR NO IN COLUMN 2. 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	
	TIVE PAYMENT SYSTEM (PPS) - CAPITAL DO YOU FLECT FULLY DROSDECTIVE DAYMENT METHODOLOGY FOR CAPITAL COSTS?	1 NO	2 VES	3 NO	36
36 36.01	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO NO	YES YES	NO NO	36.01
37 37.01	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37 37.01

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 (CONTINUED)

ים. דיידידי	XIX INPATIENT HOSPITAL SERVICES		
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN		38.01
	TO THIS MOSPITAL REIMBURSED FOR ITTIES ATA THROUGH THE COST REPORT EITHER IN FULL OR IN DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO NO	38.02
	DOES THE TITLE ALL PROGRAM REDUCE CAPITAL FULLDWING THE MEDICARE MEINDOLDES!? ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO 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,	YES HB0	208 40
	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.		
40.01	NAME: FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S N	TUMBER: 40.01
40.02	STREET:	P.O.BOX:	40.02
40.03	CITY:	STATE: 02 ZIP CO	DE: 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 ON	LY? YES	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT		45
	SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUI	MN 2.	
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMO DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASE)	D SNF)	46
20	DURING THIS COST REPORTING PERIOD. ENTER THE PHASE.	J 5111 /	10
	DONALING THE COOL RELOWITING TERRITOR, ENTER THE THROW.		

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).

				OUTPATIENT	OUTPATIEN	TT (OUTPATIEN	T		
		PART A	PART B	ASC						
		1	2	3	4		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 FO. 42 CFR 412.348(e)?	R EXTRAORDIN	ARY CIRCUMSTAN	CES IN ACCORDA	NCE WITH	NO				52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD H. EXCEPTION PAYMENT PURSUANT TO 42 CFR 412				E SPECIAL	NO				52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL EFFECT. ENTER BEGINNING AND ENDING DATES 53.01 FOR NUMBER OF PERIODS IN EXCESS OF	OF MDH STAT	US ON LINE 53.	01. SUBSCRIPT						53
	MDH PERIOD:		BEGINNING:		ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PREMIUMS: PAID LOSSES:			TIDANIGE.	C4E004					54
54 01	PREMIUMS: PAID LOSSES: ARE MALPRACTICE PREMIUMS AND PAID LOSSES		ND/OR SELF INS		645004	YES				54.01
31.01	GENERAL COST CENTER? IF YES, SUBMIT SUPP					110				31.01
	CONTAINED THEREIN.									
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL		E PAYMENT IN A	CCORDANCE WITH		NO				55
	42 CFR 412.107. ENTER 'Y' FOR YES AND 'N	' FOR NO.				/	TTMT	37 /37	PPPC	
					DATE 0	Y/N 1	LIMIT 2	1 / IN 3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES	, ENTER IN C	OL 2 THE PAYME	NT LIMIT				3		56
56	PROVIDED FROM YOUR FISCAL INTERMEDIARY.	IF THIS IS F	IRST YEAR OF O	PERATIONS,	0	1	2	3		56
56	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1	IF THIS IS F IS 'Y', ENTE	IRST YEAR OF O R 'Y' OR 'N' I	PERATIONS, N COL 3	0	1	2	3		56
56	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERA	IF THIS IS F IS 'Y', ENTE TIONS FOR RE	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA	PERATIONS, N COL 3 NCE SERVICES.	0	1	2	3		56
56	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERALENTER IN COL 4, IF APPLICABLE, THE FEE ST	IF THIS IS F IS 'Y', ENTE TIONS FOR RE	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA	PERATIONS, N COL 3 NCE SERVICES.	0	1	2	3		56
56 57	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERA	IF THIS IS F IS 'Y', ENTE TIONS FOR RE CHEDULES AMO	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA	PERATIONS, N COL 3 NCE SERVICES.	0	1	2	3		56 57
	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERA'ENTER IN COL 4, IF APPLICABLE, THE FEE SO BEGINNING ON OR AFTER 4/1/2002.	IF THIS IS F IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS?	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P	PERATIONS, N COL 3 NCE SERVICES. ERIOD	0 / /	1 NO	2	3		
57	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERAL ENTER IN COL 4, IF APPLICABLE, THE FEE SEBGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL	IF THIS IS F IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF),	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUB	0 / / PROVIDER?	1 NO	2	3		57
57	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERAENTER IN COL 4, IF APPLICABLE, THE FEE SEGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL ARE YOU AN INPATIENT REHABILITATION FACTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY.	IF THIS IS F IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUB! THE ELECTION ! HIS OPTION IS (0 / / PROVIDER? FOR 100% DNLY	1 NO	2	3		57
57 58	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERAL ENTER IN COL 4, IF APPLICABLE, THE FEE STATES OF ONE OF A PROVIDED THE FORM OF THE PROVIDED	IF THIS IS F IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), F NO. IF YES FOR YES AND INNING ON OR	IRST YEAR OF OR 'Y' OR 'N' I NOBERING AMBULA UNTS FOR THE POR DO YOU CONTHAVE YOU MADE 'N' FOR NO. TAFTER 1/1/200	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUBITHE ELECTION 1 HIS OPTION IS (2 AND BEFORE 1)	0 / / PROVIDER? FOR 100% ONLY 0/1/2002.	NO NO YES	2	3		57 58
57 58	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERAL ENTER IN COL 4, IF APPLICABLE, THE FEE SUBGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL ARE YOU AN INPATIENT REHABILITATION FACTION FOR THE FORM TO THE PS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL	IF THIS IS F IS 'Y', ENTE IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR ITY HAVE A T	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T AFTER 1/1/200 EACHING PROGRA	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUB: THE ELECTION 1 HIS OPTION IS (2 2 AND BEFORE 1) M IN THE MOST 1	0 / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT	1 NO	2	3		57
57 58	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERA'ENTER IN COL 4, IF APPLICABLE, THE FEE SUBGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL'ARE YOU AN INPATIENT REHABILITATION FACIENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOUR PS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL COST REPORTING PERIOD ENDING ON OR BEFOR	IF THIS IS F IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR ITY HAVE A T E NOVEMBER 1	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T AFTER 1/1/200 EACHING PROGRA 5, 2004? ENTER	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUBITHE ELECTION 18 (2 AND BEFORE 1 M IN THE MOST 1 IN COLUMN 1 '''	0 / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT Y' FOR YES	NO NO YES	2	3		57 58
57 58	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 HHETHER THIS IS YOUR FIRST YEAR OF OPERA' ENTER IN COL 4, IF APPLICABLE, THE FEE SI BEGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL' ARE YOU AN INPATIENT REHABILITATION FACIL ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOL PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL COST REPORTING PERIOD ENDING ON OR BEFOR.	IF THIS IS F IS 'Y', ENTE IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR ITY HAVE A T E NOVEMBER 1 RESIDENTS IN	IRST YEAR OF OR 'Y' OR 'N' I NOBRING AMBULA UNTS FOR THE POR DO YOU CONTHAVE YOU MADE 'N' FOR NO. TAFTER 1/1/200 EACHING PROGRA 5, 2004? ENTER A NEW TEACHIN	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUBITHE ELECTION 1 HIS OPTION IS (2 AND BEFORE 1) M IN THE MOST 1 IN COLUMN 1 '' G PROGRAM IN AG	0 / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT Y' FOR YES CCORDANCE	NO NO YES	2	3		57 58
57 58	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERA'ENTER IN COL 4, IF APPLICABLE, THE FEE SUBGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL'ARE YOU AN INPATIENT REHABILITATION FACIENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOUR PS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL COST REPORTING PERIOD ENDING ON OR BEFOR	IF THIS IS F IS 'Y', ENTE IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR ITY HAVE A T E NOVEMBER 1 RESIDENTS IN 2005 PAGE 47	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T AFTER 1/1/200 EACHING PROGRA 5, 2004? ENTER A NEW TEACHIN 929? ENTER IN	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUB: THE ELECTION 1 HIS OPTION IS (2 2 AND BEFORE 1 M IN THE MOST 1 IN COLUMN 1 '' 3 PROGRAM IN AC COLUMN 2 'Y' F' COLUMN 2 'Y' F'	0 / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT Y' FOR YES CCORDANCE OR YES OR	NO NO YES	2	3		57 58
57 58	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 MHETHER THIS IS YOUR FIRST YEAR OF OPERA' ENTER IN COL 4, IF APPLICABLE, THE FEE SI BEGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL' ARE YOU AN INPATIENT REHABILITATION FACIL ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FO! PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL COST REPORTING PERIOD ENDING ON OR BEFOR OR 'N' FOR NO. IS THE FACILITY TRAINING INTH FR VOL 70, NO 156 DATED AUGUST 15,	IF THIS IS F IS 'Y', ENTE IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR ITY HAVE A T E NOVEMBER 1 RESIDENTS IN 2005 PAGE 47 , OR 3 RESPE	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T AFTER 1/1/200 EACHING PROGRA 5, 2004? ENTER A NEW TEACHIN 929? ENTER IN CTIVELY IN COL	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUBI THE ELECTION 1 HIS OPTION IS (2 2 AND BEFORE 1 M IN THE MOST 1 IN COLUMN 1 '' 3 PROGRAM IN ACCOLUMN 2 'Y' F UMN 3 (SEE INS'	0 / / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT Y' FOR YES CCORDANCE OR YES OR IRUCTIONS)	NO NO YES	2	3		57 58
57 58	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 MHETHER THIS IS YOUR FIRST YEAR OF OPERA' ENTER IN COL 4, IF APPLICABLE, THE FEE SI BEGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL ARE YOU AN INPATIENT REHABILITATION FACT. ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FO PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL COST REPORTING PERIOD ENDING ON OR BEFOR OR 'N' FOR NO. IS THE FACILITY TRAINING S' WITH FR VOL 70, NO 156 DATED AUGUST 15, 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 IF THE CURRENT COST REPORTING PERIOD COV OR IF THE SUBSEQUENT ACADEMIC YEARS OF TO	IF THIS IS F IS 'Y', ENTE IS 'Y', ENTE IS 'Y', ENTE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR INY HAVE A T E NOVEMBER 1 RESIDENTS IN 2005 PAGE 47 , OR 3 RESPE ERS THE BEGI	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T AFTER 1/1/200 EACHING PROGRA 5, 2004? ENTER A NEW TEACHIN 929? ENTER IN CTIVELY IN COL NNING OF THE F	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUBITHE ELECTION 15 (2 AND BEFORE 1 M IN THE MOST 1 IN COLUMN 1 'Y' FO UNN 3 (SEE INS' OURTH ENTER 4:	0 / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT Y' FOR YES CCORDANCE DR YES OR TRUCTIONS) IN COLUMN 3,	NO NO YES	2	3		57 58
57 58 58.01	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERA' ENTER IN COL 4, IF APPLICABLE, THE FEE SI BEGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL' ARE YOU AN INPATIENT REHABILITATION FACT. ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOU PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL COST REPORTING PERIOD ENDING ON OR BEFOR OR 'N' FOR NO. IS THE FACILITY TRAINING WITH FR VOL 70, NO 156 DATED AUGUST 15, 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 IF THE CURRENT COST REPORTING PERIOD COV. OR IF THE SUBSEQUENT ACADEMIC YEARS OF TO	IF THIS IS F IS 'Y', ENTE IS 'Y', ENTE IS 'Y', ENTE TIONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR ITY HAVE A T E NOVEMBER 1 RESIDENTS IN 2005 PAGE 47 , OR 3 RESPE ERS THE BEGI HE NEW TEACH	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T AFTER 1/1/200 EACHING PROGRA 5, 2004? ENTER A NEW TEACHIN 929? ENTER IN CTIVELY IN COL NNING OF THE F ING PROGRAM IN	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUBITHE ELECTION 1 HIS OPTION IS (2 2 AND BEFORE 1: M IN THE MOST 1: IN COLUMN 1 '' G PROGRAM IN A: COLUMN 2 'Y' F' UMN 3 (SEE INS: DURTH ENTER 4 : EXISTENCE, EN'	0 / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT Y' FOR YES CCORDANCE DR YES OR TRUCTIONS) IN COLUMN 3,	NO NO YES	2	3		57 58 58.01
57 58	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERA' ENTER IN COL 4, IF APPLICABLE, THE FEE S' BEGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL' ARE YOU AN INPATIENT REHABILITATION FACTI ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FO' PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL COST REPORTING PERIOD ENDING ON OR BEFOR OR 'N' FOR NO. IS THE FACILITY TRAINING IN' WITH FR VOL 70, NO 156 DATED AUGUST 15, 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 IF THE CURRENT COST REPORTING PERIOD COV OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE (SEE INSTRUCTIONS) ARE YOU A LONG TERM CARE HOSPITAL (LTCH)	IF THIS IS F IS 'Y', ENTE IS 'Y', ENTE IS 'Y', ENTE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR ITY HAVE A T E NOVEMBER 1 RESIDENTS IN 2005 PAGE 47 , OR 3 RESPE ERS THE BEGI HE NEW TEACH	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T AFTER 1/1/200 EACHING PROGRA 5, 2004? ENTER A NEW TEACHIN 929? ENTER IN CTIVELY IN COL NNING OF THE F ING PROGRAM IN CONTAIN A LTCH	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUB! THE ELECTION 1 HIS OPTION IS (2 2 AND BEFORE 1 M IN THE MOST 1 IN COLUMN 1 '' 3 PROGRAM IN ACCOLUMN 2 'Y' F(UMN 3 (SEE INS' OURTH ENTER 4 : EXISTENCE, EN' SUBPROVIDER?	0 / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT Y' FOR YES CCORDANCE CCORDANCE OR TRUCTIONS) IN COLUMN 3,	NO NO YES	2	3		57 58
57 58 58.01	PROVIDED FROM YOUR FISCAL INTERMEDIARY. NO ENTRY IS REQUIRED IN COL 2. IF COL 1 WHETHER THIS IS YOUR FIRST YEAR OF OPERA' ENTER IN COL 4, IF APPLICABLE, THE FEE SI BEGINNING ON OR AFTER 4/1/2002. ARE YOU CLAIMING NURSING AND ALLIED HEAL' ARE YOU AN INPATIENT REHABILITATION FACT. ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOU PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' AVAILABLE FOR COST REPORTING PERIODS BEG IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL COST REPORTING PERIOD ENDING ON OR BEFOR OR 'N' FOR NO. IS THE FACILITY TRAINING WITH FR VOL 70, NO 156 DATED AUGUST 15, 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 IF THE CURRENT COST REPORTING PERIOD COV. OR IF THE SUBSEQUENT ACADEMIC YEARS OF TO	IF THIS IS F IS 'Y', ENTE IS 'Y', ENTE IS 'Y', ENTE ITONS FOR RE CHEDULES AMO TH COSTS? LITY (IRF), R NO. IF YES FOR YES AND INNING ON OR ITY HAVE A T E NOVEMBER I RESIDENTS IN 2005 PAGE 47 , OR 3 RESPE ERS THE BEGI HE NEW TEACH , OR DO YOU R NO. IF YES	IRST YEAR OF O R 'Y' OR 'N' I NDERING AMBULA UNTS FOR THE P OR DO YOU CONT HAVE YOU MADE 'N' FOR NO. T AFTER 1/1/200 EACHING PROGRA 5, 2004? ENTER A NEW TEACHIN 929? ENTER IN CTIVELY IN COL NNING OF THE F ING PROGRAM IN CONTAIN A LTCH HAVE YOU MADE	PERATIONS, N COL 3 NCE SERVICES. ERIOD AIN AN IRF SUBITHE ELECTION 1 HIS OPTION IS (2 AND BEFORE 1 I M IN THE MOST 1 IN COLUMN 1 ' G PROGRAM IN A COLUMN 2 'Y' FO UMN 3 (SEE INS' OURTH ENTER 4 : EXISTENCE, EN SUBPROVIDER? THE ELECTION 1	0 / / / PROVIDER? FOR 100% ONLY 0/1/2002. RECENT Y' FOR YES CCORDANCE OR YES OR TRUCTIONS) IN COLUMN 3, TER 5.	NO NO YES	2	3		57 58 58.01

PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

YES

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 (CONTINUED)

60.01

61

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?	NO	60
	ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A		
	NEW FACTUITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		

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.)

SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR. 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.

COUNTY:

STATE: ZIP CODE CBSA CAMPUS

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)

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

						I/P DAYS	O/P VISITS	/ TRIPS-	
		NO. OF	BED DAYS	CAH PATIENT	TITLE	יידייד.	LTCH NONCOVERED	TITLE	OBS. BEDS
	COMPONENT	BEDS	AVAILABLE	HOURS	V	XVIII	DAYS	XIX	ADMITTED
		1	2	2.01	3	4	4.01	5	5.01
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	256	93440			24085		7532	1
2	HMO					18331		7765	2
	HMO (IRF PPS Sub)							17	2.01
3	HOSPITAL ADULTS & PEDS -								3
	SWING BED SNF								
4	HOSPITAL ADULTS & PEDS -								4
	SWING BED NF								
5	TOTAL ADULTS & PEDS	256	93440			24085		7532	5
_	EXCL OBSERVATION BEDS								_
6	INTENSIVE CARE UNIT	15	5475			1625		171	6
	NEONATAL INTENSIVE CARE UNIT								6.10
7	CORONARY CARE UNIT								7
8	BURN INTENSIVE CARE UNIT								8 9
9	SURGICAL INTENSIVE CARE UNIT								10
10	OTHER SPECIAL CARE (SPECIFY)							133	10
11 12	NURSERY TOTAL HOSPITAL	271	98915			25710		7836	12
13	RPCH VISITS	2/1	90913			25/10		7030	13
14	SUBPROVIDER I	20	7300			1990		169	14
15	SKILLED NURSING FACILITY	20	7300			1000		100	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	291							25
26	OBSERVATION BED DAYS							54	10 26
27	AMBULANCE TRIPS								27
28	EMPLOYEE DISCOUNT DAYS								28

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

		I/P OBS.	DAYS / O/P	VISITS /	TRIPS	INTE	RNS & RES FT: LESS I&R	ES	FULL TIME	(CONTIN	IUED)
	COMPONENT	BEDS NOT	TOTAL ALL PATIENTS	BEDS	BEDS NOT	TOTAL 7	REPL NON- PHYS ANES 8	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DA	PV	70845								1
2	HMO XIX										2
2.01	HMO (IRF PPS Sub)										2.01
3	HOSPITAL ADULTS & PEDS -										3
	SWING BED SNF										
4	HOSPITAL ADULTS & PEDS - SWING BED NF										4
5	TOTAL ADULTS & PEDS		70845								5
3	EXCL OBSERVATION BEDS		70015								3
6	INTENSIVE CARE UNIT		4437								6
6.10	NEONATAL INTENSIVE CARE UNIT										6.10
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		3998								11
12	TOTAL HOSPITAL		79280			13.10		13.10	1822.10		12
13	RPCH VISITS		4224						05.05		13
14	SUBPROVIDER I		4334						25.25		14 15
15 16	SKILLED NURSING FACILITY 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					13.10		13.10	1847.35		25
26	OBSERVATION BED DAYS	44	2300	737	1563						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

			DTS	THARGES		(CONTINUED)
	COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4308	1376	14243	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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
6.10	NEONATAL INTENSIVE CARE UNIT					6.10
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		4308	1376	14243	12
13	RPCH VISITS					13
14	SUBPROVIDER I		176	9	389	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY ASC (DISTINCT PART)					18 20
20 21						21
23	HOSPICE (DISTINCT PART) 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
						20

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PART	HOSPITAL WAGE INDEX INFORMATION II - WAGE DATA SALARIES TOTAL SALARIES NON-PHYSICIAN ANESTHETIST PART A NON-PHYSICIAN ANESTHETIST PART B	AMOUNT	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 +	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAS	E DATA	WORKSHEET S-3 PART II
		REPORTED	A-6	COL.2)	IN COL.3	COL.4)	SOURCE	
	SALARIES	1	2	3	4	5	6	
	TOTAL SALARIES	118398586	1091172	119489758	3842980.00	31.09		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	735954		735954	5686.00	129.43		4
4.01	TEACHING PHYSICIAN SALARIES	276231		276231	2999.00	92.11		4.01
5	NON-PHYSICIAN ANESTHETIST PART A NON-PHYSICIAN ANESTHETIST PART B PHYSICIAN - PART A TEACHING PHYSICIAN SALARIES PHYSICIAN - PART B NON-PHYSICIAN - PART B INTERNS & RESIDENTS (IN APPR PGM) CONTRACT SERVICES, I&R	1700000		1700000	43/53.00	103.78		5 5.01
5.01	NON-PRISICIAN - PARI B	1/00000	022020	1/00000	22562 00	25.77		6
6 01	CONTRACT SERVICES ISR		033929	033929	32303.00	25.01		6.01
7	HOME OFFICE PERSONNEL							7
								8
8.01	SNF EXCLUDED AREA SALARIES OTHER WAGES & RELATED COSTS CONTRACT LABOR	3693549	2934610	6628159	116359.00	56.96		8.01
	OTHER WAGES & RELATED COSTS							
		1504373		1504373	24708.00	60.89		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	MANAGEMENT AND ADMINISTRATIVE SERVICES' CONTRACT LABOR: PHYSICIAN PART A TEACHING PHYSICIAN UNDER CONTRACT HOME OFFICE SALARIES & WAGE REL COSTS HOME OFFICE: PHYSICIAN PART A	450588		450588	3240.00	139.07		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	394651		394651	41/4.00	94.55		10.01
1.2	HOME OFFICE: PHYSICIAN PART A	8031342		8031342	136901.00	58.67		11
	TEACHING PHYSICIAN SALARIES							12.01
13	WAGE RELATED COSTS (CORE)	33850338		33850338			CMS 339	13
14	WAGE RELATED COSTS (OTHER)	2870437		2870437			CMS 339	14
15	EXCLUDED AREAS	1606047		1606047			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	WAGE-RELATED COSTS WAGE RELATED COSTS (CORE) WAGE RELATED COSTS (OTHER) EXCLUDED AREAS NON-PHYSICIAN ANESTHETIST PART A NON-PHYSICIAN ANESTHETIST PART B PHYSICIAN PART A PART A TEACHING PHYSICIANS PHYSICIAN PART B WAGE RELATED COSTS (RHC/FQHC) INTERNS & RESIDENTS (IN APPR PGM) OVERHEAD COSTS - DIRECT SALARIES	126092		126092			CMS 339	18
18.01	DUVCTOTAN DADE D	0/2202		0/12202			CMS 339	18.01
19 01	WAGE RELATED COSTS (RHC/FOHC)	043302		043302			CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	256003		256003			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1421063	-21354	1399709	44535.00	31.43		21
22	ADMINISTRATIVE & GENERAL	18058969	-1524525	16534444	539099.00	30.67		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	849553		849553	4722.00	179.91		22.01
23	MAINTENANCE & REPAIRS	1910699		1910699	69501.00	27.49		23
24	OPERATION OF PLANT	1408762		1408762	68839.00	20.46		24
25	HOMORY & LINEN SERVICE	3021469		3021460	187258 00	14.93		25
26 01	HOUSEKEEPING UNDER CONTRACT	3021403		3021403	107230.00	10.14		26 01
27	INTERNS & RESIDENTS (IN APPR POM) OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL UNDER CONTACT MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING HOUSEKEEPING UNDER CONTRACT DIETARY DIETARY UNDER CONTRACT CAFETERIA MAINTENANCE OF PERSONNEL	2365754	-1642718	723036	39047.00	18.52		27
27.01	DIETARY UNDER CONTRACT	224527		224527	6448.00	34.82		27.01
28	CAFETERIA		1642718	1642718	104395.00	15.74		28
29	MATNERNANCE OF DEDCOMMET							
	MAINTENANCE OF PERSONNEL							
30	NURSING ADMINISTRATION	1850512		1850512	42600.00	43.44		30
30 31	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY	1850512 967834		1850512 967834	42600.00 49136.00	43.44 19.70		30 31
30 31 32	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBB	1850512 967834 2938806		1850512 967834 2938806	42600.00 49136.00 84532.00	43.44 19.70 34.77		30 31 32
30 31 32 33	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR	1850512 967834 2938806 1780937		1850512 967834 2938806 1780937	42600.00 49136.00 84532.00 86271.00	43.44 19.70 34.77 20.64		30 31 32 33
30 31 32 33 34	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE	1850512 967834 2938806 1780937 414973		1850512 967834 2938806 1780937 414973	42600.00 49136.00 84532.00 86271.00 11477.00	43.44 19.70 34.77 20.64 36.16		30 31 32 33 34
30 31 32 33 34 35	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE	1850512 967834 2938806 1780937 414973		1850512 967834 2938806 1780937 414973	42600.00 49136.00 84532.00 86271.00 11477.00	43.44 19.70 34.77 20.64 36.16		30 31 32 33
30 31 32 33 34 35	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE	1850512 967834 2938806 1780937 414973		1850512 967834 2938806 1780937 414973	42600.00 49136.00 84532.00 86271.00 11477.00	43.44 19.70 34.77 20.64 36.16		30 31 32 33 34
30 31 32 33 34 35	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE	1850512 967834 2938806 1780937 414973		1850512 967834 2938806 1780937 414973	42600.00 49136.00 84532.00 86271.00 11477.00	43.44 19.70 34.77 20.64 36.16		30 31 32 33 34 35
30 31 32 33 34 35	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE	1850512 967834 2938806 1780937 414973		1850512 967834 2938806 1780937 414973	42600.00 49136.00 84532.00 86271.00 11477.00	43.44 19.70 34.77 20.64 36.16		30 31 32 33 34 35
30 31 32 33 34 35	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE	1850512 967834 2938806 1780937 414973		1850512 967834 2938806 1780937 414973	42600.00 49136.00 84532.00 86271.00 11477.00	43.44 19.70 34.77 20.64 36.16		30 31 32 33 34 35
30 31 32 33 34 35	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE	1850512 967834 2938846 1780937 414973		1850512 967834 2938806 1780937 414973		43.44 19.70 34.77 20.64 36.16		30 31 32 33 34 35
30 31 32 33 34 35	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE	1850512 967834 2938806 1780937 414973	RECLASS.	1850512 967834 2938806 1780937 414973	42600.00 49136.00 84532.00 86271.00 11477.00	43.44 19.70 34.77 20.64 36.16	·	30 31 32 33 34 35
30 31 32 33 34 35	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE	1850512 96783804 2938806 1780937 414973	RECLASS. OF SALARIES	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES	PAID HOURS RELATED	43.44 19.70 34.77 20.64 36.16	: GE	30 31 32 33 34 35
33	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE	1850512 967834 2938806 1780937 414973	RECLASS. OF SALARIES FROM WKST. A-6	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4)	: GE	30 31 32 33 34 35
33	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION	1850512 96783804 2938806 1780937 414973	RECLASS. OF SALARIES	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES	PAID HOURS RELATED	43.44 19.70 34.77 20.64 36.16	: GE	30 31 32 33 34 35
PART	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY	1850512 967834 293886 1780937 414973 AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6 2	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5	: GE	30 31 32 33 34 35 WORKSHEET S-3 PART III
PART	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES	1850512 967834 2938806 1780937 414973 AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2 257243	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WA (COL.3 / COL.4) 5	: GE	30 31 32 33 34 35 WORKSHEET S-3 PART III
PART	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUDED AREA SALARIES	1850512 967834 2938806 1780937 414973 AMOUNT REPORTED 1 112867784	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5 30.36 56.96	: GE	30 31 32 33 34 35 WORKSHEET S-3 PART III
PART	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUBED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	1850512 967834 293880 1780937 414973 AMOUNT REPORTED 1 112867784 3693549 109174235	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WA (COL.3 / COL.4) 5	: GE	30 31 32 33 34 35 WORKSHEET S-3 PART III
PART 1 2 3	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUBED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	1850512 967834 293880 1780937 414973 AMOUNT REPORTED 1 112867784 3693549 109174235	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5 30.36 56.96 29.50 61.42 34.60%	: .GE	30 31 32 33 34 35 WORKSHEET S-3 PART III 1 2 3 4 5
PART 1 2 3 4 5 6	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL WAGE-RELATED COSTS TOTAL (SUM OF LINES 3 THRU 5)	1850512 967834 293880 1780937 414973 AMOUNT REPORTED 1 112867784 3693549 109174235	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5 30.36 56.96 29.50 61.42	: .GE	30 31 32 33 34 35 WORKSHEET S-3 PART III 1 2 3 4 5 6
PART 1 2 3 4 5 6 7	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL WAGE-RELATED COSTS TOTAL (SUM OF LINES 3 THRU 5) NET SALARIES	1850512 967834 293880 1780937 414973 AMOUNT REPORTED 1 112867784 3693549 109174235	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5 30.36 56.96 29.50 61.42 34.60%	: .GE	30 31 32 33 34 35 WORKSHEET S-3 PART III 1 2 3 4 5 6 7
PART 1 2 3 4 5 6 7	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL MAGE-RELATED COSTS TOTAL (SUM OF LINES 3 THRU 5) NET SALARIES EXCLUDED AREA SALARIES EXCLUDED AREA SALARIES	AMOUNT REPORTED 1 112867784 3693549 109174235 10380954 36846867 156402056	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5 30.36 56.96 29.50 61.42 34.60%	: .GE	30 31 32 33 34 35 WORKSHEET S-3 PART III 1 2 3 4 5 6 7 8
PART 1 2 3 4 5 6 7 8	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL WAGE-RELATED COSTS TOTAL (SUM OF LINES 3 THRU 5) NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)	AMOUNT REPORTED 1 112867784 3693549 109174235 10380954 36846867 156402056	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5 30.36 56.96 29.50 61.42 34.60%	: .GE	30 31 32 33 34 35 WORKSHEET S-3 PART III 1 2 3 4 5 6 7 8 9
PART 1 2 3 4 5 6 7 8 9 10	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL WAGE-RELATED COSTS TOTAL (SUM OF LINES 3 THRU 5) NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL (SUM OF LINES 3 THRU 5) NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 7 MINUS LINE 8) SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)	AMOUNT REPORTED 1 112867784 3693549 109174235 10380954 36846867 156402056	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5 30.36 56.96 29.50 61.42 34.60%	: .GE	30 31 32 33 34 35 WORKSHEET S-3 PART III 1 2 3 4 5 6 6 7 8 9 10
PART 1 2 3 4 5 6 7 8	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL (SUM OF LINES 3 THRU 5) NET SALARIES EXCLUDED AREA SALARIES EXCLUDED AREA SALARIES SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SALARIES EXCLUDED AREA SALARIES SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL WAGE-RELATED COSTS	AMOUNT REPORTED 1 112867784 3693549 109174235 10380954 36846867 156402056	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367	1850512 967834 2938806 1780937 414973 ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WP (COL.3 / COL.4) 5 30.36 56.96 29.50 61.42 34.60%	: .GE	30 31 32 33 34 35 WORKSHEET S-3 PART III 1 2 3 4 5 6 7 8 9
PART 1 2 3 4 5 6 7 8 9 10 11	NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTHER GENERAL SERVICE HOSPITAL WAGE INDEX INFORMATION III - HOSPITAL WAGE INDEX SUMMARY NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL WAGE-RELATED COSTS TOTAL (SUM OF LINES 3 THRU 5) NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL (SUM OF LINES 3 THRU 5) NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 7 MINUS LINE 8) SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)	AMOUNT REPORTED 1 112867784 3693549 109174235 10380954 156402056	RECLASS. OF SALARIES FROM WKST. A-6 2 257243 2934610 -2677367 -2677367	ADJUSTED SALARIES (COL.1 + COL.2) 3 113125027 6628159 106496868 10380954 36846867 153724689	PAID HOURS RELATED TO SALARY IN COL.3 4 3726206.00 116359.00 3609847.00	43.44 19.70 34.77 20.64 36.16 AVERAGE HOURLY WF (COL.3 / COL.4) 5 30.36 56.96 29.50 61.42 34.60% 40.68	: .GE	30 31 32 33 34 35 WORKSHEET S-3 PART III 1 2 3 4 5 6 7 8 9 10 11

HOSPITAL UNCOMPENSATED CARE DATA

VERSION: 2009.08 02/24/2010 17:10 KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (6/2003)

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
	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 DO YOU SEPARATELY ACCOUNT FOR INDATIENT AND DITPATTENT SERVICES?		8
0.01			8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
10	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED		9.04 10
10	BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY		11
	LEVEL? IF YES ANSWER LINES 11 THRU 11.04		
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 BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER		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		13
1.4	EXTRAORDINARY MEDICAL EXPENSES?		14
14 01	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING		14.01
14.01	DO TOU 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
	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	30607110	
	GROSS MEDICAID REVENUES	89345398	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	78428	
20	RESTRICTED GRANTS	19662	
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	120050598	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.313481	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	78428	26
27	TOTAL SCHIP COST	24586	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	89266971	
29	TOTAL GROSS MEDICAID COST	27983499	
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30607110	
31	UNCOMPENSATED CARE COST	9594747	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	28008085	32

WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

		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		OLD CAP REL COSTS-BLDG & FIXT								1
2	0101	OLD CAPITAL RELATED COSTS-BLDG								1.01 2
3	0300	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA		3285733	3285733	117120	3402853	182083	3584936	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		5605012	5605012		6578091		7071560	4
5	0500	EMPLOYEE BENEFITS	1421063	39020931		-6543154		-291822	33607018	5
6	0600	ADMINISTRATIVE & GENERAL	18058969	29065277		5341009		-2386316	50078939	6
7 8	0700	MAINTENANCE & REPAIRS	1910699	909942	2820641 4016819	-37927 -222494	2782714 3794325	74997 315000	2857711 4109325	7 8
9	0800	I.AUINDRY & I.THEN SERVICE	112206	2008057 1095930		-222494	1208136	315000	1208136	9
10	1000	HOUSEKEEPING	3021469	812883	3834352				3833602	
11	1100	DIETARY	2365754	1458198	3823952	-4232947	3833602 -408995	1203864	794869	
12	1200	CAFETERIA				4228627		-1721907	2506720	
13 14	1400	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	1850512	190047	2040559		2040559 1579746		2040559	13
15	1500	CENTRAL SERVICES & SUPPLY	967834		1579746		1579746			
16	1600	PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	967834 2938806	10888725		-10644620	3182911	-213259	2969652	
17	1700	MEDICAL RECORDS & LIBRARY	1780937	137572		-11909	1906600	142022	2048622	
18	1800	SOCIAL SERVICE CENTRAL TRANSPORT	414973	175949	590922	-1292	589630		589630	18 19
19 20	2000	NONPHYSICIAN ANESTHETISTS								20
21		NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A				833929	833929		833929	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A	1330172	838671	2168843	-1008726	1160117	-155561	1004556	
24	2400	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTER	c							24
25	2500	ADULTS & PEDIATRICS		11658337	40483629	-866202	39617427	-9085966	30531461	25
26				462015	3934811	184148		3003300	4118959	
		NEONATAL INTENSIVE CARE UNIT								26.10
31				173467	2035775	1410		-259506	1777679	
33	3300	NURSERY ANCILLARY SERVICE COST CENTERS	1533737	486637	2020374	-94987	1925387	-476099	1449288	33
37	3700	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	5189886	2948553	8138439	136688	8275127		8275127	37
38	3800	RECOVERY ROOM	1008739	80176	1088915		1088915 1844472		1088915	38
38.01	3330	RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION	1315737	528735	1844472		1844472		1844472	
38.02 39	3190	ONCOLOGY\INFUSION	1192803	207307 262403	1400110 2130650	3189	1403299		1403299 2130650	
40	4000	ANESTHESIOLOGY	1000247		507080	-507080	2130050		2130650	40
41	4100	RADIOLOGY-DIAGNOSTIC	4278826	3090318	7369144	-490871	6878273	-18383	6859890	
41.01	4101	MRI	535851	311042	846893	25068	6878273 871961	-250	871711	
41.02	3630	ULTRASOUND	541679	141120	682799		521221		521221	
41.03	323U 4102	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY LOOD ALOTENIA RACTORS ADMIN CO	//8863	427454	1206317	147238	1353555		1353555	41.03
42	4200	RADIOLOGY-THERAPEUTIC		95658	95658		95658	000500	95658	
43	4300	RADIOISOTOPE	357061	344291	701352	20672	722024		722024	43
44	4400	LABORATORY	7537731	5877659	13415390	-92127	13323263	-392539	12930724	
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO	474266	1583887	2058153		2058153		2058153	46.30
49	4900	RESPIRATORY THERAPY	2198245	647213		-42529		-63739	2739190	
50	5000	PHYSICAL THERAPY	1922145	195881	2118026	-121554	1996472	-10887	1985585	50
51	5100	OCCUPATIONAL THERAPY	730397	12428	742825	88248	831073		831073	51
52	5200	SPEECH PATHOLOGY	331682	80530	412212	88248 1905	412212	061027	412212	52
53.01	5300	LABORATURY BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY ELECTROCARDIOGRAPHY ELECTROCARDIOGRAPHY ELECTROCARDIOGRAPHY ELECTROCARDIOGRAPHY ELECTROCARDIOGRAPHY	10/1041	111972	1/03013	TA02	T/022T8	-90183/	023081	53.01
54	5400	ELECTROENCEPHALOGRAPHY	616593	74818	691411		691411	-173056	518355	
55	5500	MEDICAL SUPPLIES CHARGED TO PAI		6982292	6982292	347406	7329698	-63646	7266052	55
56		DRUGS CHARGED TO PATIENTS	21.007	200	01207	10246823			10868852	
		VASCULAR LAB AIR FLUIDIZED THERAPY	21087	300 165653	21387 165653		319129 165653	-11020	308109 165653	
		CARDIAC CATH	518851	490731	1009582		1009582		1009582	
59.01	3550	PSYCH TESTING						405845	405845	59.01
		ELECTROSHOCK THERAPY	655041	010564	050005	10045	000050	37650	37650	
59.03	3950	NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS	657241	212764	870005	10947	880952		880952	59.03
60	6000	CLINIC CLINIC	985569	137837	1123406	-43645	1079761	-44675	1035086	60
60.01	6001	DIABETES CLINIC	18170	-18170						60.01
		EMERGENCY	7741825	1252852	8994677	164706	9159383	-148610	9010773	
62 63.50		OBSERVATION BEDS (NON-DISTINCT								62 63.50
63.60										63.60
		OTHER REIMBURSABLE COST CENTERS								=
66		DURABLE MEDICAL EQUIP-RENTED	797921	937331	1735252	98300	1833552		1833552	
69.10 69.20										69.10 69.20
07.20	0220	011								07.40

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2009.08

 IN LIEU OF FORM CMS-2552-96 (9/96)
 02/24/2010 17:10

WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

		COST CENTER	SALARIE 1	S OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.30	6930	OOT								69.30
69.40	6940	OSP								69.40
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
		PANCREAS ACQUISITION								85.01
		INTESTINAL ACQUISITION								85.02
		ISLET CELL ACQUISITION								85.03
	8800	INTEREST EXPENSE		317580	317580	-317580				88
95		SUBTOTALS	116567345	137492990	254060335	-2173718	251886617	-13002119	238884498	95
		NONREIMBURSABLE COST CENTERS								
		GIFT, FLOWER, COFFEE SHOP & CAN	17550	759	18309		18309		18309	96
		TRAVEL	117647	63811	181458	-5691	175767		175767	96.01
		NEW DIRECTIONS								96.02
96.03	9603	DEVELOPMENT	192059	304578	496637		496637		496637	96.03
96.04	9604	TV STORAGE								96.04
		PRIVATE DUTY NURSING								96.05
		WELLNESS	788199	5598	793797		793797		793797	96.06
96.07	9607	PEDI GROUP		34212	34212		34212		34212	96.07
		OUTPT. EDUCATION				40000	40000		40000	96.08
		INTEGRATIVE THERAPY								96.09
		HOME CARE		101725	101725		101725	1091172	1192897	96.10
		FOUNDATION DISTRIBUTION		1740151	1740151		1740151		1740151	96.11
		TROWBRIDGE BUILDING				259992	259992		259992	96.12
		MEDICAL STUDENTS	99416	50892	150308	315763	466071		466071	96.13
		RESEARCH				44385	44385		44385	97
		PHYSICIANS' PRIVATE OFFICES	616370	453049	1069419	65537	1134956		1134956	98
100	7950	MANAGEMENT SALARIES				1453732	1453732		1453732	100
100.01	7951	CNE IS AND PURCHASING								100.01
101		TOTAL	118398586	140247765	258646351		258646351	-11910947	246735404	101

WORKSHEET A-6 PAGE 1 RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		INCREASE		
	BALBAMATION OF RECEMBER TENTION BATRI	CODE		LINE #		
		1	2	2	4	5
1	RECLASS INTEREST EXPENSE TO BUILDING RECLASS INTEREST EXPENSE TO BUILDING RECLASS INTEREST EXPENSE TO BUILDING CHARGEABLE DRUGS RECLASS RADIOLOGY ADMIN COSTS RECLASS RADIOLOGY ADMIN COSTS RECLASS RADIOLOGY ADMIN COSTS RECLASS RADIOLOGY ADMIN COSTS RECLASS CAFETERIA COSTS RECLASS ANESTHESIA COSTS RECLASS OTHER ANESTHESIA RECLASS OTHER ANESTHESIA RECLASS HME DEPRECIATION RECLASS PHYSICIANS OFFICE DEPREC RECLASS CNE COSTS RECLASS INSURANCE COSTS RECLASS WOUND RECOVERY SUPPLIES RECLASS VASCULAR COSTS RECLASS WALPRACTICE INSURANCE FOR MD RECLASS MALPRACTICE INSURANCE FOR MD RECLASS MALPRACTICE INSURANCE FOR MD	A	NEW CAP REL COSTS-BLDG & FIXT	3		141419 1
2	RECLASS INTEREST EXPENSE TO BUILDING	A	NEW CAP REL COSTS-MVBLE EQUIP	4		169966 2
3	RECLASS INTEREST EXPENSE TO BUILDING	A	ADMINISTRATIVE & GENERAL	6		6195 3
4	CHARGEABLE DRUGS	В	DRUGS CHARGED TO PATIENTS	56		10246823 4
5	RECLASS RADIOLOGY ADMIN COSTS	C	MRI	41.01	25068	5
6	RECLASS RADIOLOGY ADMIN COSTS	C	ULTRASOUND	41.02	58065	6
7	RECLASS RADIOLOGY ADMIN COSTS	C	RADIOISOTOPE	43	20672	7
8	RECLASS RADIOLOGY ADMIN COSTS	C	CT SCAN	41.03	147238	8
9	RECLASS CAFETERIA COSTS	D	CAFETERIA	12	1642718	2585909 9
10	RECLASS ANESTHESIA COSTS	F	MEDICAL SUPPLIES CHARGED TO P	55		297228 10
11	RECLASS OTHER ANESTHESIA	G	OPERATING ROOM	37		53224 11
12	RECLASS HME DEPRECIATION	H	DURABLE MEDICAL EQUIP-RENTED	66		102796 12
13	RECLASS PHYSICIANS OFFICE DEPREC	I	PHYSICIANS' PRIVATE OFFICES	98		24299 13
14	RECLASS CNE COSTS	J	MANAGEMENT SALARIES	100	1431477	22255 14
15	RECLASS CNE COSTS	J				15
16	RECLASS INSURANCE COSTS	K	ADMINISTRATIVE & GENERAL	6		2936701 16
17	RECLASS WOUND RECOVERY SUPPLIES	M	MEDICAL SUPPLIES CHARGED TO P	55		18645 17
18	RECLASS VASCULAR COSTS	N	VASCULAR LAB	58.01	218043	79699 18
19	RECLASS MALPRACTICE INSURANCE FOR MD	0	EMPLOYEE BENEFITS	5		457022 19
20	RECLASS MALPRACTICE INSURANCE FOR MD	0				20
21	RECLASS MALPRACTICE INSURANCE FOR MD	0				21
22	RECLASS MALPRACTICE INSURANCE FOR MD	0				22
23	RECLASS MALPRACTICE INSURANCE FOR MD	0				23
24	RECLASS MALPRACTICE INSURANCE FOR MD	0				24
25	RECLASS MALPRACTICE INSURANCE FOR MD	0				25
26	RECLASS MALPRACTICE INSURANCE FOR MD	0				26
27	RECLASS MALPRACTICE INSURANCE FOR MD	0		41.02 4		27
28	RECLASS MALPRACTICE INSURANCE FOR M	0				28
29	RECLASS WOMENS DIAGNOSTIC IMAGING CT	P	ULTRASOUND	41.02		78099 29
30	RECLASS RENTALS AND LEASES	Q	NEW CAP REL COSTS-MVBLE EQUIP	4		905909 30
31	RECLASS RENTALS AND LEASES	Q				31
32	RECLASS MALPRACTICE INSURANCE FOR M RECLASS WOMENS DIAGNOSTIC IMAGING CT RECLASS RENTALS AND LEASES	Q				32
33	RECLASS RENTALS AND LEASES	Q				33
34	RECLASS RENTALS AND LEASES	Q				34
35	RECLASS RENTALS AND LEASES	Q				35
36	SUBTOTAL				3543281	18126189 36

WORKSHEET A-6 PAGE 1 RECLASSIFICATIONS

	EXPLANATION OF C	ODE		DECREASE			WKS	T A-7
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	R	EF.
		1	6	7	8	9	1	0
1	RECLASS INTEREST EXPENSE TO BUILD						11	1
1	RECLASS INTEREST EXPENSE TO BUILD RECLASS INTEREST EXPENSE TO BUILD						11 11	1 2
2	RECLASS INTEREST EXPENSE TO BUILD RECLASS INTEREST EXPENSE TO BUILD		TAMEDDOM DADDAGD	88		317580	11	3
3			INTEREST EXPENSE	88 16				-
4	CHARGEABLE DRUGS	В	PHARMACY	16		10246823		4
5	RECLASS RADIOLOGY ADMIN COSTS	C.						5
ь	RECLASS RADIOLOGY ADMIN COSTS	C						6 7
/	RECLASS RADIOLOGY ADMIN COSTS	C		4.0	054040			,
8	RECLASS RADIOLOGY ADMIN COSTS	C	RADIOLOGY-DIAGNOSTIC	41	251043	0505000		8
9	RECLASS CAFETERIA COSTS	D	DIETARY	11	1642718	2585909		9
10	RECLASS ANESTHESIA COSTS	F	ANESTHESIOLOGY	40		297228		10
11	RECLASS OTHER ANESTHESIA	G	ANESTHESIOLOGY	40		53224	_	11
12	RECLASS HME DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		102796	9	12
13	RECLASS PHYSICIANS OFFICE DEPREC		NEW CAP REL COSTS-BLDG & FIXT	3		24299	9	
14	RECLASS CNE COSTS	J	ADMINISTRATIVE & GENERAL	6 5	1410123	22255		14
15	RECLASS CNE COSTS	J	EMPLOYEE BENEFITS	5	21354			15
16		K	EMPLOIEE DENEFIIS	5		2936701		16
17	RECLASS WOUND RECOVERY SUPPLIES	M	CLINIC	60		18645		17
18	RECLASS VASCULAR COSTS	N	ULTRASOUND	41.02	218043	79699		18
19	RECLASS MALPRACTICE INSURANCE FOR	0						19
20	RECLASS MALPRACTICE INSURANCE FOR	0	SOCIAL SERVICE	18		1292		20
21	RECLASS MALPRACTICE INSURANCE FOR		ADULTS & PEDIATRICS	25		236043		21
22	RECLASS MALPRACTICE INSURANCE FOR		NURSERY	33		10403		22
23	RECLASS MALPRACTICE INSURANCE FOR	0	SUBPROVIDER I	31		11525		23
24	RECLASS MALPRACTICE INSURANCE FOR	0	LABORATORY	44		59345		24
25	RECLASS MALPRACTICE INSURANCE FOR	0	EMERGENCY	61		33293		25
26	RECLASS MALPRACTICE INSURANCE FOR	0	PHYSICIANS' PRIVATE OFFICES	98		53501		26
27	RECLASS MALPRACTICE INSURANCE FOR	0	TRAVEL	96.01		5691		27
28	RECLASS MALPRACTICE INSURANCE FOR	0	I&R SERVICES-OTHER PRGM COSTS	23		45929		28
29	RECLASS WOMENS DIAGNOSTIC IMAGING	P	RADIOLOGY-DIAGNOSTIC	41		78099		29
30	RECLASS RENTALS AND LEASES	0	ADMINISTRATIVE & GENERAL	6		85533	10	30
31	RECLASS RENTALS AND LEASES	õ	MAINTENANCE & REPAIRS	7		429		31
32	RECLASS RENTALS AND LEASES	Q	HOUSEKEEPING	10		750		32
33	RECLASS RENTALS AND LEASES	Q	DIETARY	11		4320		33
34	RECLASS RENTALS AND LEASES	õ	PHARMACY	16		397797		34
35	RECLASS RENTALS AND LEASES	õ	MEDICAL RECORDS & LIBRARY	17		11909		35
36	SUBTOTAL	~			3543281	17721018		36
					-			

WORKSHEET A-6 PAGE 2 RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY CODE COST CENTER LINE # SALARY 1 2 3 4 1 RECLASS RENTALS AND LEASES Q	OTHER 5 1 2 3 4
1 RECLASS RENTALS AND LEASES Q 2 RECLASS RENTALS AND LEASES Q 3 RECLASS RENTALS AND LEASES Q 4 RECLASS RENTALS AND LEASES Q 5 RECLASS RENTALS AND LEASES Q 5 RECLASS RENTALS AND LEASES Q	1 2
2 RECLASS RENTALS AND LEASES Q 3 RECLASS RENTALS AND LEASES Q 4 RECLASS RENTALS AND LEASES Q 5 RECLASS RENTALS AND LEASES Q 6 RECLASS RENTALS AND LEASES Q	
3 RECLASS RENTALS AND LEASES Q 4 RECLASS RENTALS AND LEASES Q 5 RECLASS RENTALS AND LEASES Q	
4 RECLASS RENTALS AND LEASES Q 5 RECLASS RENTALS AND LEASES Q	3 4
5 RECLASS RENTALS AND LEASES Q	4
6 RECLASS RENTALS AND LEASES Q	5
	6
7 RECLASS RENTALS AND LEASES Q	7
8 RECLASS RENTALS AND LEASES Q	8
9 RECLASS RENTALS AND LEASES Q	9
10 RECLASS RESEARCH R RESEARCH 97 32690	11695 10
11 RECLASS PT AND OT SUPPLY COSTS T	11
12 RECLASS PT AND OT SUPPLY COSTS T MEDICAL SUPPLIES CHARGED TO P 55 13 CHILDBIRTH CLASSES U OUTPT. EDUCATION 96.08 40000	16407 12
13 CHILDBIRTH CLASSES U OUTPT. EDUCATION 96.08 40000	13
14 RECLASS PT AND OT ADMIN COSTS V OCCUPATIONAL THERAPY 51	94105 14
15 RECLASS PT AND OT ADMIN COSTS V MEDICAL SUPPLIES CHARGED TO P 55 16 RECLASS TROWBRIDGE COSTS W TROWBRIDGE BUILDING 96.12	16899 15
16 RECLASS TROWBRIDGE COSTS W TROWBRIDGE BUILDING 96.12	259992 16
9 RECLASS RESEARCH R RESEARCH 97 32690 11 RECLASS PT AND OT SUPPLY COSTS T 12 RECLASS PT AND OT SUPPLY COSTS T MEDICAL SUPPLIES CHARGED TO P 55 13 CHILDBIRTH CLASSES U OUTPT. EDUCATION 96.08 40000 14 RECLASS PT AND OT ADMIN COSTS V OCCUPATIONAL THERAPY 51 15 RECLASS PT AND OT ADMIN COSTS V MEDICAL SUPPLIES CHARGED TO P 55 16 RECLASS TROWERIDGE COSTS W TROWBRIDGE BUILDING 96.12 17 RECLASS TROWBRIDGE COSTS W	17
	18
19 RECLASS PENSION FROM EE TO A AND G X ADMINISTRATIVE & GENERAL 6	4042121 19
20 RECLASS MEDICAL SUPPLIES TO HME Y DURABLE MEDICAL EQUIP-RENTED 66	1773 20
21 RECLASS ORIENTATION DEPT Z INTENSIVE CARE UNIT 26 184148	21
22 RECLASS ORIENTATION DEPT Z OPERATING ROOM 37 89436	22
RECLASS PENSION FROM EE TO A AND G	23
24 RECLASS ORIENTATION DEPT Z ADMINISTRATIVE & GENERAL 6 11426	24
25 RECLASS ORIENTATION DEPT Z SUBPROVIDER I 31 12935	25
26 RECLASS ORIENTATION DEPT Z ONCOLOGY\INFUSION 38.02 3189	26
27 RECLASS ORIENTATION DEPT Z ELECTROCARDIOLOGY 53 1905	27
28 RECLASS ORIENTATION DEPT Z NON END STAGE RENAL DIALYSIS 59.03 10947	28
29 RECLASS HOME CARE AA HOME CARE 96.10 1091172	29
30 RECLASS MD COMPEN TO HOME DEPTS AB ADULTS & PEDIATRICS 25 93138	30
29 RECLASS HOME CARE AA HOME CARE 96.10 1091172 30 RECLASS MD COMPEN TO HOME DEPTS AB ADULTS & PEDIATRICS 25 93138 31 RECLASS I AND R SALARIES TO LINE 22 AC I&R SERVICES-SALARY & FRINGES 22 833929 32 RECLASS LAB COSTS BASED ON TIME STU AD MEDICAL STUDENTS 96.13 10196 33 RECLASS LAB COSTS BASED ON TIME STU AD PHYSICIANS' PRIVATE OFFICES 98 12091	31
32 RECLASS LAB COSTS BASED ON TIME STU AD MEDICAL STUDENTS 96.13 10196	32
33 RECLASS LAB COSTS BASED ON TIME STU AD PHYSICIANS' PRIVATE OFFICES 98 12091	33
34 RECLASS TEACHING AND NON TEACHING AE I&R SERVICES-OTHER PRGM COSTS 23 38058	34
35 RECLASS TEACHING AND NON TEACHING AE MEDICAL STUDENTS 96.13 120837	35
36 SUBTOTAL 6333257	22569181 36

WORKSHEET A-6 PAGE 2 RECLASSIFICATIONS

	EXPLANATION OF	CODE		DECREASE			WKST A-7
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.
		1	6	7	8	9	10
1	RECLASS RENTALS AND LEASES	Q	OPERATING ROOM	37		5972	1
2	RECLASS RENTALS AND LEASES	Q	ANESTHESIOLOGY	40		156628	2
3	RECLASS RENTALS AND LEASES	Q	RADIOLOGY-DIAGNOSTIC	41		11838	3
4	RECLASS RENTALS AND LEASES	Q	RADIOLOGY-DIAGNOSTIC	41		149891	4
5	RECLASS RENTALS AND LEASES	Q					5
6	RECLASS RENTALS AND LEASES	Q	LABORATORY	44		10495	6
7	RECLASS RENTALS AND LEASES	Q	RESPIRATORY THERAPY	49		42529	7
8	RECLASS RENTALS AND LEASES	Q	EMERGENCY	61		21549	8
9	RECLASS RENTALS AND LEASES	Q	DURABLE MEDICAL EQUIP-RENTED	66		6269	9
10	RECLASS RESEARCH	R	ADMINISTRATIVE & GENERAL	6	32690	11695	10
11	RECLASS PT AND OT SUPPLY COSTS	T	PHYSICAL THERAPY	50		10550	11
12	RECLASS PT AND OT SUPPLY COSTS	T	OCCUPATIONAL THERAPY	51		5857	12
13	CHILDBIRTH CLASSES	U	ADULTS & PEDIATRICS	25	40000		13
14	RECLASS PT AND OT ADMIN COSTS	V	PHYSICAL THERAPY	50		111004	14
15	RECLASS PT AND OT ADMIN COSTS	V					15
16	RECLASS TROWBRIDGE COSTS	W	OPERATION OF PLANT MAINTENANCE & REPAIRS OPERATION OF PLANT EMPLOYEE BENEFITS MEDICAL SUPPLIES CHARGED TO P ADULTS & PEDIATRICS	8		210000	16
17	RECLASS TROWBRIDGE COSTS	W	MAINTENANCE & REPAIRS	7		37498	17
18	RECLASS TROWBRIDGE COSTS	W	OPERATION OF PLANT	8		12494	18
19	RECLASS PENSION FROM EE TO A AND	X	EMPLOYEE BENEFITS	5		4042121	19
20	RECLASS MEDICAL SUPPLIES TO HME	Y	MEDICAL SUPPLIES CHARGED TO P	55		1773	20
21	RECLASS ORIENTATION DEPT	Z	ADULTS & PEDIATRICS	25	517865		21
22	RECLASS ORIENTATION DEPT	Z					22
23	RECLASS ORIENTATION DEPT	Z					23
24	RECLASS ORIENTATION DEPT	Z					24
25	RECLASS ORIENTATION DEPT	Z					25
26	RECLASS ORIENTATION DEPT	Z					26
27	RECLASS ORIENTATION DEPT	Z					27
28	RECLASS ORIENTATION DEPT	Z					28
29	RECLASS HOME CARE	AA	HOME CARE	96.10		1091172	29
30	RECLASS MD COMPEN TO HOME DEPTS	AB	ADMINISTRATIVE & GENERAL	6	93138		30
31	RECLASS I AND R SALARIES TO LINE	AC	I&R SERVICES-OTHER PRGM COSTS	23	833929		31
32	RECLASS LAB COSTS BASED ON TIME	S AD					32
33	RECLASS LAB COSTS BASED ON TIME	S AD	LABORATORY	44	22287		33
34	RECLASS TEACHING AND NON TEACHIN	G AE					34
35	RECLASS TEACHING AND NON TEACHIN	G AE					35
36	SUBTOTAL				5083190	23660353	36

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WORKSHEET A-6 PAGE 3 RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE					
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS TEACHING AND NON TEACHING RECLASS MD COMPEN PER TIME SHEETS RECLASS KEP EXPENSES PER TIME SHEET RECLASS KEP EXPENSES PER TIME SHEET	AE	PHYSICIANS' PRIVATE OFFICES	98	5125	1	
2	RECLASS TEACHING AND NON TEACHING	AF	MEDICAL STUDENTS	96.13	1412	2	
3	RECLASS TEACHING AND NON TEACHING	AG	MEDICAL STUDENTS	96.13	73678	3	
4	RECLASS TEACHING AND NON TEACHING	AG	EMERGENCY	61	56852	4	
5	RECLASS TEACHING AND NON TEACHING	AH	MEDICAL STUDENTS	96.13	13208	4 5 6	
6	RECLASS TEACHING AND NON TEACHING	AH	PHYSICIANS' PRIVATE OFFICES	98	63507		
7	RECLASS MD COMPEN PER TIME SHEEETS	AI	I&R SERVICES-OTHER PRGM COSTS	23	31127	7	
8	RECLASS MD COMPEN PER TIME SHEETS	AI	MEDICAL STUDENTS	96.13	14601	8	
9	RECLASS MD COMPEN PER TIME SHEETS	AI	PHYSICIANS' PRIVATE OFFICES	98	11681	9	
10	RECLASS MD COMPEN PER TIME SHEETS	AJ	I&R SERVICES-OTHER PRGM COSTS	23		1557 10	
11	RECALSS MD COMPEN PER TIME SHEETS	AJ	MEDICAL STUDENTS	96.13		80692 11	
12	RECLASS MD COMPEN PER TIME SHEETS	AJ	PHYSICIANS' PRIVATE OFFICES	98		2335 12	
13	RECLASS MD COMPEN PER TIME SHEETS	AK	I&R SERVICES-OTHER PRGM COSTS	23		25000 13	
14	RECLASS KEP EXPENSES PER TIME SHEET	AL	MEDICAL STUDENTS	96.13		1139 14	
15	RECLASS KEP EXPENSE PER TIME SHEET	AL	EMERGENCY	61		16226 15	
16						16	
17						17	
18						18	
19						19	
20						20	
21						21	
22						22	
23						23	
24						24	
25						25	
26						26	
27						27	
28						28	
29						29	
30						30	
31						31	
32						32	
33						33	
34						34	
35						35	
36	TOTAL RECLASSIFICATIONS				6604448	22696130 36	

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WORKSHEET A-6 PAGE 3 RECLASSIFICATIONS

	EXPLANATION OF CODE RECLASSIFICATION ENTRY	COST CENTER	- DECREASE	SALARY		WKST A-7 REF.
	RECLASSIFICATION ENTRI	6	7		9	10
	RECLASS TEACHING AND NON TEACHING AE	ADULTS & PEDIATRICS	25 25	164020		1
2	RECLASS TEACHING AND NON TEACHING AF	ADULTS & PEDIATRICS	25	1412		2
3	RECLASS TEACHING AND NON TEACHING AG					3
4	RECLASS TEACHING AND NON TEACHING AG	I&R SERVICES-OTHER PRGM COSTS	23	130530		4
5	RECLASS TEACHING AND NON TEACHING AH					5
6	RECLASS TEACHING AND NON TEACHING AH	I&R SERVICES-OTHER PRGM COSTS	23	76715		6
7	RECLASS MD COMPEN PER TIME SHEEET AI					7
8	RECLASS MD COMPEN PER TIME SHEETS AI					8
9	RECLASS MD COMPEN PER TIME SHEETS AI	EMERGENCY	61	57409		9
10	RECLASS MD COMPEN PER TIME SHEETS AJ					10
11	RECALSS MD COMPEN PER TIME SHEETS AJ					11
12		NURSERY	33		84584	12
13	RECLASS MD COMPEN PER TIME SHEETS AK	CLINIC	60		25000	13
14						14
15	RECLASS KEP EXPENSE PER TIME SHEE AL	I&R SERVICES-OTHER PRGM COSTS	23		17365	15
16	TOOLING TOT DITCHE THE DITCH THE	Tan Benviole Cimen Inch Copie	23		17505	16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			5513276	23787302	36

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

WORKSHEET A-7 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

		DEGINITIO		ACQUISITIONS		DISPOSALS	ENDING	FULLY
	DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6	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

				ACQUISITIONS		DISPOSALS		FULLY		
	DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6	DEPRECIATED ASSETS 7		
1	LAND	90165					90165	1		
2	LAND IMPROVEMENTS	2682179	39399		39399		2721578	2		
3	BUILDINGS AND FIXTURES	84857002	1623335		1623335		86480337	3		
4	BUILDING IMPROVEMENTS							4		
5	FIXED EQUIPMENT	3521519	106866		106866		3628385	5		
6	MOVABLE EQUIPMENT	104025755	1806501		1806501		105832256	6		
7	SUBTOTAL	195176620	3576101		3576101		198752721	7		
8	RECONCILING ITEMS							8		
9	TOTAL	195176620	3576101		3576101		198752721	9		

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7 PARTS III & IV

				GROSS		ALLC	CATION OF	OTHER CAPITA	AL	
	DESCRIPTION	GROSS (ASSETS	CAPITALIZED LEASES	ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	CAPITAL- RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
1 1.01 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTS-BLDG OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL	90108722 105832256 195940978		90108722 105832256 195940978	.540123					1 1.01 2 3 4 5
					- SUMMARY OF	OLD AND NEW	CAPITAL			
	DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL	
			9	10	11	12	13	14	15	
1 1.01 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTS-BLDG OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL		3443517 5995685 9439202		141419 169966 311385				3584936 7071560 10656496	4
	PART IV - RECONCILIATION OF	AMOUNTS FRO								
					- SUMMARY OF	OLD AND NEW	CAPITAL	OTHER		
	DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	CAPITAL- RELATED COSTS	TOTAL	
			9	10	11	12	13	14	15	
1 1.01 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTSBLDG OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL		3285733 5605012 8890745						3285733 5605012 8890745	4

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	ADJUSTMENTS TO EXPENSES					WORKSHE	ET A-8
				EXPENSE CLASSIFICATION ON WORK			_
				FROM WHICH THE AMOUNT IS TO BE			-7
	DESCRIPTION	BASIS 1	AMOUNT 2	COST CENTER 3	LINE NO.	REF 5	
		1	2	3	4	5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME OLD MOVABLE FOILDMENT		-15973	OLD CAP REL COSTS-MVBLE EQUIP	_		2
3	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT INVESTMENT INCOME-NEW BLDGS & FIXTURES INVESTMENT INCOME-NEW MOVABLE EQUIPMENT INVESTMENT INCOME-OTHER	В	-15973	NEW CAP REL COSTS-BLDG & FIXT		9	3
4	INVESTMENT INCOME NEW MOVABLE FOILDMENT	B	-19198		4	9	4
5	INVESTMENT INCOME-OTHER	B	-700		6		5
6	TRADE, QUANTITY, AND TIME DISCOUNTS	В	-80609		6		6
7	REFUNDS AND REBATES OF EXPENSES	В	-438598	ADMINISTRATIVE & GENERAL	6		7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS	_			-		8
9		В	-197965	ADMINISTRATIVE & GENERAL	6		9
10	TELEVISION AND RADIO SERVICE	-	23,303		ŭ		10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
		A-8-2	-7246060				12
13	SALE OF SCRAP, WASTE, ETC.	В	-2385	ADMINISTRATIVE & GENERAL	6		13
14	RELATED ORGANIZATION TRANSACTIONS	WKST			-		
		A-8-1	-3166101				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	В	-80275	CAFETERIA	12		16
17	RENTAL OF OUARTERS TO EMPLOYEES & OTHERS						17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO						
	OTHER THAN PATIENTS						18
19	SALE OF DRUGS TO OTHER THAN PATIENTS						19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	В	-33231	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	В	-120647	ADMINISTRATIVE & GENERAL	6		23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS &						
	BORROWINGS TO REPAY MEDICARE OVERPAYMENT	В	-214	ADMINISTRATIVE & GENERAL	6		24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN	B WKST					
	EXCESS OF LIMITATION - HOSPITAL	A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN	WKST					
	EXCESS OF LIMITATION - HOSPITAL	A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN	WKST					
	EXCESS OF LIMITATION	A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATIONOLD BUILDINGS & FIXTURES			HOME HEALTH AGENCY UTILIZATION REVIEW-SNF OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATIONNEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP NONPHYSICIAN ANESTHETISTS	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN	WKST					
	EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4					36
37	RADIOLOGY SCRAP	В	-6625	RADIOLOGY-DIAGNOSTIC	41		37
38	PHYSIATRY SERVICES	В	-10965	PHYSICAL THERAPY	50		38
39	LAB	В	-1710	LABORATORY	44		39
40	PHARMACY	В	-124738	PHARMACY	16		40
41	MD BILLING	В	-195909	PHARMACY ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	6		41
42	POSTAGE, XEROX	В	-19302	ADMINISTRATIVE & GENERAL	6		42
43	PRINTING SERVICES	В	-642096	ADMINISTRATIVE & GENERAL	6		43
44	WOUND CARE	В	-155	CLINIC	60		44
45	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL RADIOLOGY SCRAP PHYSIATRY SERVICES LAB PHARMACY MD BILLING POSTAGE, XEROX PRINTING SERVICES WOUND CARE RADIOLOGY STUDENTS LAB STUDENTS LAB STUDENTS MDI CTUDENTS	В	-900	ADMINISTRATIVE & GENERAL CLINIC RADIOLOGY-DIAGNOSTIC LABORATORY RESPIRATORY THERAPY MRI	41		45
46	LAB STUDENTS	В	-100	LABORATORY	44		46
46.01	TECH SERVICES STUDENTS	В	-600	RESPIRATORY THERAPY	49		46.01
	TECH SERVICES STUDENTS MRI STUDENTS MED SUPPLIES REBATE	В	-250	MRI	41.01		46.02
47	MED SUPPLIES REBATE	В	-63646	MEDICAL SUPPLIES CHARGED TO PAT	55		47
48							48
49							49
49.01	INDEMNITY MALPRACTICE	A	-457022	EMPLOYEE BENEFITS	5		49.01
49.02	INDEMNITY MALPRACTICE	A	-2645004	ADMINISTRATIVE & GENERAL	6		49.02
49.03	NP'S AND PA'S IN INTERNAL MED	A	-151222	ADULTS & PEDIATRICS	25		49.03
49.04	NP'S AND PA'S IN INTERNAL MED	A	-14874	EMPLOYEE BENEFITS	5		49.04
49.05	NP'S AND PA'S IN HOUSE OFFICERS	A	-691956	ADULTS & PEDIATRICS	25		49.05
49.06	NP'S AND PA'S IN HOUSE OFFICERS	A	-99004	EMPLOYEE BENEFITS	5		49.06
49.07	NP'S AND PA'S IN SPECIAL CARE NUR	A	-147591	NURSERY	33		49.07
49.08	GROSS UP HOME CARE SAL AND BENEFI	A	1091172	HOME CARE	96.10		49.08
49.09	GROSS UP HOME CARE SAL AND BENEFI	A	316682	EMPLOYEE BENEFITS	5		49.09
49.10	REMOVE ALCOHOL COSTS	A	-296	ADMINISTRATIVE & GENERAL	6		49.10
49.12	FAS 106 POST RETIREMENT	A	-37604	EMPLOYEE BENEFITS	5		49.12
49.13	GROSS CNE COSTS FOR PYMNT FROM CN	A	2505705	ADMINISTRATIVE & GENERAL	6		49.13
49.14	OP MEALS ADJUSTMENT	A	-437768	DIETARY	11		49.14
49.15	INDEMNITY MALPRACTICE INDEMNITY MALPRACTICE NP'S AND PA'S IN INTERNAL MED NP'S AND PA'S IN INTERNAL MED NP'S AND PA'S IN HOUSE OFFICERS NP'S AND PA'S IN HOUSE OFFICERS NP'S AND PA'S IN SPECIAL CARE NUR GROSS UP HOME CARE SAL AND BENEFI REMOVE ALCOHOL COSTS FAS 106 POST RETIREMENT GROSS CNE COSTS FOR PYMNT FROM CN OP MEALS ADJUSTMENT UNALLOWABLE INTEREST	A	-74915	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.15
49.16	UNALLOWABLE INTEREST	A	-5496	ADMINISTRATIVE & GENERAL	6		49.16

PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

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ADJUSTMENTS TO EXPENSES

	ADJUSTMENTS TO EXPENSES					WORKSHEET A-8
				EXPENSE CLASSIFICATION ON WOR	KSHEET A TO/	
				FROM WHICH THE AMOUNT IS TO B	E ADJUSTED	WKST A-7
	DESCRIPTION	BASIS	AMOUNT	COST CENTER	LINE NO.	REF
		1	2	3	4	5
49.17	LOBBYING EXPENSE	A	-8429	ADMINISTRATIVE & GENERAL	6	49.17
49.18	INADMISSABLE ADVERTISING	A	-256034	ADMINISTRATIVE & GENERAL	6	49.18
49.19	PENSION COSTS	A	985347	ADMINISTRATIVE & GENERAL	6	49.19
49.57	GROSS UP DIETARY COSTS FOR CAFE R	A	1641632	DIETARY	11	49.57
49.58	DECREASE CAFE COSTS FOR CAFE REV	В	-1641632	CAFETERIA	12	49.58
49.59	INCREASE FOR REVENUE OFFSET OF TR	A	315000	OPERATION OF PLANT	8	49.59
49.60	INCREASE FOR REVENUE OFFSET OF TR	A	74997	MAINTENANCE & REPAIRS	7	49.60
49.61	DECREASE SUB PROVIDER FOR CLINICA	A	-62223	SUBPROVIDER I	31	49.61
49.78	IV REBATES	В	-88521	PHARMACY	16	49.78
49.80	CERNER RELATED DEPRECIATION	A	447061	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.80
50	TOTAL		-11910947			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

				AMOUNT OF	AMOUNT (INCL	NET ADJ-	WKST	
	LINE			ALLOWABLE	IN WKST A,	USTMENTS	A-7	
	NO.	COST CENTER	EXPENSE ITEMS	COST	COL 5)		REF	
	1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	CARE NEW ENGLAND	13391891	14506506	-1114615		1
2	3	NEW CAP REL COSTS-BLDG & FIXT	CARE NEW ENGLAND	126810		126810	9	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	CARE NEW ENGLAND	128364		128364	9	3
4	33	NURSERY	NEONATOLGY	361000	361000			4
4.01	44	LABORATORY	LABORATORY	6000	6000			4.01
4.03	6	ADMINISTRATIVE & GENERAL	WIH OTHER SERVICES	242000	242000			4.03
4.04	25	ADULTS & PEDIATRICS	BUTLER OTHER SERVICES	669000	669000			4.04
4.05	31	SUBPROVIDER I	NEUROPSYCH	62000	62000			4.05
4.06	96.10	HOME CARE	MANAGEMENT SERVICES VNA	67000	67000			4.06
4.08	25	ADULTS & PEDIATRICS	KENT UNIT AT BUTLER	5441565	9304323	-3862758		4.08
4.09	41	RADIOLOGY-DIAGNOSTIC	KENT UNIT AT BUTLER	18349		18349		4.09
4.10	44	LABORATORY	KENT UNIT AT BUTLER	196015		196015		4.10
4.11	50	PHYSICAL THERAPY	KENT UNIT AT BUTLER	78		78		4.11
4.12	53	ELECTROCARDIOLOGY	KENT UNIT AT BUTLER	8908		8908		4.12
4.15	56	DRUGS CHARGED TO PATIENTS	KENT UNIT AT BUTLER	622029		622029		4.15
4.16	59.01	PSYCH TESTING	KENT UNIT AT BUTLER	405845		405845		4.16
4.17	59.02	ELECTROSHOCK THERAPY	KENT UNIT AT BUTLER	37650		37650		4.17
4.18	3	NEW CAP REL COSTS-BLDG & FIXT	KENT UNIT AT BUTLER	71246		71246	9	4.18
4.19	4	NEW CAP REL COSTS-MVBLE EQUIP	KENT UNIT AT BUTLER	12157		12157	9	4.19
4.20	17	MEDICAL RECORDS & LIBRARY	KENT UNIT AT BUTLER	175253		175253		4.20
4.21	61	EMERGENCY	KENT UNIT AT BUTLER	8386		8386		4.21
4.22	54	ELECTROENCEPHALOGRAPHY	KENT UNIT AT BUTLER	182		182		4.22
5		TOTALS		22051728	25217829	-3166101		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		
			PERCE	NT			PERCI	ENT			
SYN	MBOI	L NAME	OF	,		NAME	Ol	?	TYPE OF		
(:	1)		OWNERS	HIP			OWNER	SHIP B	USINESS		
	1	2	3			4	5		6		
1 F	3		100.00	CARE	NEW	ENGLAN		HOLDING	COMPANY	-	1
2 (3	CNE PROFESSION		CARE	NEW	ENGLAN		HOLDING	COMPANY	-	2
3 (3	NENATOLGY SERVI						HOSPITA	L		3
4 (3	LAB SERVICES						HOSPITA	L		4
5 (3	SECURITY SERVIC						HOSPITA	L		5
5.01 (3	MEDICAL RECORDS						HOSPITA	L		5.01
5.02 (3	PSYCHIATRIC						HOSPITA	L		5.02
5.03 (3	ADMINISTRATION						HOSPITA	L		5.03
5.04 (3	ADMINISTRATION						VNA			5.04
5.05 0	3	NURSING						VNA			5.05
5.06	3	NEUROPSYC						HOSPITA	L		5.06

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

 A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTMER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.

 B. CORPORATION, PARTMERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.

 C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTMERSHIP, 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 SE PREFETOR OFFICER ADMINISTRATOR OF MEY DEPSON OF PROVIDER AND 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:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

	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	6	ADMINISTRATIVE & GENERAL	COORD CARE							
2	6	ADMINISTRATIVE & GENERAL		102349	102349		196400			
3	6	ADMINISTRATIVE & GENERAL								
4	6	ADMINISTRATIVE & GENERAL	NEUROSURGERY	45000		45000	208000	455	45500	2275
5	6	ADMINISTRATIVE & GENERAL	INFECTION CONTROL	84000		84000	165600	546	43470	2174
6	6	ADMINISTRATIVE & GENERAL	STROKE CLINIC	21600		21600	154100	208	15410	771
7	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF							
8	25	ADULTS & PEDIATRICS	CRITICAL CARE DIREC	40000	40000		165600			
9	25	ADULTS & PEDIATRICS	HOSPITALISTS	4238312	4148903	89409	165600	949	75555	3778
10	25	ADULTS & PEDIATRICS	PSYCHIATRY							
11	25	ADULTS & PEDIATRICS	PYSCHIATRY	89541	81400	8141	154100	130	9631	482
12	25	ADULTS & PEDIATRICS	HOUSE OFFICERS	37899	37899		165600			
13	31	SUBPROVIDER I	PHYSIATRY	306074	115056	191018	177200	1277	108791	5440
14	33	NURSERY	AGGREGATE	183880	3892	179988	140600	1508	101935	5097
15	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	300000		300000	225300	2500	270793	13540
16	44	LABORATORY	AGGREGATE	1000035	565858	434177	215700	3968	411489	20574
17	49	RESPIRATORY THERAPY	AGGREGATE	43139	43139		165600			
18	53	ELECTROCARDIOLOGY	AGGREGATE	970745	970745		165600			
19	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	173238	173238		177200			
20		VASCULAR LAB	AGGREGATE	11020	11020		165600			
21		CARDIAC CATH	CARDIAC CATH	20000		20000	165600	520	41400	2070
22	60	CLINIC	WOUND RECOVERY	100000		100000	138700	832	55480	2774
23		DIABETES CLINIC	DIABETES DIRECTOR							
24	61	EMERGENCY	EMERGENCY ROOM	290361	35358	255003	177200	1547	131793	6590
25	66	DURABLE MEDICAL EQUIP-RE								
26	23	I&R SERVICES-OTHER PRGM	AGGREGATE	96375		96375	138700	1152	76818	3841
27	23	I&R SERVICES-OTHER PRGM	AGGREGATE	42978		42978	165600	475	37817	1891
28	23	I&R SERVICES-OTHER PRGM	AGGREGATE	495042		495042	177200	4951	421787	21089
29	25	ADULTS & PEDIATRICS	AGGREGATE							
30	25	ADULTS & PEDIATRICS	AGGREGATE							
31	49	RESPIRATORY THERAPY	RESPIRATORY CARE DI	20000	20000		165600	4.50		
32	23	I&R SERVICES-OTHER PRGM	ED PROGRAM DIRECTOR	75424	63634	11790	177200	179	15249	762
33	23	I&R SERVICES-OTHER PRGM	FP PROGRAM DIRECTOR	4897		4897	138700	59	3934	197
34	61	EMERGENCY	KEP	16226		16226	177200	186	15846	792
35	25	ADULTS & PEDIATRICS	PYSCH	83946	046563	83946	154100	338	25041	1252
36	33	NURSERY	AGGREGATE	246563	246563	0470500	165600	01700	1007720	0.5300
101		TOTAL		9138644	6659054	2479590		21780	1907739	95389

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

	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	ADJUST- MENT 18
1	6	ADMINISTRATIVE & GENERAL								
2	6	ADMINISTRATIVE & GENERAL								102349
3	6	ADMINISTRATIVE & GENERAL								
4	6	ADMINISTRATIVE & GENERAL						45500		
5	6	ADMINISTRATIVE & GENERAL						43470	40530	40530
6	6	ADMINISTRATIVE & GENERAL						15410	6190	6190
7	6	ADMINISTRATIVE & GENERAL								
8	25	ADULTS & PEDIATRICS	CRITICAL CARE DIREC	44404						40000
9	25	ADULTS & PEDIATRICS	HOSPITALISTS	44121	931			76486	12923	4161826
10	25 25	ADULTS & PEDIATRICS	PSYCHIATRY	2605	220			0061		01.400
11 12	25 25	ADULTS & PEDIATRICS ADULTS & PEDIATRICS	PYSCHIATRY HOUSE OFFICERS	3625	330			9961		81400 37899
13	25 31	SUBPROVIDER I	PHYSIATRY					108791	82227	197283
14	33	NURSERY	AGGREGATE					101935	78053	81945
15	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE					270793	29207	29207
16	44	LABORATORY	AGGREGATE	4151	1802			413291	20886	586744
17	49	RESPIRATORY THERAPY	AGGREGATE	1131	1002			113271	20000	43139
18	53	ELECTROCARDIOLOGY	AGGREGATE							970745
19	54	ELECTROENCEPHALOGRAPHY	AGGREGATE							173238
20		VASCULAR LAB	AGGREGATE							11020
21		CARDIAC CATH	CARDIAC CATH					41400		
22	60	CLINIC	WOUND RECOVERY					55480	44520	44520
23	60.01	DIABETES CLINIC	DIABETES DIRECTOR							
24	61	EMERGENCY	EMERGENCY ROOM	2223	1952			133745	121258	156616
25	66	DURABLE MEDICAL EQUIP-RE	HME							
26	23	I&R SERVICES-OTHER PRGM	AGGREGATE	3865	3865			80659	15716	15716
27	23	I&R SERVICES-OTHER PRGM	AGGREGATE	563	563			38380	4598	4598
28	23	I&R SERVICES-OTHER PRGM	AGGREGATE	2605	2605			424392	70650	70650
29	25	ADULTS & PEDIATRICS	AGGREGATE							
30	25	ADULTS & PEDIATRICS	AGGREGATE							
31	49	RESPIRATORY THERAPY	RESPIRATORY CARE DI							20000
32	23	I&R SERVICES-OTHER PRGM	ED PROGRAM DIRECTOR	1145	179			15428		63634
33	23	I&R SERVICES-OTHER PRGM	FP PROGRAM DIRECTOR					3934	963	963
34	61	EMERGENCY	KEP					15846	380	380
35	25	ADULTS & PEDIATRICS	PYSCH					25041	58905	58905
36	33	NURSERY	AGGREGATE							246563
101		TOTAL		62298	12227			1919942	587006	7246060

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	ALLOCATION		NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	3	4	5	5A	6	7	8	
1 1.01 2 3	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTSBLDG OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT	3584936	3584936							1 1.01 2 3
4 5 6 7 8	NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT	7071560 33607018 50078939 2857711 4109325	30008 278129 36248 744398	7071560 59193 548630 71502 1468383	33696219 4717988 545205 401980	55623686 3510666 6724086	55623686 1021790 1957065	4532456 1041166	9722317	4 5 6 7 8
9 10 11	LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY	1208136 3833602 794869	23402 20763 83194	46162 40956 164107	32017 862155 206313	1309717 4757476 1248483	381197 1384678 363375	32731 29040 116361	324036	9 10 11
12 13	CAFETERIA MAINTENANCE OF PERSONNEL	2506720	33690	66455	468738	3075603	895163	47121	131218	12 13
14 15 16	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY	2040559 1579746 2969652	25042 65783 41526	49397 129763 81913	528031 276165 838568	2643029 2051457 3931659	769262 597083 1144321	35026 92009 58081	97537 256221 161740	
17 18 19 20	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE CENTRAL TRANSPORT NONPHYSICIAN ANESTHETISTS NURSING SCHOOL	2048622 589630	57903 8897	114217 17550	508178 118410	2728920 734487	794260 213775	80987 12444	225526 34654	17
21 22 23 24	I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY)	833929 1004556	10413	20540	237956 102205	1071885 1137714	311975 331135	14564	40557	22 23 24
25 26 26 10	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	30531461 4118959	696410 49656	1373721 97951	8045332 1043483	40646924 5310049	11830456 1545506	974046 69453	2712460 193407	25 26 26.10
31 33	SUBPROVIDER I NURSERY	1777679 1449288	121573 30560	239813 60283	535087 437641	2674152 1977772	778320 575636	170041 42744	473518 119031	31 33
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	8275127	210634	415491	1506418	10407670	3029184	294607	820402	37
38	RECOVERY ROOM	1088915	49951	98531	287837	1525234	443924	69864	194553	38
	ENDOSCOPY ONCOLOGY\INFUSION	1844472 1403299	13194 33574	26026 66227	375436 341268	2259128 1844368	657526 536809	18454 46959	51390 130767	38.01 38.02
39 40	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	2130650	70196	138468	533091	2872405	836022	98181	273409	39 40
41 41.01	RADIOLOGY-DIAGNOSTIC	6859890 871711	191288 24784	377331 48888	1149300 160054	8577809 1105437	2496597 321741	267549 34664	745053 96530	41 41.01
	ULTRASOUND	521221	22180	43753	108916	696070	202593	31023	86391	41.02
41.03 41.04	CT SCAN SPECIAL PROCEDURES	1353555	6668	13154	264256	1637633	476638	9327	25973	41.03 41.04
42 43	RADIOLOGY-THERAPEUTIC RADIOISOTOPE	95658 722024	11411	22509	107783	95658 863727	27842 251390	15960	44446	42 43
44 46.30	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO	12930724	112534	221981	2144479	15409718	4485045	157397	438309	44 46.30
47 49	BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY	2058153 2739190	5287 37666	10428 74298	135328 627254	2209196 3478408	642993 1012401	7394 52682	20591 146705	47 49
50 51	PHYSICAL THERAPY	1985585	1150 1141	2269	548471 208414	2537475	738540 303533	1609 1596	4479 4445	50 51
52	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	831073 412212	1141	2251 2251	94643	1042879 510247	148509	1596	4445	52
53 53.01	ELECTROCARDIOLOGY ECHOCARDIOGRAPHY	823681	11759	23195	477535	1336170	388896	16447	45800	53 53.01
54 55 56	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS	518355 7266052 10868852	31684	62499	175940	788478 7266052 10868852	229489 2114806 3163412	44315	123406	54 55 56
	VASCULAR LAB AIR FLUIDIZED THERAPY	308109 165653	2924	5768	68234	385035 165653	112066 48214	4090	11389	58.01 58.02
59.01	CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY	1009582 405845 37650	50164	98953	148051	1306750 405845 37650	380334 118122 10958	70163	195387	58.03 59.01 59.02
59.03	NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS	880952	12213	24092	190663	1107920	322463	17083	47571	59.03
60 60.01	CLINIC DIABETES CLINIC	1035086	53935	106392	281225 5185	1476638 5185	429780 1509	75438	210074	60.01
61 62 63.50 63.60	FQHC	9010773	230149	453986	2267092	11962000	3481576	321901	896410	61 62 63.50 63.60
66 69.10 69.20		1833552			227681	2061233	599928			66 69.10 69.20

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COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION		NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	0	3	4	5	5A	6	/	8	
69.30 OOT 69.40 OSP 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									69.30 69.40 71
85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION									85.01 85.02 85.03
95 SUBTOTALS	238884498	3543222	6989277	32340006	237404288	52907837	4474113	9559848	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	18309	14095	27803	5008	65215	18981	19714	54897	96
96.01 TRAVEL	175767			33570	209337	60928			96.01
96.02 NEW DIRECTIONS	406625	10000	04406	E 4000	500040	151010	1 2 2 2 2	40020	96.02
96.03 DEVELOPMENT 96.04 TV STORAGE	496637	12383	24426	54803	588249 4028	171212 1172	17320 1895	48230 5278	96.03
		1355	2673		4028	11/2	1895	5278	96.04 96.05
96.05 PRIVATE DUTY NURSING 96.06 WELLNESS	793797			224907	1018704	296497			96.05
				224907					
96.07 PEDI GROUP	34212			11414	34212	9958			96.07
96.08 OUTPT. EDUCATION	40000			11414	51414	14964			96.08
96.09 INTEGRATIVE THERAPY 96.10 HOME CARE	1100007			211250	1504055	427010			96.09
96.10 HOME CARE 96.11 FOUNDATION DISTRIBUTION	1192897 1740151			311358	1504255 1740151	437818 506476			96.10 96.11
96.12 TROWBRIDGE BUILDING	259992				259992				
96.13 MEDICAL STUDENTS	259992 466071	2737	F200	05110		75671	3828	10660	96.12
		2/3/	5399	95119	569326 53713	165704	3828	10000	96.13
97 RESEARCH	44385			9328		15633			97
98 PHYSICIANS' PRIVATE OFFICES	1134956		0.000	202244	1337200	389196		40404	98
100 MANAGEMENT SALARIES	1453732	11144	21982	408462	1895320	551639	15586	43404	
100.01CNE IS AND PURCHASING									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER	0.45505.40.4	2524226	5054560		046505404		4500456		102
103 TOTAL	246735404	3584936	7071560	33696219	246735404	55623686	4532456	9722317	T03

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING	DIETARY 11	CAFETERIA	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY \$	MEDICAL RECORDS & LIBRARY	:
1 1.01 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	1814793 80665 2334	6252064 212129 85902 63852 167734 105882 147640 22686	2264384	4235007 68832 79246 135615 138806 18611 44847 17401	3677538	3324415 4211 10 3	5541509	4116149	1 1.01 2 3 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
25 26 26.10	INPATIENT ROUTINE SERV COST CENT ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	ERS 925473 169556	1775701 126613	2018052 124612	1362733 169981	1899486 243516	74261 19269	37993 5432	838342 117709	25 26 26.10
31 33	SUBPROVIDER I NURSERY	52583 6387	309987 77923	121720	85696 60333	130227 92629	1592 6657	1367 560	45825 40917	31 33
38.02 39	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM	143323 14178 26040 22606	537073 127364 33642 85606 178986		291319 47467 62920 56940 80724	438429 72894 96605 123968	365207 15950 109480 4275 26149	91361 6552 1058 12103 115	366089 54854 46673 10146 50601	38.01 38.02 39
41.03		58648 6409 34778 23857	487746 63193 56555 17003		209789 26572 17300 43772		477014 3111 8883 25002	179 11 135 71	192618 65801 34225 240330	41.01 41.02
42 43 44	RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA		29096 286937 13480		15923 368482 25296		818 31360 1473	8085 7631	267 32841 816470 14981	43 44 46.30
49 50 51 52 53	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPECH PATHOLOGY ELECTROCARDIOLOGY	8865 7623	96040 2932 2910 2910 29983		107699 48542 27345 11455 47467		65374 2887 1603 523 11971	1677 143	111071 36632 19314 7981 85176	49 50 51 52
53.01 54 55 56	ECHOCARDIOGRAPHY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS		80787		26438		3848 1910447	5350390	24436 144624 218161	53.01 54 55 56
58.02	VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH	14025	7456 127909		9608 24724		82	334		58.01 58.02 58.03
59.01 59.02	PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS		31142		27378	41209	04994	334	1188 331	59.01 59.02 59.03
	OUTPATIENT SERVICE COST CENTERS CLINIC	26040	137524		41790		23221	3033	25898	
61 62 63.50 63.60	FQHC	191393	586831		410541	538575	49584	11589	407077	60.01 61 62 63.50 63.60
66	OTHER REIMBURSABLE COST CENTERS DURABLE MEDICAL EQUIP-RENTED CMHC OPT						6291		18514	66 69.10 69.20

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COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES SUPPLY 15	PHARMACY &	MEDICAL RECORDS & LIBRARY 17
69.30 OOT 69.40 OSP 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								69.30 69.40 71
85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS	1814793	6145704	2264384	4211592	3677538	3315550	5539819	85.01 85.02 85.03 4116149 95
NONREIMBURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & C		35938	2204364	4211592	3077336		3339019	96
96.01 TRAVEL 96.02 NEW DIRECTIONS						7370		96.01 96.02
96.03 DEVELOPMENT 96.04 TV STORAGE		31574 3455		11254				96.03 96.04
96.05 PRIVATE DUTY NURSING		3433						96.05
96.06 WELLNESS 96.07 PEDI GROUP						677		96.06 96.07
96.07 PEDI GROUP 96.08 OUTPT. EDUCATION				1814				96.07
96.09 INTEGRATIVE THERAPY								96.09
96.10 HOME CARE 96.11 FOUNDATION DISTRIBUTION								96.10 96.11
96.12 TROWBRIDGE BUILDING								96.12
96.13 MEDICAL STUDENTS		6979		7088				96.13
97 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES				1445 1814		818	1690	97 98
100 MANAGEMENT SALARIES 100.01CNE IS AND PURCHASING 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER		28414		1014		010	1690	100 100.01 101 102
103 TOTAL	1814793	6252064	2264384	4235007	3677538	3324415	5541509	4116149 103

COST ALLOCATION - GENERAL SERVICE COSTS

								PARTI	
	COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	COSTS		I&R COST & POST STEP- DOWN ADJS	TOTAL		
		18	22	23	25	26	27		
1 1.01 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTS-BLDG OLD CAP REL COSTS-WUBLE EQUIP NEW CAP REL COSTS-MUBLE EQUIP NEW CAP REL COSTS-MUBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE CENTRAL TRANSPORT NONPHYSICIAN ANESTHETISTS NURSING SCHOOL	1036660	1428707	23	23	20	21	1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	.01
	I&R SERVICES-SALARY & FRINGES A		1428/0/	1570255				22	
23 24	I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTE	RS		1570255				23	
25	ADULTS & PEDIATRICS		265113	291379	66655174	-556492	66098682	25	
26	INTENSIVE CARE UNIT	14745	101445	111496	8322789	-212941	8109848	26	
26.10	NEONATAL INTENSIVE CARE UNIT							26	.10
31	SUBPROVIDER I	376			4845404		4845404	31	
33	NURSERY		20337	22352	3043278	-42689	3000589	33	
	ANCILLARY SERVICE COST CENTERS								
	OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	15121 3663	81592	89676	16955932 2558656 3351054 2769134 4566829	-171268	16784664 2558656 3351054 2769134 4566829		.01
41 41.01 41.02 41.03 41.04	RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES		52538	57744	13623284 1723469 1167953 2499606	-110282	1723469 1167953 2499606	41 41 41 41 41	.01 .02 .03
47 49 50 51	RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY				123767 1262286 22001349 2935404 5072057 3381961 1403625		123767 1262286 22001349 2935404 5072057 3381961 1403625	47 49 50 51	.30
54 55 56 58.01 58.02 58.03 59.01 59.02 59.03	SPECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS		30990	34061	687666 2034727 1321197 11435929 19600815 545334 214274 2206330 525155 48939 1604108		687666 1969676 1321197 11435929 19600815 545334 214274 2206330 525155 48939 1604108	54 55 56 58 58 59 59	.01 .01 .02 .03 .01 .02
60 60.01	CLINIC DIABETES CLINIC		7505		6694		6694	60 60	.01
61 62 63.50 63.60	EMERGENCY OBSERVATION BEDS (NON-DISTINCT RHC FQHC		480838	528474		-1009312		61 62 63	
	OTHER REIMBURSABLE COST CENTERS				2605266		2605266		
66 69.10 69.20					2685966		2685966		.10

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COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST POST STEP DOWN ADJS 26	- TOTAL	
69.30 OOT 69.40 OSP 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							69.30 69.40 71
85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS	1036660	1040358	1143431	233512124	-2183789	231328335	85.01 85.02 85.03 95
NONREIMBURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 96.01 TRAVEL	1030000	1040330	1143431	194745 277635	2103709	194745 277635	96 96.01
96.02 NEW DIRECTIONS 96.03 DEVELOPMENT 96.04 TV STORAGE 96.05 PRIVATE DUTY NURSING				867839 15828		867839 15828	96.02 96.03 96.04 96.05
96.06 WELLNESS 96.07 PEDI GROUP 96.08 OUTPT. EDUCATION 96.09 INTEGRATIVE THERAPY				1315878 44170 68192		1315878 44170 68192	96.06 96.07 96.08 96.09
96.10 HOME CARE 96.11 FOUNDATION DISTRIBUTION 96.12 TROWBRIDGE BUILDING 96.13 MEDICAL STUDENTS 97 RESEARCH				1942073 2246627 335663 763585 70791		1942073 2246627 335663 763585 70791	96.10 96.10 96.12 96.13 97
98 PHYSICIANS' PRIVATE OFFICES 100 MANAGEMENT SALARIES 100.01CNE IS AND PURCHASING 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER		388349	426824	2545891 2534363	-815173	1730718 2534363	98 100 100.01 101 102
103 TOTAL	1036660	1428707	1570255	246735404	-2998962	243736442	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT 4		EMPLOYEE BENEFITS	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTSBLDG									1
2 3 4	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP									2 3 4
5	EMPLOYEE BENEFITS		30008	59193	89201	89201				5
6 7	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS		278129 36248	548630 71502	826759 107750	12484 1443	839243 15415	124608		6 7
8	OPERATION OF PLANT		744398	1468383	2212781	1064	29525	28626	2271996	8
9	LAUNDRY & LINEN SERVICE		23402	46162	69564	85	5751	900	21300	9
10 11	HOUSEKEEPING DIETARY		20763 83194	40956 164107	61719 247301	2281 546	20890 5482	798 3199	18898 75723	10 11
12	CAFETERIA		33690	66455	100145	1240	13505	1295	30664	
13	MAINTENANCE OF PERSONNEL		25042	40207	74420	1207	11606	0.63	22702	13
14 15	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY		25042 65783	49397 129763	74439 195546	1397 731	11606 9008	963 2530	22793 59876	14
16	PHARMACY		41526	81913	123439	2219	17264	1597	37797	16
17	MEDICAL RECORDS & LIBRARY		57903 8897	114217	172120	1345	11983	2227	52703 8098	17 18
18 19	SOCIAL SERVICE CENTRAL TRANSPORT		0097	17550	26447	313	3225	342	0090	19
20	NONPHYSICIAN ANESTHETISTS									20
21 22	NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A					630	4707			21 22
23	I&R SERVICES-SALARI & FRINGES A I&R SERVICES-OTHER PRGM COSTS A		10413	20540	30953	270	4996	400	9478	23
24	PARAMED ED PRGM-(SPECIFY)									24
25	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS	RS	696410	1373721	2070131	21328	178553	26779	633870	25
26	INTENSIVE CARE UNIT		49656	97951	147607	2761	23316	1909	45197	
	NEONATAL INTENSIVE CARE UNIT			000000	0.51.00.5			4605		26.10
31 33	SUBPROVIDER I NURSERY		121573 30560	239813 60283	361386 90843	1416 1158	11742 8684	4675 1175	110656 27816	31 33
33	ANCILLARY SERVICE COST CENTERS		30300	00203	20043	1150	2004	1173	27010	33
37	OPERATING ROOM		210634	415491	626125	3986	45700	8099	191719	37
38	RECOVERY ROOM ENDOSCOPY		49951 13194	98531 26026	148482 39220	762 993	6697 9920	1921 507	45465 12009	38 38.01
	ONCOLOGY\INFUSION		33574	66227	99801	903	8099	1291	30559	38.02
39	DELIVERY ROOM & LABOR ROOM		70196	138468	208664	1411	12613	2699	63893	39
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC		191288	377331	568619	3041	37665	7356	174110	40 41
41.01			24784	48888	73672	423	4854	953	22558	41.01
	ULTRASOUND		22180	43753	65933	288	3056	853	20189	41.02
	CT SCAN SPECIAL PROCEDURES		6668	13154	19822	699	7191	256	6070	41.03 41.04
42	RADIOLOGY-THERAPEUTIC						420			42
43	RADIOISOTOPE		11411	22509	33920	285	3793	439	10386	43
44 46 30	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO		112534	221981	334515	5674	67664	4327	102428	44 46.30
47	BLOOD STORING, PROCESSING & TRA		5287	10428	15715	358	9701	203	4812	47
49	RESPIRATORY THERAPY		37666	74298	111964	1660	15274	1448	34283	49
50 51	PHYSICAL THERAPY OCCUPATIONAL THERAPY		1150 1141	2269 2251	3419 3392	1451 551	11142 4579	44 44	1047 1039	50 51
52	SPEECH PATHOLOGY		1141	2251	3392	250	2240	44	1039	52
53	ELECTROCARDIOLOGY		11759	23195	34954	1264	5867	452	10703	53
53.U1 54	ECHOCARDIOGRAPHY ELECTROENCEPHALOGRAPHY		31684	62499	94183	466	3462	1218	28839	53.01 54
55	MEDICAL SUPPLIES CHARGED TO PAT						31905			55
	DRUGS CHARGED TO PATIENTS		2024	E760	0600	101	47725	110	2662	56
	VASCULAR LAB AIR FLUIDIZED THERAPY		2924	5768	8692	181	1691 727	112	2002	58.01 58.02
58.03	CARDIAC CATH		50164	98953	149117	392	5738	1929	45660	58.03
	PSYCH TESTING ELECTROSHOCK THERAPY						1782 165			59.01 59.02
	NON END STAGE RENAL DIALYSIS		12213	24092	36305	504	4865	470	11117	
	OUTPATIENT SERVICE COST CENTERS									
	CLINIC DIABETES CLINIC		53935	106392	160327	744 14	6484 23	2074	49092	60 60.01
	EMERGENCY		230149	453986	684135	5999	52525	8850	209481	
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC FQHC									63.50 63.60
05.00	OTHER REIMBURSABLE COST CENTERS									
	DURABLE MEDICAL EQUIP-RENTED					602	9051			66
69.10 69.20										69.10 69.20
										– -

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ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
69.30 OOT 69.40 OSP 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									69.30 69.40 71
85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION		25.42222			05540	500050			85.01 85.02 85.03
95 SUBTOTALS NONREIMBURSABLE COST CENTERS		3543222	6989277	10532499	85612	798270	123004	2234029	95
96 GIFT, FLOWER, COFFEE SHOP & CAN 96.01 TRAVEL 96.02 NEW DIRECTIONS		14095	27803	41898	13 89	286 919	542	12829	96 96.01 96.02
96.03 DEVELOPMENT		12383	24426	36809	145	2583	476	11271	96.03
96.04 TV STORAGE 96.05 PRIVATE DUTY NURSING		1355	2673	4028		18	52	1233	96.04 96.05
96.06 WELLNESS 96.07 PEDI GROUP					595	4473 150			96.06 96.07
96.07 PEDI GROUP 96.08 OUTPT. EDUCATION 96.09 INTEGRATIVE THERAPY					30	226			96.08 96.09
96.10 HOME CARE 96.11 FOUNDATION DISTRIBUTION 96.12 TROWBRIDGE BUILDING					824	6605 7641 1142			96.10 96.11 96.12
96.13 MEDICAL STUDENTS 97 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES		2737	5399	8136	252 25 535	2500 236 5872	105	2491	96.13 97 98
100 MANAGEMENT SALARIES 100.01CNE IS AND PURCHASING 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER		11144	21982	33126	1081	8322	429		
103 TOTAL		3584936	7071560	10656496	89201	839243	124608	2271996	

ALLOCATION OF NEW CAPITAL RELATED COSTS

		LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING	DIETARY 11	CAFETERIA	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY	MEDICAL RECORDS & LIBRARY 17	:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTS-BLDG OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-WBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE CENTRAL TRANSPORT NONPHYSICIAN ANNESTHETISTS NURSING SCHOOL L&R SERVICES-SALARY & FRINGES A	97600 4338	104586 3549 1437 1068 2806 1771 2470 379	335800	148286 2410 2775 4748 4860 652	114676	277610 352 1	189187	247709	1 1.01 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22
23 24 25 26	I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTER ADULTS & PEDIATRICS	126 RS 49772 9119	29702 2118	299269 18480	609 47713 5952	59233 7593	6201 1609	1297 185	50264 7090	23 24 25
26.10 31	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT SUBPROVIDER I	2828	5186	18480	3001	4061	133	47	2760	26.10 31
33	NURSERY ANCILLARY SERVICE COST CENTERS	344	1304		2113	2888	556	19	2465	33
	OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION	7708 762 1400	8984 2131 563 1432		10200 1662 2203 1994	13671 2273 3012	30497 1332 9142 357	3119 224 36 413	3304 2811	37 38 38.01 38.02
39 40	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	1216	2994		2826	3866	2184	4	3048	39 40
41 41.01 41.02	RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND	3154 345 1870	8159 1057 946		7346 930 606		39833 260 742	6 5		41 41.01 41.02
41.03	CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC	1283	284		1533		2088	2	14477	
43 44	RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO		487 4800		558 12902		68 2619	276 261		43
47 49 50	BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY	477	225 1607 49		886 3771 1700		123 5459 241	57	6691 2207	47 49 50
51 52 53 53 01	OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY	410	49 49 502		957 401 1662		134 44 1000	5	1163 481 5131	52
54 55	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS		1351		926		321 159535	182662	1472 8712 13141	54 55
58.01	VASCULAR LAB AIR FLUIDIZED THERAPY		125		336		7			58.01 58.02
59.01	CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY	755	2140		866		5427	11	72	58.03 59.01 59.02
	NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS		521		959	1285				59.03
	CLINIC DIABETES CLINIC	1400	2301		1463		1939	104	1560	60 60.01
61 62 63.50 63.60	EMERGENCY OBSERVATION BEDS (NON-DISTINCT RHC FQHC	10293	9817		14375	16794	4141	396	24521	
							525		1115	66 69.10 69.20

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ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPT	LAUNDRY ION & LINEN SERVICE 9	HOUSE- KEEPING	DIETARY 11	CAFETERIA	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES SUPPLY 15	PHARMACY &	MEDICAL RECORDS & LIBRARY 17
69.30 OOT 69.40 OSP 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST C	ENTERS							69.30 69.40 71
85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS		102807	335800	147465	114676	276870	189129	85.01 85.02 85.03 247709 95
NONREIMBURSABLE COST C 96 GIFT, FLOWER, COFFEE S	ENTERS	601	333000	147403	114070		107127	96
96.01 TRAVEL 96.02 NEW DIRECTIONS						615		96.01 96.02
96.03 DEVELOPMENT 96.04 TV STORAGE		528 58		394				96.03 96.04
96.05 PRIVATE DUTY NURSING 96.06 WELLNESS						57		96.05 96.06
96.07 PEDI GROUP 96.08 OUTPT. EDUCATION				64				96.07 96.08
96.09 INTEGRATIVE THERAPY 96.10 HOME CARE								96.09 96.10
96.11 FOUNDATION DISTRIBUTIO 96.12 TROWBRIDGE BUILDING	N							96.11 96.12
96.12 TROWBRIDGE BUILDING 96.13 MEDICAL STUDENTS		117		248				96.12
97 RESEARCH				51				97
98 PHYSICIANS' PRIVATE OF 100 MANAGEMENT SALARIES 100.01CNE IS AND PURCHASING 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER		475		64		68	58	98 100 100.01 101 102
103 TOTAL	97600	104586	335800	148286	114676	277610	189187	247709 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

								PARI I.	TT
		SOCIAL	I&R	I&R		I&R COST &			
	COST CENTER DESCRIPTION	SERVICE	SALARY & FRINGES		SUBTOTAL	POST STEP- DOWN ADJS	TOTAL		
		18	22	23	25	26	27		
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
	OLD CAPITAL RELATED COSTSBLDG								1.01
2	OLD CAP REL COSTS-MVBLE EQUIP								2
4	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7 8	MAINTENANCE & REPAIRS OPERATION OF PLANT								7 8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING							=	10
11	DIETARY								11
12 13	CAFETERIA MAINTENANCE OF PERSONNEL								12 13
14	NURSING ADMINISTRATION								14
15	CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17 18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	39456							17 18
19	CENTRAL TRANSPORT	33130							19
20	NONPHYSICIAN ANESTHETISTS								20
21 22	NURSING SCHOOL		6907						21 22
23	I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A		6907	47276					22
24	PARAMED ED PRGM-(SPECIFY)			1,2,0					24
	INPATIENT ROUTINE SERV COST CENTER								
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	38166 561			3512278 273497		3512278 273497		25 26
	NEONATAL INTENSIVE CARE UNIT	201			2/349/		2/349/		26.10
31	SUBPROVIDER I	14			525956		525956		31
33	NURSERY				139365		139365	:	33
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM				971860		971860		37
38	RECOVERY ROOM				214253		214253		38
	ENDOSCOPY				81178		81178		38.01
	ONCOLOGY\INFUSION	576			147436		147436		38.02
39 40	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	139			305557		305557		39 40
41	RADIOLOGY-DIAGNOSTIC				860892		860892		41
41.01					109016		109016		41.01
	ULTRASOUND CT SCAN				96550 53705		96550 53705		41.02 41.03
	SPECIAL PROCEDURES				53705		53705		41.03
	RADIOLOGY-THERAPEUTIC				436		436	4	42
43	RADIOISOTOPE				52190		52190		43
44 46 30	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO				584371		584371		44 46.30
47	BLOOD STORING, PROCESSING & TRA				32925		32925		47
49	RESPIRATORY THERAPY				182214		182214		49
50 51	PHYSICAL THERAPY OCCUPATIONAL THERAPY				21777 11908		21777 11908		50 51
52	SPEECH PATHOLOGY				7940		7940		51 52
53	ELECTROCARDIOLOGY				61950		61950		53
	ECHOCARDIOGRAPHY				122220		122220		53.01
54 55	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT				132238 200152		132238 200152		54 55
	DRUGS CHARGED TO PATIENTS				243528		243528		56
	VASCULAR LAB				14746		14746		58.01
	AIR FLUIDIZED THERAPY				752 213342		752 213342		58.02
	CARDIAC CATH PSYCH TESTING				1854		1854		58.03 59.01
	ELECTROSHOCK THERAPY				185		185		59.02
59.03	NON END STAGE RENAL DIALYSIS				56589		56589	į	59.03
60	OUTPATIENT SERVICE COST CENTERS CLINIC				227488		227488	4	60
	DIABETES CLINIC				37		37		60.01
61	EMERGENCY				1041327		1041327		61
	OBSERVATION BEDS (NON-DISTINCT								62 63.50
63.50 63.60									63.50
	OTHER REIMBURSABLE COST CENTERS								
	DURABLE MEDICAL EQUIP-RENTED				11293		11293		66
69.10 69.20									69.10 69.20
20								`	

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
69.30 OOT 69.40 OSP 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							69.30 69.40 71
85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION							85.01 85.02 85.03
95 SUBTOTALS NONREIMBURSABLE COST CENTERS	39456			10390785		10390785	95
96 GIFT, FLOWER, COFFEE SHOP & CAN 96.01 TRAVEL 96.02 NEW DIRECTIONS				56169 1623		56169 1623	96 96.01 96.02
96.03 DEVELOPMENT 96.04 TV STORAGE 96.05 PRIVATE DUTY NURSING				52206 5389		52206 5389	96.03 96.04 96.05
96.06 WELLNESS 96.07 PEDI GROUP				5125 150		5125 150	96.06 96.07
96.08 OUTPT. EDUCATION 96.09 INTEGRATIVE THERAPY				320		320	96.08 96.09
96.10 HOME CARE 96.11 FOUNDATION DISTRIBUTION 96.12 TROWBRIDGE BUILDING				7429 7641 1142		7429 7641 1142	96.10 96.11 96.12
96.13 MEDICAL STUDENTS 97 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES				13849 312 6597		13849 312 6597	96.13 97 98
100 MANAGEMENT SALARIES 100.01CNE IS AND PURCHASING				53576		53576	100 100.01
101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER	0045-	6907	47276	54183		54183	101 102
103 TOTAL	39456	6907	47276	10656496		10656496	103

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		3	4	5	6A	6	7	8	
1 1.01 2 3 4 5 6	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTS-BL OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE CENTRAL TRANSPORT	402126 3366 31198	402126 3366 31198 4066	118090049 16534444 1910699	-55623686	191111718 3510666			1 1.01 2 3 4 5
8	OPERATION OF PLANT	83500	83500	1408762		6724086	83500	279996	8
9 10	LAUNDRY & LINEN SERVICE HOUSEKEEPING	2625	2625 2329	112206 3021469		1309717 4757476	2625 2329	2625 2329	
11 12	DIETARY CAFETERIA	9332 3779	9332 3779	723036 1642718		1248483 3075603		9332 3779	
13 14	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	2809	2809	1850512		2643029	2809	2809	13 14
15 16	CENTRAL SERVICES & SUPPLY PHARMACY	7379 4658	7379 4658	967834 2938806		2051457 3931659		7379 4658	15 16
17 18 19 20 21	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE CENTRAL TRANSPORT NONPHYSICIAN ANESTHETISTS NURSING SCHOOL	6495 998	6495 998	1780937 414973		2728920 734487	6495 998		17 18 19 20 21
22 23 24	I&R SERVICES-SALARY & FRINGES I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	1168	1168	833929 358183		1071885 1137714	1168	1168	22 23 24
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	78117 5570	78117 5570	28195133 3656944		40646924 5310049		78117 5570	
31 33	SUBPROVIDER I NURSERY	13637 3428	13637 3428	1875243 1533737		2674152 1977772		13637 3428	31
	ANCILLARY SERVICE COST CENTERS								
37 38	OPERATING ROOM RECOVERY ROOM	23627 5603	23627 5603	5279322 1008739		10407670 1525234		23627 5603	37 38
38.01	ENDOSCOPY	1480	1480	1315737		2259128	1480	1480	38.01
38.02 39 40	ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	3766 7874	3766 7874	1195992 1868247		1844368 2872405	3766 7874	3766 7874	38.02 39 40
41	RADIOLOGY-DIAGNOSTIC	21457		4027783		8577809		21457	41
41.01	MRI ULTRASOUND	2780 2488	2780 2488	560919 381701		1105437 696070		2780 2488	41.01 41.02
41.03	CT SCAN	748	748	926101		1637633			41.03
42	SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC					95658			41.04 42
43 44	RADIOISOTOPE LABORATORY	1280 12623	1280 12623	377733 7515444		863727 15409718	1280 12623	1280 12623	44
46.30 47	BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T	593	593	474266		2209196	593	593	46.30 47
49	RESPIRATORY THERAPY	4225	4225	2198245		3478408	4225	4225	
50	PHYSICAL THERAPY	129	129	1922145		2537475	129	129	50
51 52	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	128 128	128 128	730397 331682		1042879 510247	128 128	128 128	51 52
53	ELECTROCARDIOLOGY	1319	1319	1673546		1336170	1319	1319	53
53.01 54 55	ECHOCARDIOGRAPHY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P	3554	3554	616593		788478 7266052		3554	53.01 54 55
56 58.01	DRUGS CHARGED TO PATIENTS VASCULAR LAB	328	328	239130		10868852 385035		328	56 58.01
58.02	AIR FLUIDIZED THERAPY	5627	5627	518851		165653 1306750			58.02
59.01	CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY	5027	5627	518851		405845 37650		5627	59.01 59.02
	NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS	1370	1370	668188		1107920		1370	
60 60.01	CLINIC DIABETES CLINIC	6050	6050	985569 18170		1476638 5185		6050	60 60.01
61 62 63.50	EMERGENCY OBSERVATION BEDS (NON-DISTINC RHC	25816	25816	7945147		11962000	25816	25816	61 62 63.50
63.60 66	FQHC OTHER REIMBURSABLE COST CENTERS DURABLE MEDICAL EQUIP-RENTED			797921		2061233			63.60 66
0.0	SOUTHER WINDLOWN BOOLE KENIED			121341		2001233			0.0

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

 PROVIDER NO. 41-0009
 KENT COUNTY MEMORIAL HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2009.08

 PERIOD FROM 10/01/2008
 TO 09/30/2009
 IN LIEU OF FORM CMS-2552-96 (9/97)
 02/24/2010
 17:10

	COST CENTER DESCRIPTION	NEW CAP BLDGS &	NEW CAP MOVABLE	EMPLOYEE BENEFITS		ADMINIS- TRATIVE &	MAIN- TENANCE &	OPERATION OF PLANT	
		FIXTURES SQUARE FEET	EQUIPMENT SQUARE FEET	GROSS SALARIES	CILIATION	GENERAL ACCUM COST	REPAIRS SQUARE FEET	SQUARE FEET	
		3	4	5 5	6A	6	7	8	
69.10	СМНС								69.10
69.20 69.30									69.20 69.30
69.40									69.40
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
	PANCREAS ACQUISITION								85.01
	INTESTINAL ACQUISITION ISLET CELL ACQUISITION								85.02 85.03
95	SUBTOTALS	397447	397447	113337133	-55623686	181780602	358817	275317	
,,,	NONREIMBURSABLE COST CENTERS	337117	337117	113337133	33023000	101700002	330017	273317	,,,
96	GIFT, FLOWER, COFFEE SHOP & C	1581	1581			65215	1581	1581	
	TRAVEL			117647		209337			96.01
	NEW DIRECTIONS DEVELOPMENT	1389	1389	192059		588249	1389	1389	96.02 96.03
	TV STORAGE	152				588249 4028	152		96.03
	PRIVATE DUTY NURSING	152	152			4020	152	152	96.05
	WELLNESS			788199		1018704			96.06
	PEDI GROUP					34212			96.07
	OUTPT. EDUCATION			40000		51414			96.08
	INTEGRATIVE THERAPY HOME CARE			1091172		1504255			96.09 96.10
	FOUNDATION DISTRIBUTION			10911/2		1740151			96.10
	TROWBRIDGE BUILDING					259992			96.12
	MEDICAL STUDENTS	307	307			569326		307	96.13
97	RESEARCH			32690		53713			97
98	PHYSICIANS' PRIVATE OFFICES		4.050	708774		1337200			98
100	MANAGEMENT SALARIES CNE IS AND PURCHASING	1250	1250	1431477		1895320	1250	1250	100.01
100.01	CROSS FOOT ADJUSTMENTS								100.01
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	3584936	7071560	33696219		55623686	4532456	9722317	103
104	UNIT COST MULT-WS B PT I		17.585433				12.469067		104
104	UNIT COST MULT-WS B PT I	8.914957		.285343		.291053		34.723057	
105 106	COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II								105 106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III			89201		839243	124608	2271996	
108	UNIT COST MULT-WS B PT III						.342804		108
108	UNIT COST MULT-WS B PT III			.000755		.004391		8.114387	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE LBS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10		CAFETERIA F. T. E. 'S 12	ADMINIS- TRATION DIRECT NURSING HR	REQUISITIO	COSTED	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
1 1.01 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTSBL OLD CAP REL COSTS-MUBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MUBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE CENTRAL TRANSPORT NONPHYSICIAN ANESTHETISTS NURSING SCHOOL IÆR SERVICES-SALARY & FRINGES IÆR SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY)	2534377 112650 3259	275042 9332 3779 2809 7379 4658 6495 998		126068 2049 2359 4037 4132 554		12150055 15391 35 11	9702307	737933394	1 1.01 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
25 26 26.10	INPATIENT ROUTINE SERV COST C. ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	ENTERS 1292434 236786		215567 13311	40566 5060				150301902 21102372	
31	SUBPROVIDER I NURSERY	73432 8920		13002	2551 1796	52513 37352				31
37 38 38.01 38.02 39 40 41 41.01	ANCILLARY SERVICE COST CENTER. OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI	200152 19800 36365 31570	23627 5603 1480 3766 7874 21457 2780		8672 1413 1873 1695 2403 6245 791	29394 38955 49989	1334758 58293 400128 15623 95571 1743388 11371	11471 1853 21190 202	9834061 8367281 1818976 9071444 34531809	38.01 38.02 39 40 41
41.02 41.03	ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC	48568 33316	2488 748		515 1303		32464 91377	236	6135648	41.02 41.03 41.04
43	RADIOISOTOPE LABORATORY		1280 12623		474 10969		2989 114613	13361	5887618 146373288	43 44 46.30
51 52 53	BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY	12380 10645	128		753 3206 1445 814 341 1413		5385 238929 10551 5858 1911 43752	2937	2685728 19912287 6567149 3462564 1430861 15269971	49 50 51 52 53
54 55	ECHOCARDIOGRAPHY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS		3554		787		14065 6982293		4380820 25927595 39110993	55
58.01 58.02	VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH	19600	328 5627		286 736		300 237541		2798172 72969	58.01 58.02
59.01 59.02	PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS		1370		815	16617			213026	59.01 59.02
	OUTPATIENT SERVICE COST CENTE: CLINIC DIABETES CLINIC	RS 36365	6050		1244		84868	5310		60.01
62 63.50		267282	25816		12221	217176	181221	20290	72979066	61 62 63.50 63.60
66	OTHER REIMBURSABLE COST CENTE: DURABLE MEDICAL EQUIP-RENTED	RS					22991		3319117	

 PROVIDER NO. 41-0009
 KENT COUNTY MEMORIAL HOSPITAL
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 02/24/2010
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COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE LBS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA F. T. E. 'S 12	ADMINIS- TRATION DIRECT NURSING HR		COSTED	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
69.10 69.20 69.30 69.40	OPT OOT OSP									69.10 69.20 69.30 69.40
	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71 85.01
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION									85.01 85.02 85.03
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	2534377	270363	241880	125371	1482937	12117659	9699348	737933394	
96.01	GIFT, FLOWER, COFFEE SHOP & C TRAVEL NEW DIRECTIONS		1581				26935			96 96.01 96.02
96.03	DEVELOPMENT TV STORAGE PRIVATE DUTY NURSING		1389 152		335					96.03 96.04
96.06	WELLNESS						2473			96.05 96.06
96.08	PEDI GROUP OUTPT. EDUCATION INTEGRATIVE THERAPY				54					96.07 96.08 96.09
96.10 96.11	HOME CARE FOUNDATION DISTRIBUTION									96.10 96.11
	TROWBRIDGE BUILDING MEDICAL STUDENTS RESEARCH		307		211 43					96.12 96.13 97
98 100 100.01	PHYSICIANS' PRIVATE OFFICES MANAGEMENT SALARIES CNE IS AND PURCHASING		1250		54		2988	2959		98 100 100.01
101 102 103		1814793				3677538				
104 104 105 106	UNIT COST MULT-WS B PT I UNIT COST MULT-WS B PT I COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II	.716071	22.731306		33.593037		. 273613		.005578	105 106
106 107 108	UNIT COST MULT-WS B PT II COST TO BE ALLOC PER B PT III UNIT COST MULT-WS B PT III	97600 .038510	104586					189187 .019499		106 107 108
108	UNIT COST MULT-WS B PT III		.380255		1.176238		.022848		.000336	

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT 18	I&R SALARY & FRINGES ASSIGNED TIME 22	COSTS	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTS-BLD OLD CAP REL COSTS-WBLE EQUIP NEW CAP REL COSTS-WBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE CENTRAL TRANSPORT NONPHYSICIAN ANESTHETISTS NURSING SCHOOL L&R SERVICES-SALARY & FRINGES L&R SERVICES-SALARY & FRINGES L&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST C ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT SUBPROVIDER I		5901 1095 419	5901 1095	1 1.01 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 26.10 31
33	NURSERY	-	84	84	33
38.01	ANCILLARY SERVICE COST CENTER OPERATING ROOM RECOVERY ROOM ENDOSCOPY		337	337	37 38 38.01
39 40 41 41.01 41.02 41.03 41.04	ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC	161 39		217	38.02 39 40 41 41.01 41.02 41.03 41.04 42
44 46.30 47 49 50 51 52 53 53.01 54 55 6 58.01 58.02 58.03 59.01 59.02	RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTE	RS	128	128	43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01 59.02 59.03
	CLINIC DIABETES CLINIC		31		60 60.01
61 62 63.50 63.60	EMERGENCY OBSERVATION BEDS (NON-DISTINC RHC FQHC		1986	1986	61 62 63.50 63.60
66	OTHER REIMBURSABLE COST CENTE DURABLE MEDICAL EQUIP-RENTED	RS			66

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT 18	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	
69.10 69.20 69.30 69.40 71	OPT OOT				69.10 69.20 69.30 69.40
85.02	PANCERAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS	11038	4297	4297	85.01 85.02 85.03 95
96.02 96.03 96.04 96.05 96.06 96.07 96.08 96.10 96.11 96.12	NONRELMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & C TRAVEL NEW DIRECTIONS DEVELOPMENT TV STORAGE PRIVATE DUTY NURSING WELLNESS PEDI GROUP OUTPT. EDUCATION INTEGRATIVE THERAPY HOME CARE FOUNDATION DISTRIBUTION TROWBRIDGE BUILDING MEDICAL STUDENTS RESEARCH				96 96.01 96.02 96.03 96.04 96.05 96.06 96.07 96.08 96.10 96.11 96.12 96.13
98 100 100.01 101 102	PHYSICIANS' PRIVATE OFFICES MANAGEMENT SALARIES CNE IS AND PURCHASING CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER		1604	1604	98 100 100.01 101 102
103 104 104 105 106	COST TO BE ALLOC PER B PT I UNIT COST MULT-WS B PT I UNIT COST MULT-WS B PT I COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II UNIT COST MULT-WS B PT II UNIT COST MULT-WS B PT II	1036660 93.917376		1570255 266.099814	103 104 104 105 106
107 108 108	COST TO BE ALLOC PER B PT III UNIT COST MULT-WS B PT III UNIT COST MULT-WS B PT III	39456 3.574561	6907 1.170480	47276 8.011523	107 108 108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

INPATIENT ROUTINE SERV COST CENTERS 66098682 56098682 71228 66170510 25	(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	
26 INTERSIVE CARE UNIT 8109448 8109448 8109488 26 26.10 NEONATAL INTERSIVE CARE UNI 4845404 4845404 8227 4927631 31 31 NUSSEY 3000589 3000589 7805 307681 33 ANCILLARI SERVICE COST CENTERS 16794664 16794664 2558566 2558566 38 33 CHARLING ROOM 15794664 2558656 2558656 38 3351054 3351054 3351054 3351054 3351054 336.02 3351054 3351054 3351054 336.02 336.02 300000000 4566829 4566829 39 4566829 39 4664134 40 41 82000000000000000000000000000000000000								
26.10 NEONATAL INTENSIVE CARE UNI 4845404 4845404 82227 427631 31 31 31 31 31 31 31						71828		
31 SUBBROVIDER I 4445404 3485404 3485404 310 31 31 31 31 31 31 3			8109848		8109848		8109848	
33 NURSERY ACCULARY SERVICE COST CENTERS 16784664 16784664 16784664 37 38 RECOVERY ROOM 16784664 16784664 37 38 RECOVERY ROOM 2558656 2558656 2558656 38 38 01 ENDOSCOPY 3351054 3351054 3351054 3351054 3351054 38 02 0200LOGY\LNYSION 2769134 276913			4045404		4045404	00000	4000001	
ANCILLARY SERVICE COST CENTERS 7 OPERATING ROOM 16784664 16784664 2558656 38 38 RECOVERY ROOM 2558656 2558656 2558656 38 38.01 RINDSCOPY 3351054 3351054 3351054 38.01 38.02 ONCOLOGY LINEUSION 2769134 2769134 38.02 39 DELIVERY ROOM & LABOR ROOM 4566829 4566829 4566829 39 40 ANESTHESIOLOGY 7 41 ROLOGY-DIAMOSTIC 13513002 13513002 29207 13542209 41 41.01 NRI 1723469 1723469 1723469 29207 13542209 41 41.01 NRI 1723469 1723469 1723469 1723469 41.01 41.01 NRI 1723469 1723469 1723469 1723469 41.01 41.02 RANDSCOPY 172469 1723469 1723469 1723469 41.01 41.03 SECRETAR SOURCE 123767 123767 2499506 41.02 41.04 SPECIAL PROCEDURES 123767 123767 123767 42 42 RADIOLOGY-THERAPETIC 123767 123767 123767 42 43 RADIOLOGY-THERAPETIC 22001349 20806 2202225 44 46.30 BLOOD CLOTTING FACTORS ADMI 47 46.30 BLOOD CLOTTING FACTORS ADMI 47 47 BLOOD STROING, PROCESSING & 2935404 2935404 47 49 RESPIRATORY THERAPY 5072057 5072057 5072057 49 40 PRISCAL THERAPY 3381961 3381961 3381961 3381961 50 51 OCCUPATIONAL THERAPY 1403625 1403625 51 52 SPECEL PATHOLOGY 687666 867666 687666 52 52 SPECEL PATHOLOGY 687666 867666 687666 52 53 ELECTROCADIOLOGY THERAPY 121197 121197 55.01 55 OPENS CHARGED TO PATIENTS 19600815 19690815 55 58.01 VASCULAR LAB 45334 545334 58.01 58.02 ALT PRILITES CHARGED TO 11435929 11435929 55 56 DRUGS CHARGED TO PATIENTS 19600815 55 58.01 VASCULAR LAB 54534 545334 58.01 59.02 ELECTROCADIOLOGY THERAPY 48939 48939 59.02 59.03 TON ROLD STROING, PRINCIPLE CHARGED TO 11435929 11435929 55 50 DRUGS CHARGED TO PATIENTS 19600815 56 58.01 VASCULAR LAB 54534 545334 58.01 59.02 ELECTROCHOCK THERAPY 48939 48939 59.02 59.03 TON ROLD STROING PRINCIPLE 264936 6694 6694 660.01 50 DRUGS CHARGED TO PATIENTS 19600815 19600815 56 58.01 VASCULAR LAB 54534 545334 58.01 59.02 ELECTROCHOCK THERAPY 186534 545334 58.01 59.03 CARDIOLOGY THERAPY 186534 545334 58.01 59.03 CARDIOLOGY THERAPY 18654 6694 6694 6694 6694 6694 6694 6694 6								
37	33		3000589		3000589	78053	30/8642	33
38 RECOVERY ROOM	27		16701661		16704664		16701661	27
18.0 ENDOSCOPY 3351054 3351054 3351054 2769134 28.0 2769134 28.0 2								
38.02 ONCOLOGY INFUSION 7.69134 27.69134 27.69134 38.02 39.0 DELIVERY ROOM & LABOR ROOM 45.66829 45.66829 39.0 ANESTHESIOLOGY 15.513002 13.513002 29.207 13.54.209 41.02 41.02 41.02 41.02 41.03 41.02 41.03 41.02 41.03 41.02 41.03 41.02 41.03 41.02 41.03 4								
39 DELIVERY ROOM & LABOR ROOM 4566829 4566829 4566829 4900 400								
40								
MINIT			1300023		1500025		1300023	
41.02 ULTRASOUND			13513002		13513002	29207	13542209	
41.03 CT SCAN 2499606 2499606 2499606 41.03 41.04	41.01	MRI	1723469		1723469		1723469	41.01
41.04 SPECIAL PROCEDURES	41.02	ULTRASOUND	1167953		1167953		1167953	41.02
A2 RADIOLSOTOPE 123767 123767 123767 123767 42	41.03	CT SCAN	2499606		2499606		2499606	41.03
ABDIOISOTOPE 1262286	41.04	SPECIAL PROCEDURES						41.04
44 LABORATORY 22001349 22001349 20866 2202235 44 46.30 BLOOD CLOTTING FACTORS ADMI	42	RADIOLOGY-THERAPEUTIC	123767		123767		123767	42
46.30 BLOOD CLOTTING FACTORS ADMI 47 BLOOD STORING, PROCESSING & 2935404 2935404 2935404 47 48 PRESPIRATORY THERAPY 5072057 5072057 5072057 47 50 PHYSICAL THERAPY 3381961 3381961 3381961 3381961 50 51 OCCUPATIONAL THERAPY 1403625 1403625 51 52 SPEECH PATHOLOGY 687666 687666 687666 687666 52 53 ELECTROCARDIOLOGY 1969676 1969676 1969676 53 53.01 ECHOCARDIOGRAPHY 51321197 1321197 1321197 53.01 54 ELECTROCARDIORAPHY 1321197 1321197 1321197 53.01 55 MEDICAL SUPPLIES CHARGED TO 11435929 11435929 11435929 55 56 DRUGS CHARGED TO PATIENTS 19600815 19600815 19600815 56 57 SLOI VASCULAR LAB 545334 545334 545334 545334 545334 558.01 58.01 VASCULAR LAB 545334 545334 545334 545334 558.01 59.02 ELECTROSNOEDRY 214274 214274 214274 58.02 59.03 RARDIAC CATH 2206330 2206330 2206330 52030 559.03 59.04 SELECTROSNOEDRY 48939 48939 48939 59.02 59.05 SPYCH TESTING 525155 525155 59.01 59.07 SELECTROSNOEDRY 18857477 18857477 12638 18979115 61 60 CLINIC 6694 6694 6694 61 EMERGENCY 18857477 18857477 12638 18979115 61 61 EMERGENCY 18857477 18857477 12638 18979115 61 62 OBSERVATION BEDS (NON-DISTI 2080695 2080695 2080695 102	43	RADIOISOTOPE	1262286		1262286		1262286	43
47 BLOOD STORING, PROCESSING & 2935404 2935404 2935404 47 49 RESPIRATORY THERAPY 5072057 5072057 5072057 5072057 50 PHYSICAL THERAPY 3381961 3381961 3381961 3381961 50 51 OCCUPATIONAL THERAPY 1403625 1403625 1403625 51 52 SPECEH PATHOLOGY 687666			22001349		22001349	20886	22022235	
49 RESPIRATORY THERAPY 5072057 49 50 PHYSICAL THERAPY 3381961 3381961 3381961 50 51 OCCUPATIONAL THERAPY 1403625 1403625 1403625 51 52 SPEECH PATHOLOGY 687666 687666 687666 52 53 ELECTROCARDIOLOGY 1969676 1969676 1969676 53 53.01 ECHOCARDIOGRAPHY 1321197 1321197 1321197 53.01 54 ELECTROCARDEPHALOGRAPHY 11435929 11435929 11435929 55 56.0 DRUGS CHARGED TO PATIENTS 19600815 19600815 19600815 56 58.01 VASCULAR LAB 545334 54534 54534 54534 58.01 58.02 AIR FLUIDIZED THERAPY 214274 214274 214274 214274 58.02 59.01 PSYCH TESTING 525155 525155 525155 525155 525155 59.01 59.02 ELECTROSHOCK THERAPY 48939 48939 48939 48939 48939								
50								
51 OCCUPATIONAL THERAPY 1403625 1403625 1403625 51 52 SPECH PATHOLOGY 1969676 1969676 687666 687666 52 53 ELECTROCARDIOLOGY 1969676 1969676 1969676 53 53.01 ECHOCARDIOGRAPHY 1321197 1321197 54 55 MEDICAL SUPPLIES CHARGED TO 11435929 11435929 11435929 11435929 55 56.01 DRUGS CHARGED TO PATIENTS 19600815 19600815 19600815 56 56 545334 545334 545334 58.01 58.01 58.01 545334 545334 58.01 58.02 2487 FUJUDIZED THERAPY 214274 214274 214274 2206330 2206330 2206330 58.03 58.								
52 SPEECH PATHOLOGY 687666 687666 52 53 ELECTROCARDIOLOGY 1969676 1969676 1969676 53 53.01 ECHOCARDIOGRAPHY 53.01 54 ELECTROENCEPHALOGRAPHY 1321197 1321197 54 55 MEDICAL SUPPLIES CHARGED TO 11435929 11435929 11435929 55 56 DRUGS CHARGED TO PATIENTS 19600815 19600815 56 58.01 VASCULAR LAB 545334 545334 545334 58.01 58.02 AIR FLUIDIZED THERAPY 214274 214274 214274 214274 58.02 59.01 PSYCH TESTING 525155 525155 525155 59.01 59.02 ELECTROSHOCK THERAPY 48939 48939 48939 59.02 59.03 NON END STAGE RENAL DIALYSI 1604108 1604108 1604108 59.03 59.03 60 CLINIC 2449436 44520 2493956 60 60 60.01 13857477 18857477 121638 18979115 61								
S3 ELECTROCARDIOLOGY 1969676 1969676 1969676 53 53 53 53 51 51 51 51								
S3.01 ECHOCARDIOGRAPHY S3.01								
54 ELECTROENCEPHALOGRAPHY 1321197 1321197 1321197 54 55 MEDICAL SUPPLIES CHARGED TO 11435929 11435929 55 56 DRUGS CHARGED TO PATIENTS 19600815 19600815 56 58.01 VASCULAR LAB 545334 545334 545334 58.01 58.02 ATR FLUIDIZED THERAPY 214274 214274 214274 58.02 59.01 PSYCH TESTING 2206330 2206330 2206330 58.03 59.01 PSYCH TESTING 525155 525155 525155 59.01 59.02 ELECTROSHOCK THERAPY 48939 48939 48939 59.02 59.03 NON END STAGE RENAL DIALYSI 1604108 1604108 1604108 59.03 59.01 TINIC 6694 6404108 44520 2493956 60 60.01 DIABETES CLINIC 6694 6694 6694 6694 60 60 61 EMERGENCY 18857477 18857477 121638			1969676		1969676		1969676	
55 MEDICAL SUPPLIES CHARGED TO 11435929 11435929 55 56 DRUGS CHARGED TO PATIENTS 19600815 19600815 56 58.01 VASCULAR LAB 545334 545334 545334 58.01 58.02 AIR FUIDIZED THERAPY 214274 214274 214274 2206330 58.03 58.03 CARDIAC CATH 2206330 2206330 2206330 58.03 59.01 PSYCH TESTING 525155 525155 59.01 59.02 ELECTROSHOCK THERAPY 48939 48939 48939 59.02 59.03 NON END STAGE RENAL DIALYSI 1604108 1604108 1604108 59.03 60 CLINIC 2449436 2449436 44520 2493956 60 60.01 DIABETES CLINIC 6694 6694 6694 60.01 61 EMERGENCY 18857477 18857477 121638 18979115 61 63.50 FOHC COBSERVATION BEDS (NON-DISTI 2080695 2080695 2			1221107		1201107		1221107	
DRUGS CHARGED TO PATIENTS								
The color of the								
58.02 AIR FLUIDIZED THERAPY 214274 214274 214274 58.02 58.03 CARDIAC CATH 2206330 2206330 58.03 59.01 PSYCH TESTING 525155 525155 525155 59.01 59.02 ELECTROSHOCK THERAPY 48939 48939 48939 59.02 59.03 NON END STAGE RENAL DIALYSI 1604108 1604108 1604108 59.03 OUTPATIENT SERVICE COST CENTERS 0 CLINIC 2449436 2449436 44520 2493956 60 60 CLINIC 6694 6694 6694 60.01 60.01 6694 6694 60.01 61 EMERGENCY 18857477 18857477 121638 18979115 61 63.50 RHC 0SERVATION BEDS (NON-DISTI 2080695 2080695 2080695 63.50 63.50 FOHC 0THER REIMBURSABLE COST CENTERS 63.50 66.50 2685966 2685966 66.61 0THER REIMBURSABLE COST CENTERS 2685966 2685966 2685966 2685966 66.61 01 SUBTOTAL 233409030 233409030 448359 233857389 101 102 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
58.03 CARDIAC CATH 2206330 2206330 58.03 59.01 PSYCH TESTING 525155 525155 59.01 59.02 ELECTROSHOCK THERAPY 48939 48939 48939 59.02 59.03 NON END STAGE RENAL DIALYSI 1604108 1604108 1604108 59.03 0UTPATIENT SERVICE COST CENTERS 0UTPATIENT SERVICE COST CENTERS 60 2449436 44520 2493956 60 60.01 DIABETES CLINIC 6694 6694 6694 60.01 61 EMERGENCY 18857477 18857477 121638 18979115 61 62 OBSERVATION BEDS (NON-DISTI 2080695 2080695 2080695 62 63.50 FOHC 63.50 63.50 63.60 63.60 0 THER REIMBURSABLE COST CENTERS 66 2685966 2685966 2685966 66 101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 2080695 102								
59.01 PSYCH TESTING 525155 59.01 59.02 ELECTROSHOCK THERAPY 48939 48939 48939 59.02 59.03 NON END STAGE RENAL DIALYSI 1604108 1604108 1604108 59.03 60 CLINIC 2449436 2449436 44520 2493956 60 60.01 DIABETES CLINIC 6694 6694 6694 60.01 61 EMERGENCY 18857477 18857477 121638 18979115 61 62 OBSERVATION BEDS (NON-DISTI 2080695 2080695 2080695 62 63.50 FMC 63.50 63.50 63.50 63.50 67-CHER REIMBURSABLE COST CENTERS 665946 2685966 2685966 66 01 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 2080695 102								
59.02 ELECTROSHOCK THERAPY 48939 48939 48939 59.02 59.03 NON END STAGE RENAL DIALYSI 1604108 1604108 1604108 59.03 60 CLINIC 2449436 2449436 44520 2493956 60 60.01 DIABETES CLINIC 6694 6694 6694 60.01 61 61 EMERGENCY 18857477 18857477 121638 18979115 61 62 OBSERVATION BEDS (NON-DISTI 2080695 2080695 2080695 62 63.50 RHC 63.50 FQHC 63.50 63.50 67.60 PQHC 63.50 65.50 2685966 2685966 2685966 66 66 DURABLE MEDICAL EQUIP-RENTE 2685966 2685966 2685966 66 66 101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102								
59.03 NON END STAGE RENAL DIALYSI 1604108 1604108 59.03 OUTPATIENT SERVICE COST CENTERS 0 CLINIC 2449436 2449436 44520 2493956 60 60 CLINIC 6694 6694 6694 60.01 60 61 61 61 61 61 61 61 62 62 63 50 62 63 50 63 50 63 50 60 60 60 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
OUTPATIENT SERVICE COST CENTERS 60 CLINIC 2449436 2449436 44520 2493956 60 60 .01 DIABETES CLINIC 6694 6694 6694 60.01 61 EMERGENCY 18857477 18857477 121638 18979115 61 62 OBSERVATION BEDS (NON-DISTI 2080695 2080695 2080695 62 63.50 FORC FORC 63.50 63.60 63.60 63.60 OTHER REIMBURSABLE COST CENTERS COST CENTERS 2685966 2685966 2685966 66 101 SUBTOTAL 23409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 2080695 102								
60.01 DIABETES CLINIC 6694 6694 6694 60.01 61 EMERGENCY 18857477 121638 18979115 61 62 OBSERVATION BEDS (NON-DISTI 2080695 2080695 2080695 62 63.50 FQHC 63.50 67HC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTE 2685966 2685966 2685966 66 101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102								
61 EMERGENCY 18857477 18857477 121638 18979115 61 62 OBSERVATION BEDS (NON-DISTI 2080695 2080695 62 63.50 RHC 63.60 FOHC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTE 2685966 2685966 2685966 66 101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102	60	CLINIC	2449436		2449436	44520	2493956	60
62 OBSERVATION BEDS (NON-DISTI 2080695 2080695 62 63.50 RHC 63.50 FDC OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTE 2685966 2685966 2685966 66 101 SUBTOTAL 23409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 102	60.01	DIABETES CLINIC	6694		6694		6694	60.01
63.50 RHC 63.50 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTE 2685966 2685966 66 101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102	61	EMERGENCY	18857477		18857477	121638	18979115	61
63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTE 2685966 2685966 66 101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102	62	OBSERVATION BEDS (NON-DISTI	2080695		2080695		2080695	62
OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTE 2685966 2685966 66 101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102								
66 DURABLE MEDICAL EQUIP-RENTE 2685966 2685966 2685966 66 101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102	63.60							63.60
101 SUBTOTAL 233409030 233409030 448359 233857389 101 102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102								
102 LESS OBSERVATION BEDS 2080695 2080695 2080695 102								
						448359		
103 TOTAL 231328335 231328335 448359 231776694 103								
	103	TOTAL	231328335		231328335	448359	231776694	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

	COST CENTER DESCRIPTION		CHARGES		COST OR OTHER	TEFRA INPATIENT	PPS INPATIENT
		INPATIENT 6	OUTPATIENT 7	TOTAL 8	RATIO 9	RATIO 10	RATIO 11
	INPATIENT ROUTINE SERV COST CENT	ERS					
25	ADULTS & PEDIATRICS			144548148			25
26	INTENSIVE CARE UNIT	21102372		21102372			26
26.10	NEONATAL INTENSIVE CARE UNI						26.10
31	SUBPROVIDER I	8215260		8215260			31
33	NURSERY	7335358		7335358			33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	25584003	40046883	65630886	.255743	.255743	
38	RECOVERY ROOM	2945553	6888508	9834061	.260183	.260183	.260183 38
38.01	ENDOSCOPY	1864458	6502823	8367281	.400495	.400495	.400495 38.01
38.02	ONCOLOGY\INFUSION	82032	1736944	1818976	1.522359	1.522359	1.522359 38.02
39	RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	6542199	2529245	9071444	.503429	.503429	.503429 39
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	10456051	04054050	24521000	201200	201200	40 .392166 41
41.01	RADIOLOGY-DIAGNOSTIC	104/6951	24054858	34531809	.391320	.391320	
	ULTRASOUND	3005018	8190990 3822101	11796608 6135648	.146099 .190355	.146099 .190355	.146099 41.01 .190355 41.02
	CT SCAN	3605618 2313547 15009338	28075991	43085329	.058015	.058015	.058015 41.03
41.03	CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC	15009336	200/5991	43003329	.036013	.036013	41.04
41.04	PADIOLOGY_THEPADEITTC	38857	8968 3439632 76984109	47825	2.587914	2.587914	2.587914 42
43	RADIOISOTOPE	2447986	3439632	5887618	.214397	.214397	.214397 43
44	LABORATORY	69389179	76984109	146373288	.150310	.150310	.150453 44
	BLOOD CLOTTING FACTORS ADMI	00000110		110373200	.130310	.150510	46.30
47	BLOOD CLOTTING FACTORS ADMI BLOOD STORING, PROCESSING & RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY	2126738	558990	2685728	1.092964	1.092964	1.092964 47
49	RESPIRATORY THERAPY	14328844	5583443	19912287	.254720	.254720	.254720 49
50	PHYSICAL THERAPY	3591102	2976047	6567149	.514982	.514982	.514982 50
51	OCCUPATIONAL THERAPY	2704307	758257	3462564	.405372	.405372	.405372 51
52	SPEECH PATHOLOGY	1097324	333537	1430861	.480596	.480596	.480596 52
53	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOCADHY	10356409	4913562	15269971	.128990	.128990	.128990 53
53.01	ECHOCARDIOGRAPHY						53.01
54	ELECTROENCEPHALOGRAPHY	283608	4097212	4380820	.301587	.301587	.301587 54
55	MEDICAL SUPPLIES CHARGED TO DRUGS CHARGED TO PATIENTS	14405034	11522561	25927595	.441072	.441072	.441072 55
	DRUGS CHARGED TO PATIENTS	23129751	15981242	39110993	.501159	.501159	.501159 56
	VASCULAR LAB	1452668	1345504	2798172	.194889	.194889	.194889 58.01
	AIR FLUIDIZED THERAPY	72747	222 1569352	72969	2.936507	2.936507	2.936507 58.02
58.03	CARDIAC CATH	1452668 72747 2321000	1569352	3890352	.567129	.567129	.567129 58.03
59.01	PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSI	211628	1398	213026	2.465216	2.465216	2.465216 59.01
59.02	ELECTROSHOCK THERAPY	59375	34464	59375	.824236	.824236	.824236 59.02
59.03	NON END STAGE RENAL DIALYSI	1640260	34464	1674724	.957834	.957834	.957834 59.03
60	OUTPATIENT SERVICE COST CENTERS CLINIC		4615537	4642960	.527559	.527559	.537148 60
	DIABETES CLINIC	2/423	4013337	4042900	.52/559	.52/559	60.01
61	EMERGENCY	20953809	52025257	72979066	.258396	.258396	.260062 61
62	OBSERVATION BEDS (NON-DISTI		3900860	5753754	.361624	.361624	.361624 62
63.50		1032034	3300000	3733734	.301024	.301024	63.50
63.60							63.60
00.00	OTHER REIMBURSABLE COST CENTERS						53.00
66			3319117	3319117	.809241	.809241	.809241 66
101	SUBTOTAL	422115780	315817614	737933394			101
102	LESS OBSERVATION BEDS						102
103	TOTAL	422115780	315817614	737933394			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

BOXES	[] TITLE XIX							
			OLD CAPITAL			NEW CAPITAL		
				REDUCED			REDUCED	
		CAPITAL	SWING-BED	CAPITAL	CAPITAL	SWING-BED	CAPITAL	
	COST CENTER DESCRIPTION	RELATED	ADJUSTMENT	RELATED	RELATED	ADJUSTMENT	RELATED	
		COST		COST	COST		COST	
		1	2	3	4	5	6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				3512278		3512278	25
26	INTENSIVE CARE UNIT				273497		273497	26
26.10	NEONATAL INTENSIVE CARE UNIT							26.10
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				525956		525956	31
33	NURSERY				139365		139365	33
101	TOTAL				4451096		4451096	101
101	IOIAL				4431030		4431030	101
				OID C	APTTAT,	NEW CA	DTTAI	
				OLD C	APITAL	NEW CA		
		TOTAL	TNPATTENT		INPATIENT		INPATIENT	
	COST CENTER DESCRIPTION	TOTAL PATIENT	INPATIENT PROGRAM	PER	INPATIENT PROGRAM	PER	INPATIENT PROGRAM	
	COST CENTER DESCRIPTION	PATIENT	PROGRAM		INPATIENT PROGRAM CAPITAL		INPATIENT PROGRAM CAPITAL	
	COST CENTER DESCRIPTION	PATIENT DAYS	PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	COST CENTER DESCRIPTION	PATIENT	PROGRAM	PER	INPATIENT PROGRAM CAPITAL	PER	INPATIENT PROGRAM CAPITAL	
		PATIENT DAYS	PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
25	INPAT ROUTINE SERV COST CTRS	PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST 12	25
25 26	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	PATIENT DAYS 7	PROGRAM DAYS 8 24085	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02	INPATIENT PROGRAM CAPITAL COST 12	25 26
26	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT	PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02	INPATIENT PROGRAM CAPITAL COST 12	26
26 26.10	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	PATIENT DAYS 7	PROGRAM DAYS 8 24085	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02	INPATIENT PROGRAM CAPITAL COST 12	26 26.10
26 26.10 27	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT	PATIENT DAYS 7	PROGRAM DAYS 8 24085	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02	INPATIENT PROGRAM CAPITAL COST 12	26 26.10 27
26 26.10 27 28	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	PATIENT DAYS 7	PROGRAM DAYS 8 24085	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02	INPATIENT PROGRAM CAPITAL COST 12	26 26.10 27 28
26 26.10 27 28 29	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	PATIENT DAYS 7	PROGRAM DAYS 8 24085	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02	INPATIENT PROGRAM CAPITAL COST 12	26 26.10 27 28 29
26 26.10 27 28 29 30	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	PATIENT DAYS 7 73145 4437	PROGRAM DAYS 8 24085 1625	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02 61.64	INPATIENT PROGRAM CAPITAL COST 12 1156562 100165	26 26.10 27 28 29 30
26 26.10 27 28 29 30 31	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I	PATIENT DAYS 7 73145 4437	PROGRAM DAYS 8 24085	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02 61.64	INPATIENT PROGRAM CAPITAL COST 12	26 26.10 27 28 29 30 31
26 26.10 27 28 29 30 31 33	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY	PATIENT DAYS 7 73145 4437	PROGRAM DAYS 8 24085 1625	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02 61.64	INPATIENT PROGRAM CAPITAL COST 12 1156562 100165	26 26.10 27 28 29 30 31 33
26 26.10 27 28 29 30 31	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I	PATIENT DAYS 7 73145 4437	PROGRAM DAYS 8 24085 1625	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02 61.64	INPATIENT PROGRAM CAPITAL COST 12 1156562 100165	26 26.10 27 28 29 30 31

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK [] TITLE V [XX] HOSPITAL (41-0009) [] SUB III [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
BOXES [] TITLE XIX [] SUB II

		OLD	NEW			OLD CAF RATIO OF	PITAL		PITAL	
		CAPITAL	CAPITAI		INPATIENT	RATIO OF		RATIO OF		
	COST CENTER DESCRIPTION	RELATED	RELATEL) TOTAL	PROGRAM	COST TO CHARGES		COST TO	CAPITAL	
		COST 1	COST 2	CHARGES	CHARGES	CHARGES	COSTS 6		COSTS	
		=		3	4	5	6	7	8	
	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC									
37	OPERATING ROOM		971860	65630886	8003914			.014808	118522	
38	RECOVERY ROOM		214253	9834061				.021787 .009702 .081054		38
38.01	ENDOSCOPY		81178	8367281	725011			.009702	7034	38.01
38.02	ONCOLOGY\INFUSION		147436	1818976	25991			.081054	2107	38.02
39	DELIVERY ROOM & LABOR ROOM		305557	9071444	77316			.033683	2604	
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		860892	34531809	4226287			.024930		
41.01	MRI		109016	11796608	1116292			.009241	10316	
41.02	ULTRASOUND		96550	6135648	857277			.015736	13490	
41.03	CT SCAN		53705	43085329	5460495			.001246	6804	41.03
41.04	SPECIAL PROCEDURES									41.04
42	RADIOLOGY-THERAPEUTIC		436	47825	33023			.009117	301	42
43	RADIOISOTOPE		52190	5887618	952311			.008864	8441	43
44	LABORATORY		584371	146373288	26057435			.003992	104021	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		32925	2685728	943409			.012259	11565	47
49	RESPIRATORY THERAPY		182214	19912287	5541246			.009151	50708	49
50	PHYSICAL THERAPY		21777	6567149	935402			.003316	3102	50
51	OCCUPATIONAL THERAPY		11908	3462564	487513			.003439	1677	51
52	SPEECH PATHOLOGY		7940	1430861	378244			.005549	2099	52
53	ELECTROCARDIOLOGY		61950	15269971	4279009			.004057	17360	53
53.01	ECHOCARDIOGRAPHY									53.01
54	ELECTROENCEPHALOGRAPHY		132238	4380820	105839			.030186 .007720	3195	54
55	MEDICAL SUPPLIES CHARGED TO P		200152	25927595	4458299			.007720	34418	55
56	DRUGS CHARGED TO PATIENTS		243528	39110993	8313320			.006227	51767	56
58.01	VASCULAR LAB		14746	2798172	587565			.005270	3096	58.01
58.02	AIR FLUIDIZED THERAPY		752	72969	27315			.010306	282	58.02
58.03	CARDIAC CATH		213342	3890352	729194			.010306	39988	58.03
59.01	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY THERAPEUTIC RADIOLOGY THERAPEUTIC RADIOLOGY THERAPEUTIC RADIOLOGY THERAPY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS CLINIC		1854	213026				.008703 .003116 .033790		59.01
59.02	ELECTROSHOCK THERAPY		185	59375				.003116		59.02
59.03	NON END STAGE RENAL DIALYSIS		56589	1674724	911615			.033790	30803	59.03
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		227488	4642960	18829			.048996	923	60
60.01	DIABETES CLINIC		37							60.01
61	EMERGENCY		1041327	72979066	7706117			.014269	109959	61
62	OUTPATIENT SERVICE COST CENTERS CLINIC DIABETES CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC		110441	5753754	640736			.019195	12299	62
63.50	RHC									63.50
63.60	FOHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
66	DURABLE MEDICAL EQUIP-RENTED TOTAL		11293	3319117				.003402		66
101	TOTAL		6050130	556732256	83599004				752242	101

 PROVIDER NO. 41-0009
 KENT COUNTY MEMORIAL HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2009.08

 PERIOD FROM 10/01/2008 TO 09/30/2009
 IN LIEU OF FORM CMS-2552-96 (11/98)
 02/24/2010 17:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN 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	PROGRAM PASS THRU COSTS 8	
27 28 29 30 31 33	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY					73145 4437 4334 3998		24085 1625		25 26 26.10 27 28 29 30 31 33
34 35 101	SKILLED NURSING FACILITY NURSING FACILITY TOTAL					85914		27700	1	34 35 101

63.50 RHC
63.60 FQHC
OTHER REIMBURSABLE COST CENTERS
66 DURABLE MEDICAL EQUIP-RENTED

101

TOTAL

VERSION: 2009.08 02/24/2010 17:10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

> 63.50 63.60

									PART	. TA
CHECK APPLICA BOXES	[] TITLE V [] TITLE XIX	II-PT A []	HOSPITAL SUB I SUB II SUB III	(41-0009)	[] [] []	SUB IV SNF NF ICF/MR		[] PPS [] TEFRA		
	COST CENTER DESCRIPTION	NONPHYSICIAN NON ANESTHETIST AN COST 1				N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
37 38.01 38.02 39 40 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53.01 54 55 658.01 58.02 58.03 59.01 59.02 59.03	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGYOTORING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROSHOCK THERAPY CARDIAC LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS CLINIC	·								37 38 38.01 38.02 39 40 41.01 41.02 41.03 41.04 42 43 44.04 45.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.02 59.03
61	DIABETES CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC									60.01 61 62

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0009) [] SUB IV [] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
BOXES [] TITLE XIX [] SUB II [] NF
[] SUB III [] ICF/MR

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	CHARGES	RATIO OF COST TO CHARGES 5	TO CHARGES	PROGRAM CHARGES	PASS THROUGH COSTS	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		65630886			800391	4	6197844	37
38	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESTOLOGY		9834061					1034	38
38.01	ENDOSCOPY		8367281			72501 2599	1	1276914	38.01
38.02	ONCOLOGY\INFUSION		1818976			2599	1	573373	38.02
39	DELIVERY ROOM & LABOR ROOM		9071444			7731	б	99873	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		34531809			422628	7	3462442	41
41.01	MRI		11796608					1252508	41.01
41.02	ULTRASOUND		6135648			111629 85727	7	523621	41.02
41.03	CT SCAN		43085329			546049		5828933	41.03
41.04	SPECIAL PROCEDURES								41.04
42	RADIOLOGY-THERAPEUTIC		47825			3302	3		42
43	RADIOISOTOPE		5887618			95231	1	803774	43
44	LABORATORY		146373288			2605743	5	1055394	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		2685728			94340	9	278739	47
49	RESPIRATORY THERAPY		19912287			554124	б	1185610	49
50	PHYSICAL THERAPY		6567149			93540	9 5 2 3 4 9		50
51	OCCUPATIONAL THERAPY		3462564			48751	3		51
52	SPEECH PATHOLOGY		1430861			37824	4	1131	52
53	ELECTROCARDIOLOGY		15269971			427900	9	1226073	53
53.01	ECHOCARDIOGRAPHY								53.01
54	ELECTROENCEPHALOGRAPHY		4380820			10583	9	520227	54
55	MEDICAL SUPPLIES CHARGED TO P		25927595			445829	9	1752100	55
56	DRUGS CHARGED TO PATIENTS		39110993			831332	0	4512974	56
58.01	VASCULAR LAB		2798172			58756	5	386216	58.01
58.02	AIR FLUIDIZED THERAPY		72969			2731	9 9 0 5 5 4		58.02
58.03	CARDIAC CATH		3890352			72919	4	608350	58.03
59.01	PSYCH TESTING		213026						59.01
59.02	ELECTROSHOCK THERAPY		59375						59.02
59.03	ONCOLOGY INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS		1674724			91161	5	24886	59.03
	OUTPATIENT SERVICE COST CENTERS						_		
00	CHIMIC		4642960			1882	9	1892567	
	DIABETES CLINIC						_		60.01
61	EMERGENCY		72979066			770611		9194375	61
62	OBSERVATION BEDS (NON-DISTINC		5753754			64073	5	1133154	62
63.50	RHC								63.50
63.60									63.60
	OTHER REIMBURSABLE COST CENTERS		2210115						
66 101	OTHER REIMBURSABLE COST CENTERS DURABLE MEDICAL EQUIP-RENTED TOTAL		3319117 556732256			8359900	4	42702112	66
TUT	TUTAL		000/32200			8359900	*	43/92112	TOT

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

								PARI IV
CHECK APPLIC BOXES	ABLE [XX] TITLE V] TITLE XVIII-1	PT A [] S	HOSPITAL (41-0009) SUB I SUB II SUB III	[] SUB IV [] SNF [] NF [] ICF/MR] PPS] TEFRA	
	COST CENTER DESC	RIPTION	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	
38.02 39 40 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01	ANCILLARY SERVICE COPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LAB ANESTHESIOLOGY RADIOLOGY-DIAGNOSTI MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUT RADIOLOGY-THERAPEUT RADIOLSOTOPE LABORATORY BLOOD CLOTTING FACT BLOOD STORING, PROC RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY SPECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ANSCULAR LAB AIR FLUIDIZED THERA AUSCULAR LAB AIR FLUIDIZED THERA CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAP NON END STAGE RENAL OUTPATIENT SERVICE	OR ROOM C IC ORS ADMIN ESSING & T Y PHY ARGED TO P TIENTS PY DIALYSIS						37 38 38.01 38.02 39 40 41 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01 59.02 59.03
	DIABETES CLINIC EMERGENCY OBSERVATION BEDS (N RHC FQHC							60.01 61 62 63.50 63.60
66 101	OTHER REIMBURSABLE DURABLE MEDICAL EQU TOTAL							66 101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

CHECK APPLICABLE BOXES] TITLE V - (XX) TITLE XVIII)/P I-PT B - O/P	[XX] HOS [] SUB [] SUB [] SUB	SPITAL (41-0009) 3 I 3 II 3 III 5 IV	1 1 1 1	SNF NF S/B-SNF S/B-NF CF/MR		
COST CENTER DESCR:		COCH TO CUADCE	DARTO EDO	OM WORKSHEET C, PART II COL. 9 1.02	OUTPATIENT	OGRAM CHARGES	OTHER	
ANCILLARY SERVICE ANCILLARY SERVICE OPERATING ROOM RECOVERY ROOM ANOTHER PROOF ANOTHER PROOF ANOTHER PROCEDURE ADDITION OF THE PROCEDURE ADDITION OF	I LABOR ROOM STIC SS SUTIC SCOTORS ADMIN CO COCESSING & TRA APY RAPY CHARGED TO PAT PATIENTS CRAPY RAPY RAPY RAPY RAPY RAPY RAPY RAPY	.391320 .146099 .190355 .058015 2.587914 .214397 .150310 1.092964 .254720 .514982 .405372 .480596 .128990 .301587 .441072 .501159 .194889 2.936507 .567129 2.465216 .824236 .957834	.391320 .146099 .190355 .058015 2.587914 .214397 .150310 1.092964 .254720 .514982 .405372 .480596 .128990 .301587 .441072 .501159 .194889 2.936507 .567129 2.465216 .824236 .957834	.391320 .146099 .190355 .058015 2.587914 .214397 .150310 1.092964 .254720 .514982 .405372 .480596 .128990 .301587 .441072 .501159 .194889 2.936507 .567129 2.465216 .824236 .957834				37 38 38.01 38.02 39 40 41 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01 59.02 59.03
63.60 FQHC OTHER REIMBURSABI 65.01 AMBULANCE SERVICI 65.02 AMBULANCE SERVICI 65.03 AMBULANCE SERVICI 66 DURABLE MEDICAL I 101 SUBTOTAL 102 CRNA CHARGES 103 LESS PBP CLINIC I	2S (2ND PERIOD) 2S (3RD PERIOD) 2S (3RD PERIOD) 2QUIP-RENTED 2AB SERV-PGM ONLY 2INE COST APPORTI PATIENTS - RATIO 2HARGES	.809241		.809241			.50	63.60 65.01 65.02 65.03 66 101 102

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

								IIM(ID V & VI
CHECK [] TITLE V APPLICABLE [XX] TITLE XV BOXES [] TITLE XI	'III-PT B	[] [] []	HOSPITAL SUB I SUB II SUB III SUB IV	(41-0009)		[] SNF [] NF [] S/B-SN [] S/B-NE [] ICF/MF	?	
							PROGRAM COST	Γ
COST CENTER DESCRIPTION	OTHER (1)	VICES AL (SEE NSTRU.) I	L OTHER (SEE INSTRU.)	VICES (SEE INSTRU.)	VICES (SEE INSTRU.)	SURGICAL CENTER	OUTPATIENT	DIAGNOSTIC
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM 38 RECOVERY ROOM 38.01 ENDOSCOPY 38.02 ONCOLOGY\INFUSION 39 DELIVERY ROOM & LABOR ROOM 40 ANESTHESIOLOGY 41.01 MRI 41.02 ULTRASOUND 41.03 CT SCAN 41.04 SPECIAL PROCEDURES 42 RADIOLOGY-THERAPEUTIC		6197844 1034 1276914 573373 99873 3462442 1252508 523621 5828933						37 38 38.01 38.02 39 40 41 41.01 41.02 41.03 41.03
43 RADIOISOTOPE		803774						43
44 LABORATORY		1055394	20011					44
46.30 BLOOD CLOTTING FACTORS ADMIN C 47 BLOOD STORING, PROCESSING & TR		278739						46.30 47
47 BLOOD STORING, PROCESSING & IR 49 RESPIRATORY THERAPY		1185610						49
50 PHYSICAL THERAPY		1102010						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1131						52
53 ELECTROCARDIOLOGY		1226073						53
53 01 ECHOCAPDIOCPADHY								53.01
54 ELECTROENCEPHALOGRAPHY		520227						54
55 MEDICAL SUPPLIES CHARGED TO PA		1752100						55
56 DRUGS CHARGED TO PATIENTS		4512974	610					56
58.01 VASCULAR LAB		386216						58.01
58.02 AIR FLUIDIZED THERAPY								58.02
58.03 CARDIAC CATH		608350						58.03
59.01 PSYCH TESTING 59.02 ELECTROSHOCK THERAPY								59.01 59.02
59.02 ELECTROSHOCK THERAPT 59.03 NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTER		24886						59.02
60 CLINIC		1892567						60
60.01 DIABETES CLINIC								60.01
61 EMERGENCY		9194375						61
62 OBSERVATION BEDS (NON-DISTINCT		1133154						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTER								65.01
65.01 AMBULANCE SERVICES (2ND PERIOD 65.02 AMBULANCE SERVICES (3RD PERIOD 65.02 AMBUL								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD 65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
66 DURABLE MEDICAL EQUIP-RENTED								66
101 SUBTOTAL	4	3792112	20621					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	4	3792112	20621					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

							TIMELD	V & VI
APPLICABLE [XX] TITL	E V - O/P E XVIII-PT B E XIX - O/P	[XX] HOSPIT [] SUB I [] SUB II [] SUB II [] SUB II	: I	9)	[] SN. [] NF [] S/: [] S/: [] IC:	B-SNF B-NF		
		P	DOCDVM GOG	г		HOCDITAL.	HOSPITAL	
			ROGRAM COSI	מתת	סחת	I/P PART B	T/D DADE D	
					SERVICES		COST	
COST CENTER DESCRIPTION	ALL OTH	ER (COLUMNS					(COLUMNS	
COSI CENTER DESCRIPTION		(COLUMNS (5) 1.01x5.01)						
	(COLS 12							
	9	9.01	9.02	9.03	9.04	10	11	
ANCILLARY SERVICE COST CEN	IMED C							
37 OPERATING ROOM	ILEKS	1585055						37
38 RECOVERY ROOM		269						38
38.01 ENDOSCOPY		511398						38.01
38.02 ONCOLOGY\INFUSION		872880						38.02
39 DELIVERY ROOM & LABOR ROOM	7	50279						30.02
40 ANESTHESIOLOGY	ı	50279						40
41 RADIOLOGY-DIAGNOSTIC		1354923						41
		182990						41.01
41.01 MRI								
41.02 ULTRASOUND		99674						41.02
41.03 CT SCAN		338166						41.03
41.04 SPECIAL PROCEDURES								41.04
42 RADIOLOGY-THERAPEUTIC		150205						42
43 RADIOISOTOPE		172327						43
44 LABORATORY		158636	3008					44
46.30 BLOOD CLOTTING FACTORS ADM		204652						46.30
47 BLOOD STORING, PROCESSING	& TRA	304652						47
49 RESPIRATORY THERAPY		301999						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		544						52
53 ELECTROCARDIOLOGY		158151						53
53.01 ECHOCARDIOGRAPHY								53.01
54 ELECTROENCEPHALOGRAPHY		156894						54
55 MEDICAL SUPPLIES CHARGED T		772802						55
56 DRUGS CHARGED TO PATIENTS		2261718	306					56
58.01 VASCULAR LAB		75269						58.01
58.02 AIR FLUIDIZED THERAPY								58.02
58.03 CARDIAC CATH		345013						58.03
59.01 PSYCH TESTING								59.01
59.02 ELECTROSHOCK THERAPY								59.02
59.03 NON END STAGE RENAL DIALYS		23837						59.03
OUTPATIENT SERVICE COST CE	NTERS							
60 CLINIC		998441						60
60.01 DIABETES CLINIC								60.01
61 EMERGENCY		2375790						61
62 OBSERVATION BEDS (NON-DIST	INCT	409776						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CE								
65.01 AMBULANCE SERVICES (2ND PE								65.01
65.02 AMBULANCE SERVICES (3RD PE								65.02
65.03 AMBULANCE SERVICES (4TH PE	RIOD)							65.03
66 DURABLE MEDICAL EQUIP-RENT	ED							66
101 SUBTOTAL		13511483	3314					101
102 CRNA CHARGES								102
103 LESS PBP CLINIC LAB SERV-P	GM ONLY CHRGS							103
104 NET CHARGES		13511483	3314					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (41-T009) [] SUB IV [] TEFRA BOXES [] TITLE XIX [] SUB II

RELATED COST CENTER DESCRIPTION RELATED COST CABCATED			OLD CAPITAL	NEW CAPITAI		TMDAGTEMG	OLD CA	PITAL	NEW CAF	ITAL	
COST COST CHARGES		COST CENTED DESCRIPTION						CADITAL		CADITAL.	
ANCILLARY SERVICE COST CENTERS ANCILLARY SERVICE COST CENTERS 37 OPERATING ROOM 971860 65630886 20950 .014808 310 37 38 RECOVERY ROOM 214253 9843061 .021787 38 38.01 ENDOSCOPY NEUTON 147436 1818976 .009702 38.01 38.02 ONCOLOGY INFUSION 147436 1818976 .081054 38.02 39 DELIVERS ROOM 6 LABOR ROOM 305557 9071444 .0336883 .01 41 PADIOLOGY-DIAGNOSTIC 660892 34531809 45515 .024930 1135 41 41.01 MRI 109016 11796608 17413 .009241 161 41.01 41.02 ULTRASOUND 96550 6135648 8943 .015736 141 41.02 41.03 CT SCAN 53705 43085329 35099 .001246 44 41.03 41.04 SPECIAL PROCEDURES		COSI CENTER DESCRIPTION	COST	COST	CHARGES	CHARGES	CHARGES				
ANCILLARY SERVICE COST CENTERS 37 OPERATING ROOM 971860 65630886 20950 .014808 310 37 38 RECOVERY ROOM 214253 9834061 .021787 38 38.01 ENDOSCOPY 81178 3867281 .009702 38.01 39 DELIVERY ROOM 147436 1818976 .081054 38.02 39 DELIVERY ROOM 4 LABOR ROOM 305557 9071444 .03683 39 40 ANSTHESIOLOGY 41 RADIOLOGY-DIAGNOSTIC 860892 34531809 45515 .024930 1135 41 41.01 MRI 1 109016 11796608 17413 .009241 161 41.01 41.02 ULTRASOUND 96550 6135648 8943 .015736 141 41.02 41.03 CT SCAN .015746 .081354 .09939 .001246 44 41.03 41.04 SPECIAL PROCEDURES .01946 .09939 .001246 44 41.03 41.04 SPECIAL PROCEDURES .01946 .09939 .001246 .099117 44 42 RADIOLOGY-THERAPEUTIC .36 47825 .009117 .003306 .09932 .009911 .099117 .003306 .09932 .0993 .00930 .0			1	2	3	4	5				
37 OPERATING ROOM											
40 ANESTHESIOLOGY 11 RADIOLOGY-DIAGNOSTIC 860892 34531809 45515 .024930 1135 41 41.01 MRI 109016 11796608 17413 .009241 161 41.01 41.02 ULTRASOUND 96550 6135648 8943 .0.15736 141 41.02 41.03 CT SCAN 53705 43085329 35099 .001246 44 41.03 41.04 EVERTORICEDURES											
40 ANESTHESIOLOGY 11 RADIOLOGY-DIAGNOSTIC 860892 34531809 45515 .024930 1135 41 41.01 MRI 109016 11796608 17413 .009241 161 41.01 41.02 ULTRASOUND 96550 6135648 8943 .0.15736 141 41.02 41.03 CT SCAN 53705 43085329 35099 .001246 44 41.03 41.04 EVERTORICEDURES	37	OPERATING ROOM	9	71860	65630886	20950			.014808	310	37
40 ANESTHESIOLOGY 11 RADIOLOGY-DIAGNOSTIC 860892 34531809 45515 .024930 1135 41 41.01 MRI 109016 11796608 17413 .009241 161 41.01 41.02 ULTRASOUND 96550 6135648 8943 .0.15736 141 41.02 41.03 CT SCAN 53705 43085329 35099 .001246 44 41.03 41.04 EVERTORICEDURES	38	RECOVERY ROOM	2	214253	9834061						
40 ANESTHESIOLOGY 11 RADIOLOGY-DIAGNOSTIC 860892 34531809 45515 .024930 1135 41 41.01 MRI 109016 11796608 17413 .009241 161 41.01 41.02 ULTRASOUND 96550 6135648 8943 .0.15736 141 41.02 41.03 CT SCAN 53705 43085329 35099 .001246 44 41.03 41.04 EVERTORICEDURES	38.01	ENDOSCOPY		81178	8367281				.009702		38.01
40 ANESTHESIOLOGY 11 RADIOLOGY-DIAGNOSTIC 860892 34531809 45515 .024930 1135 41 41.01 MRI 109016 11796608 17413 .009241 161 41.01 41.02 ULTRASOUND 96550 6135648 8943 .0.15736 141 41.02 41.03 CT SCAN 53705 43085329 35099 .001246 44 41.03 41.04 EVERTORICEDURES	38.02	ONCOLOGY\INFUSION	1	L47436	1818976						
40 ANESTHESIOLOGY 11 RADIOLOGY-DIAGNOSTIC 860892 34531809 45515 .024930 1135 41 41.01 MRI 109016 11796608 17413 .009241 161 41.01 41.02 ULTRASOUND 96550 6135648 8943 .0.15736 141 41.02 41.03 CT SCAN 53705 43085329 35099 .001246 44 41.03 41.04 EVERTORICEDURES	39	DELIVERY ROOM & LABOR ROOM	3	305557	9071444				.033683		
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	40	ANESTHESIOLOGY									
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	41	RADIOLOGY-DIAGNOSTIC	8	360892	34531809	45515			.024930		
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	41.01	MRI	1	109016	11796608	17413			.009241		
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	41.02	ULTRASOUND		96550	6135648	8943			.015736		
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	41.03	CT SCAN		53705	43085329	35099			.001246	44	
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	41.04	SPECIAL PROCEDURES									
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	42	RADIOLOGY-THERAPEUTIC		436	47825						
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	43	RADIOISOTOPE		52190	5887618	1005				-	
## BLOOD STORING, PROCESSING & T 32925 2685728 3647 .012259 45 47 ## RESPIRATORY THERAPY 182214 19912287 53820 .009151 493 49 ## SEPIRATORY THERAPY 11908 3462564 626497 .003316 2041 50 ## SEPIRATORY THERAPY 11908 3462564 626497 .003439 2155 51 ## CUCUPATIONAL THERAPY 11908 3462564 626497 .005439 2155 51 ## SEPECH PATHOLOGY 7940 1430861 116672 .005549 647 52 ## SEPECH PATHOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOLOGY 61950 15269971 10419 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .030186 54 ## SEPECH PATHOLOGRAPHY 132238 4380820 .004057 42 53 ## SELECTROCARDIOGRAPHY 132238 4380820 .004057 42 53 ## SEPIRATORY THERAPY 132628 32419 .007402 250 55 ## SEPIRATORY THERAPY 120428 120428 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270 .005270 55 58 01 ## SEPIRATORY THERAPY 120428 .005270	44	LABORATORY	5	84371	146373288	463482			.003992	1850	
STATE	46.30	BLOOD CLOTTING FACTORS ADMIN									
STATE	47	BLOOD STORING, PROCESSING & T		32925	2685728	3647					
STATE	49	RESPIRATORY THERAPY	1	182214	19912287	53820					
STATE	50	PHYSICAL THERAPY		21777	6567149	615571					
STATE	51	OCCUPATIONAL THERAPY		11908	3462564	626497			.003439	2155	51
STATE	52	SPEECH PATHOLOGY		7940	1430861	116672			.005549	647	52
STATE	53	ELECTROCARDIOLOGY		61950	15269971	10419			.004057	42	
STATE	53.01	ECHOCARDIOGRAPHY									
56 DRUGS CHARGED TO PATIENTS 243528 39110993 159644 .006227 994 56 58.01 VASCULAR LAB 14746 2798172 10352 .005270 55 58.01 58.02 AIR FLUIDIZED THERAPY 752 72969 .010306 58.02 58.03 CARDIAC CATH 21342 3890352 .054839 58.03 59.01 PSYCH TESTING 1854 213026 .008703 59.01 59.02 ELECTROSHOCK THERAPY 185 59375 .003116 59.02 59.03 NON END STAGE RENAL DIALYSIS 56589 1674724 25118 .033790 849 59.03 59.01 DIABETES CLINIC 37 .0048996 60 60 60.01 DIABETES CLINIC 37 .0048996 61 61 EMERGENCY 1041327 72979066 .014269 61 62 OSSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 FQHC	54	ELECTROENCEPHALOGRAPHY	1	132238	4380820				.030186		
50.03 NON END STAGE RENAL DIALYSIS 56589 1674724 25118 .033790 849 59.03 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 227488 4642960 .048996 60 60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 63.50 RHC 62 0BSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 FORC 63.60 FORC 63.60 FORC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	55	MEDICAL SUPPLIES CHARGED TO P	2	200152	25927595	32419					
50.03 NON END STAGE RENAL DIALYSIS 56589 1674724 25118 .033790 849 59.03 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 227488 4642960 .048996 60 60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 63.50 RHC 62 0BSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 FORC 63.60 FORC 63.60 FORC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	56	DRUGS CHARGED TO PATIENTS	2	243528	39110993	159644					
50.03 NON END STAGE RENAL DIALYSIS 56589 1674724 25118 .033790 849 59.03 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 227488 4642960 .048996 60 60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 63.50 RHC 62 0BSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 FORC 63.60 FORC 63.60 FORC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	58.01	VASCULAR LAB		14746	2798172	10352			.005270	55	58.01
50.03 NON END STAGE RENAL DIALYSIS 56589 1674724 25118 .033790 849 59.03 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 227488 4642960 .048996 60 60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 63.50 RHC 62 0BSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 FORC 63.60 FORC 63.60 FORC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	58.02	AIR FLUIDIZED THERAPY		752	72969				.010306		
50.03 NON END STAGE RENAL DIALYSIS 56589 1674724 25118 .033790 849 59.03 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 227488 4642960 .048996 60 60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 63.50 RHC 62 0BSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 FORC 63.60 FORC 63.60 FORC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	58.03	CARDIAC CATH	2	213342	3890352				.054839		58.03
50.03 NON END STAGE RENAL DIALYSIS 56589 1674724 25118 .033790 849 59.03 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 227488 4642960 .048996 60 60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 63.50 RHC 62 0BSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 FORC 63.60 FORC 63.60 FORC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	59.01	PSYCH TESTING		1854	213026				.008703		
50.03 NON END STAGE RENAL DIALYSIS 56589 1674724 25118 .033790 849 59.03 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 227488 4642960 .048996 60 60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 63.50 RHC 62 0BSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 FORC 63.60 FORC 63.60 FORC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	59.02	ELECTROSHOCK THERAPY		185	59375						
60 CLINIC 227488 4642960 .048996 60 60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 0BSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 RHC 63.60 FOHC 63.60 FOHC 63.60 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	59.03	NON END STAGE RENAL DIALYSIS		56589	1674724	25118			.033790	849	59.03
60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 OBSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 RHC 63.60 FOHC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66		OUTPATIENT SERVICE COST CENTERS									
60.01 DIABETES CLINIC 37 60.01 61 EMERGENCY 1041327 72979066 .014269 61 62 OBSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 RHC 63.60 FOHC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66			2	227488	4642960				.048996		
62 OBSERVATION BEDS (NON-DISTINC 110441 5753754 .019195 62 63.50 RHC 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66		DIABETES CLINIC		37							
63.50 RHC 63.60 FQHC 0THER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	61	EMERGENCY	10	1327	72979066				.014269		
63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66									.019195		
OTHER REIMBURSABLE COST CENTERS 66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	63.50	RHC									63.50
66 DURABLE MEDICAL EQUIP-RENTED 11293 3319117 .003402 66	63.60										63.60
101 TOTAL 6050130 556732256 2246566 11221 101									.003402		
	101	TOTAL	60	50130	556732256	2246566				11221	101

VERSION: 2009.08 02/24/2010 17:10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVII	II-PT A [XX]	HOSPITAL SUB I (4 SUB II SUB III	[] 41-T009) [] []	SNF		[] PPS [] TEFRA	
	COST CENTER DESCRIPTION	NONPHYSICIAN NON ANESTHETIST AN COST 1			N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
38.02 39 40 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01 59.03 60.60.01	ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDLIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS CLINIC DIABETES CLINIC							37 38 38.01 38.02 39 40 41 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01 59.02 59.03
61 62 63.50 63.60								61 62 63.50 63.60
66 101	DURABLE MEDICAL EQUIP-RENTED TOTAL							66 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV
APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-T009) [] SNF
BOXES [] TITLE XIX [] SUB II [] NF
[] SUB III [] ICF/MR [] PPS [] TEFRA

	COST CENTER DESCRIPTION ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS CLINIC	OUTPATIENT PASS THROUGH COSTS 3.01	CHARGES 4	RATIO OF COST TO CHARGES 5	TO CHARGES	INPATIENT PROGRAM CHARGES 6	COSTS	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		65630886			20950	0		37
38	RECOVERY ROOM		9834061						38
38.01	ENDOSCOPY		8367281						38.01
38.02	ONCOLOGY\INFUSION		1818976						38.02
39	DELIVERY ROOM & LABOR ROOM		9071444						39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		34531809			4551			41
41.01	MRI		11796608			17413			41.01
41.02	ULTRASOUND		6135648			8943			41.02
41.03	CT SCAN		43085329			35099	9		41.03
41.04	SPECIAL PROCEDURES								41.04
42	RADIOLOGY-THERAPEUTIC		47825						42
43	RADIOISOTOPE		5887618			1009			43
44	LABORATORY		146373288			463482	2		44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		2685728			364	7		47
49	RESPIRATORY THERAPY		19912287			53820			49
50	PHYSICAL THERAPY		6567149			61557			50
51	OCCUPATIONAL THERAPY		3462564			62649			51
52	SPEECH PATHOLOGY		1430861			116672			52
53	ELECTROCARDIOLOGY		15269971			10419	9		53
53.01	ECHOCARDIOGRAPHY								53.01
54	ELECTROENCEPHALOGRAPHY		4380820						54
55	MEDICAL SUPPLIES CHARGED TO P		25927595			32419	•		55
56	DRUGS CHARGED TO PATIENTS		39110993			15964			56
58.01	VASCULAR LAB		2798172			10352	2		58.01
58.02	AIR FLUIDIZED THERAPY		72969						58.02
58.03	CARDIAC CATH		3890352						58.03
59.01	PSYCH TESTING		213026						59.01
59.02	ELECTROSHOCK THERAPY		59375						59.02
59.03	NON END STAGE RENAL DIALYSIS		1674724			25118	3		59.03
	OUTPATIENT SERVICE COST CENTERS								
			4642960						60
60.01	DIABETES CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC								60.01
61	EMERGENCY		72979066						61
62	OBSERVATION BEDS (NON-DISTINC		5753754						62
63.50									63.50
63.60	- 2								63.60
	OTHER REIMBURSABLE COST CENTERS DURABLE MEDICAL EQUIP-RENTED		3319117						
66						004655	_		66
101	TOTAL		556732256			2246566	0		101

OBSERVATION BEDS (NON-DISTINC

OTHER REIMBURSABLE COST CENTERS DURABLE MEDICAL EQUIP-RENTED

63.60 FOHC

TOTAL

101

VERSION: 2009.08 02/24/2010 17:10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

62 63.50

66

101

63.60

[] HOSPITAL [] [XX] SUB I (41-T009) [] [] [] [] [] TITLE V
[XX] TITLE XVIII-PT A SUB IV CHECK PPS TEFRA [] SUB II [] SUB III BOXES [] TITLE XIX NF [] ICF/MR OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT PROGRAM PASS THROUGH PROGRAM PASS THROUGH PROGRAM PASS THROUGH PROGRAM COST CENTER DESCRIPTION PROGRAM CHARGES CHARGES COSTS COSTS COSTS 8.01 8.02 9 9.01 9.02 ANCILLARY SERVICE COST CENTERS OPERATING ROOM 38 RECOVERY ROOM 38 38.01 ENDOSCOPY
38.02 ONCOLOGY\INFUSION 38.01 38.02 39 DELIVERY ROOM & LABOR ROOM 39 40 ANESTHESIOLOGY 40 RADIOLOGY-DIAGNOSTIC 41 41 41.01 MRI 41.02 ULTRASOUND 41.03 CT SCAN 41.04 SPECIAL PROCEDURES 41.01 41.02 41.03 41.04 RADIOLOGY-THERAPEUTIC 42 43 RADIOISOTOPE 43 LABORATORY 44 44 46.30 BLOOD CLOTTING FACTORS ADMIN 46.30 BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY 47 49 47 49 50 PHYSICAL THERAPY 50 51 OCCUPATIONAL THERAPY 51 SPEECH PATHOLOGY ELECTROCARDIOLOGY 52 52 53 53 53.01 ECHOCARDIOGRAPHY 53.01 ELECTROENCEPHALOGRAPHY 54 54 MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS 55 55 56 56 58.01 VASCULAR LAB 58.01 58.02 AIR FLUIDIZED THERAPY 58.03 CARDIAC CATH 58.02 58.03 59.01 PSYCH TESTING 59.01 59.02 ELECTROSHOCK THERAPY
59.03 NON END STAGE RENAL DIALYSIS
OUTPATIENT SERVICE COST CENTERS 59.02 59.03 60 CLINIC 60.01 DIABETES CLINIC 60 60.01 61 EMERGENCY 61

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2009.08

 IN LIEU OF FORM CMS-2552-96 (9/97)
 02/24/2010 17:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

DOMED	,,		OLD CAPITAL			NEW CAPITAL		
	COST CENTER DESCRIPTION	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2		CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT		
27	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT	1	_	J	3512278 273497		3512278 273497	25 26 26.10 27
28 29 30 31 33 101	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY TOTAL				525956 139365 4451096		525956 139365 4451096	28 29 30 31 33 101
	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM	INPATIENT	PER DIEM	INPATIENT	
25 26 26.10 27 28 29 30	COST CENTER DESCRIPTION INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	PATIENT DAYS 7	PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 48.02	INPATIENT PROGRAM CAPITAL COST	25 26 26.10 27 28 29 30

VERSION: 2009.08 02/24/2010 17:10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK [] TITLE V [XX] HOSPITAL (41-0009) [] SUB III [] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

DOMED	[MA] IIIDD MIA		. , 50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[2121]	OTHER				
		OLD	NEW		INPATIENT PROGRAM	OLD CAP:	ITAL	NEW CAP	ITAL	
		CAPITAL	CAPITAL	_	INPATIENT	RATIO OF		RATIO OF		
	COST CENTER DESCRIPTION	RELATED	RELATED	TOTAL	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL	
		COST	COST	CHARGES	CHARGES	CHARGES	COSTS	CHARGES	COSTS	
		1	2	3	CHARGES 4	5	6	7	8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		971860	65630886				.014808		37
38	RECOVERY ROOM		214253	9834061				.021787		38
38.01	ENDOSCOPY		81178	8367281				.009702		38.01
38.02	ONCOLOGY\INFUSION		147436	1818976				.081054		38.02
39	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY		305557	9071444				.033683		39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		860892	34531809				.024930		41
41.01	MRI		109016	11796608				.009241		41.01
41.02	ULTRASOUND		96550	6135648				.015736		41.02
41.03	CT SCAN		53705	43085329				.001246		41.03
41.04	SPECIAL PROCEDURES									41.04
42	RADIOLOGY-THERAPEUTIC		436	47825				.009117		42
43	RADIOISOTOPE		52190	5887618				.008864		43
44	LABORATORY		584371	146373288				.003992		44
46.30	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS CLINIC									46.30
47	BLOOD STORING, PROCESSING & T		32925	2685728				.012259		47
49	RESPIRATORY THERAPY		182214	19912287				.009151		49
50	PHYSICAL THERAPY		21777	6567149				.003316		50
51	OCCUPATIONAL THERAPY		11908	3462564						51
52	SPEECH PATHOLOGY		7940	1430861				.005549		52
53	ELECTROCARDIOLOGY		61950	15269971				.004057		53
53.01	ECHOCARDIOGRAPHY									53.01
54	ELECTROENCEPHALOGRAPHY		132238	4380820				.030186		54
55	MEDICAL SUPPLIES CHARGED TO P		200152	25927595				.007720		55
56	DRUGS CHARGED TO PATIENTS		243528	39110993						56
58.01	VASCULAR LAB		14746	2798172				.005270		58.01
58.02	AIR FLUIDIZED THERAPY		752	72969						58.02
58.03	CARDIAC CATH		213342	3890352				.054839		58.03
59.01	PSYCH TESTING		1854	213026				.008703		59.01
59.02	ELECTROSHOCK THERAPY		185	59375				.003116		59.02
59.03	NON END STAGE RENAL DIALYSIS		56589	1674724				.033790		59.03
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		227488	4642960				.048996		60
60.01	DIABETES CLINIC		37							60.01
61	OUTPATIENT SERVICE COST CENTERS CLINIC DIABETES CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC		1041327	72979066				.014269		61
62	OBSERVATION BEDS (NON-DISTINC		110441	5753754				.019195		62
63.50	RHC									63.50
63.60	~ -									63.60
	OTHER REIMBURSABLE COST CENTERS									
66	DURABLE MEDICAL EQUIP-RENTED TOTAL		11293	3319117				.003402		66
101	TOTAL		6050130	556732256						101

PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2009.08 PERIOD FROM 10/01/2008 TO 09/30/2009 IN LIEU OF FORM CMS-2552-96 (11/98) 02/24/2010 17:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

CHECK [] TITLE V
APPLICABLE [] TITLE XVIII-PT A
BOXES [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	PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					73145		7532		25
26	INTENSIVE CARE UNIT					4437		171		26
26.10	NEONATAL INTENSIVE CARE UNIT									26.10
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					4334		169		31
33	NURSERY					3998		133		33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					85914		8005	1	.01

101

TOTAL

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLIC BOXES	[] TITLE V ABLE [] TITLE XV [XX] TITLE XI		(41-0009) [] SUB IV [] SNF [] NF [] ICF/MR	[] PPS [] TEFRA [] OTHER
	COST CENTER DESCRIPTION	NONPHYSICIAN NONPHYSICIAN ANESTHETIST ANESTHETIST F COST COST 1 1.01		N/A COSTS 2.03 3
38.02 39 40 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ECHOCARDIOLOGY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS			37 38 38.01 38.02 39 40 41 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01 59.02 59.03
60 60.01 61 62 63.50 63.60	CLINIC DIABBTES CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC RHC			60 60.01 61 62 63.50 63.60
66	DURABLE MEDICAL EQUIP-RENTED	A.O		66

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0009) [] SUB IV [] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER

		_	-						
	COST CENTER DESCRIPTION	PASS THROUGH COSTS	TOTAL CHARGES	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	
37 38 38.01 38.02 39 40 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 58.01 58.02 58.03 59.01 59.02 59.03	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY OCCUPATIONAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY ELECTROCARDIOLOGY ECHOCARDIOLOGY ECHOCARD		65630886 9834061 8367281 1818976 9071444 34531809 11796608 6135648 43085329 47825 5887618 146373288 2685728 19912287 6567149 3462564 1430861 15269971 4380820 25927595 39110993 2798172 72969 3890352 213026 59375 1674724 4642960 72979066						37 38 38.01 38.02 39 40 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 59.02 59.03 60.01 61
62 63.50 63.60	OBSERVATION BEDS (NON-DISTINC RHC FOHC		5753754						62 63.50 63.60
66	OTHER REIMBURSABLE COST CENTERS DURABLE MEDICAL EQUIP-RENTED		3319117						66
101	TOTAL		556732256						101

101

TOTAL

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLIC BOXES	ABLE			XVIII-PT A	[XX] [] []	SUB I	I	[]	SNF)))] PPS] TEFRA] OTHER	
	COST CENTER	DESCRIF	PTION		OUTPATIE PROGRAM CHARGES 8.01	I	OUTPATIENT PROGRAM CHARGES 8.02	PR PASS	PATIENT OGRAM THROUGH OSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
38.02 39 40 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01	ULTRASOUND CT SCAN SPECIAL PROCEDU RADIOLOGY-THERA RADIOISOTOPE LABORATORY BLOOD CLOTTING BLOOD STORING, RESPIRATORY THE PHYSICAL THERAP OCCUPATIONAL TH SPEECH PATHOLOG ELECTROCARDIOGRAPH ELECTROCARDIOGRAPH ELECTROEPHAL MEDICAL SUPPLIE DRUGS CHARGED T VASCULAR LAB AIR FLUIDIZED T CARDIAC CATH PSYCH TESTING ELECTROSHOCK TH NON END STAGE R	ON LABOR OSTIC RES PEUTIC FACTORS PROCESS RAPY Y GY GY Y GY S CHARG O PATIE HERAPY HERAPY HERAPY ERAPY ERAPY ERAPY OF PATIE OF	ROOM S ADMII SING & SED TO ENTS	N T P								37 38.01 38.02 39 40 41 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01 59.02 59.03
60 60.01 61 62 63.50 63.60	FQHC	S (NON-	-DISTII	NC								60 60.01 61 62 63.50 63.60
66 101	OTHER REIMBURSA DURABLE MEDICAL TOTAL											66 101

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2009.08

 IN LIEU OF FORM CMS-2552-96 (11/98)
 02/24/2010 17:10
 PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

COMPUTATION OF	INPATI	ENT OPERAT	ING COST					WORKSHEET D-1 PART I
[] TITLE V-INPT [XX	XVIII-PAR	T A	[] TI	TLE XIX-IN	IPT			
PART I - ALL PROVIDER COMPONENTS								
		HOSPITAL (PPS) (41-0009)((PPS)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS		1		1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BEI EXCLUDING NEWBORN)	D DAYS	73145	4334					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING ST BED AND NEWBORN DAYS)	WING	73145	4334					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS		11243	980					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM		61902	3354					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATION DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PER.								5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVA: ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOR	ΓE							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE								7
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PER	IOD							
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE	_							8
ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOR 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO		24085	1990					9
PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	Inc	24003	1990					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XV	III							10
ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF COST REPORTING PERIOD	F THE							
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XV								11
ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD	THE							
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V (OR XTX							12
ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF								
COST REPORTING PERIOD								
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V (ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF :								13
COST REPORTING PERIOD								
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		5055	473					14
15 TOTAL NURSERY DAYS								15
16 TITLE V OR XIX NURSERY DAYS								16

22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD

PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009 KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2009.08 02/24/2010 17:10 COMPUTATION OF INPATIENT OPERATING COST

COMPUTATION OF INPATIENT OPERATING COST											
[] TITLE V-INPT	[] TITLE V-INPT [XX] TITLE XVIII-PART A					[] TITLE XIX-INPT					
PART I - ALL PROVIDER COMPONENTS											
		HOSPITAL (PPS) (41-0009)	SUB I (PPS) (41-T009)	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	LE TO							17			
SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING								1.0			
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING I								18			
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE								19			
SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING											
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE								20			
SERVICES AFTER DECEMBER 31 OF THE COST REPORTING I 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	EKTOD	66170510	4927631					21			
21 IOIAL GENERAL INFAILENT ROUTINE SERVICE COST		001/0510	422/031					21			

23	NING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER	23
	CEMBER 31 OF THE COST REPORTING PERIOD	
24	IING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH	24
	CEMBER 31 OF THE COST REPORTING PERIOD	
25	NING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER	25
	AGENDED 31 OF MUE GOOD DEPONDED OF DEPOND	

25 DWING DED CODE METERCHEDE TO WE THE DERVICED METER		23
DECEMBER 31 OF THE COST REPORTING PERIOD		
26 TOTAL SWING-BED COST		26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	66170510 4927631	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	144548148	8215260	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23085340	2029580	29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	121462808	6185680	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.457775	.599814	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	2053.31	2071.00	32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1962.18	1844.27	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	91.13	226.73	34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	41.72	136.00	35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	469058	133280	36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	65701452	4794351	37

COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1

	COMPUTATION OF INPATIENT	OPERALLING	3 COSI				PART II
	[] TITLE V-INPT [XX] TITLE XV	/III-PART A] A] TITL	E XIX-INPT		PARI II
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	(PPS) (41-0009)	(PPS)		SUB III		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 39 40	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	21788495	1136.97 2262570				38 39 40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21788495	2262570				41
		I/I	COST	I/P DAYS		PROGRAM DAYS 4	COST
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						42
43 43.10 44 45 46 47	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	8109	9848	4437	1827.78	1625	2970143 43 43.10 44 45 46 47
		(PPS) (41-0009	AL SUB I (PPS) 9)(41-T00	9)	II SUB II		
		1	1	1	1	1	
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	22673952 47432590					48 49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1256727	241506				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	752242	11221				51
52 53		2008969 45423621	252727 2875744				52 53

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	Com omitto	01 1111111111	VI OI BIGII INC	CODI				PART II (CONT)
	[] TITLE V-INPT	[XX] TITLE 2	KVIII-PART A] 4] TITLE	XIX-INPT		PART II (CONT)
PART	II - HOSPITAL AND SUBPROVIDERS ONLY							
			HOSPITAL (PPS) (41-0009)((PPS)	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION		1		1	1	1	
54	PROGRAM DISCHARGES							54
55	TARGET AMOUNT PER DISCHARGE							55
56	TARGET AMOUNT							56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COTARGET AMOUNT	ST AND						57
58	BONUS PAYMENT							58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST							58.01
58.02	PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MALESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YE							58.02
	REPORT UPDATED BY THE MARKET BASKET							
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICE COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE T	OPERATING	P					58.03
58 04	RELIEF PAYMENT	AKGEI AMOUN.						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT							59
	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
	PROGRAM DISCHARGES (SEE INSTRUCTIONS)							59.04
	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR							59.05
	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AF							59.06
	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTC							59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE	INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SW	ING BED COST	Γ					
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THE	OUGH						60
61	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFT	IDD						61
ρŢ	DECEMBER 31 OF THE COST REPORTING PERIOD	EK						ρΤ
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COS	PS.						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COST							63
	DECEMBER 31 OF THE COST REPORTING PERIOD							0.5
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COST	S AFTER						64
	DECEMBER 31 OF THE COST REPORTING PERIOD							
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTIN	E COSTS						65

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

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

SNF

	\perp	
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 REVIEWPHYSICIAN COMPENSATION	81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	82

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84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 904.65	α 1V
(PPS) (PPS) (PPS) (41-0009)(41-T009) (41-T009)	
83 TOTAL OBSERVATION BEDS 2300 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 904.65 85 OBSERVATION BED COST 2080695 COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL TOTAL	
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 904.65 85 OBSERVATION BED COST 2080695 COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL TOTAL	
	83 84 85
COST DIVIDED BY BED COST PASS-THROUGH COST COST (FROM LINE 27) COLUMN 2 (FROM LINE 85) COL 3 TIMES COL 4	
1 2 3 4 5	
87 NEW CAPITAL-RELATED COST 3512278 66170510 .053079 2080695 110441 88 NON PHYSICIAN ANESTHETIST 66170510 2080695	86 87 88 89

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COMPUTATION OF INPATIENT OPERATING COST								
[] TITLE V-INPT [] TITL	E XVIII-PAF	RT A	[XX] TI	TLE XIX-IN		PART I		
PART I - ALL PROVIDER COMPONENTS								
	HOSPITAL (OTHER) (41-0009)	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)	73145						1	
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	73145						2	
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE	11243 61902						3 4 5	
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE							6	
ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 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)	7532						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							13	
COST REPORTING PERIOD 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14	
15 TOTAL NURSERY DAYS 16 TITLE V OR XIX NURSERY DAYS	3998 133						15 16	

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COMPUTATION OF INPATIENT OPERATING COST								
[] TITLE V-INPT [] TIT	LE XVIII-PAR	T A	[XX] TITLE XIX-INPT				PART I (CONT)	
PART I - ALL PROVIDER COMPONENTS								
	HOSPITAL (OTHER) (41-0009)	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 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH	66098682						21 22	
DECEMBER 31 OF THE COST REPORTING PERIOD 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 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	66098682						26 27	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT								
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	144548148						28	
, , , , , , , , , , , , , , , , , , , ,	23085340 121462808 .457278 2053.31 1962.18 91.13 41.67 468496 65630186						29 30 31 32 33 34 35 36 37	

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	COMPUTATION OF INPATIENT	OPERATING COS	Т			WORKSHEET D-1
	[] TITLE V-INPT [] TITLE XV	III-PART A	[XX] TITL	E XIX-INPT		TIME II
PART		HOSPITAL SUB (OTHER) (41-0009)			SUB IV	
	PASS THROUGH COST ADJUSTMENTS	1 1	1	1	Τ	
38 39 40	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	6758162				38 39 40
41		6758162				41
		TOTAL I/P COS' 1		PER DIEM	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	3000589	3998	750.52	133	99819 42
43 43.10 44 45 46 47	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	8109848	4437	1827.78	171	312550 43 43.10 44 45 46 47
		HOSPITAL ST (OTHER) (41-0009)	UB I SUB	II SUB III	I SUB IV	
		1	1 1	1	1	
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	7170531				48 49
	PASS THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	376863				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	376863				52 53

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	COMPUTATION OF INPATIEN	I OPERALING	0051				PART II (CONT)
	[] TITLE V-INPT [] TITLE X	VIII-PART A	. [XX] TITLE	XIX-INPT		PART II (CONT)
PART	II - HOSPITAL AND SUBPROVIDERS ONLY						
		HOSPITAL (OTHER) (41-0009)	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						58.01
58 02	PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST						58.02
	REPORT UPDATED BY THE MARKET BASKET						
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58 04	RELIEF PAYMENT						58.04
59							59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
	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
	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
	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						60
61	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER						61
01	DECEMBER 31 OF THE COST REPORTING PERIOD						01
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH						63
	DECEMBER 31 OF THE COST REPORTING PERIOD						
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER						64
65	DECEMBER 31 OF THE COST REPORTING PERIOD						6.5
05	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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

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

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

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PART IV - COMPUTATION OF OBSERVATION BED COST

WORKSHEET D-1 PARTS III & IV

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COMPUTATION OF INPATIENT OPERATING COST

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

> HOSPITAL SUB I SUB II SUB III SUB IV (OTHER)

> > 1 1 1 1

(41-0009)

83 TOTAL OBSERVATION BEDS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 2300 904.65

85 OBSERVATION BED COST 2080695 85
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INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[] T [XX] T [] T	ITLE V ITLE XVIII-PT A ITLE XIX	[XX] HOSPITAL [] SUB I [] SUB II [] SUB III [] SUB IV	(41-0009)	[] 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 COS	T CENTERS				
25	ADULTS & PEDIATRICS			48366988		25
26	INTENSIVE CARE UNIT			7581064		26
	NEONATAL INTENSIVE CARE UNIT					26.10
31	SUBPROVIDER I					31
	ANCILLARY SERVICE COST CENTER	S				
37	OPERATING ROOM		.255743	8003914	2046945	37
38	RECOVERY ROOM		.260183			38
38.01	ENDOSCOPY		.400495	725011	290363	38.01
38.02	OPERATING ROOM RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM		.400495 1.522359 .503429	725011 25991 77316	39568	38.02
39	DELIVERY ROOM & LABOR ROOM		.503429	77316	38923	39
40	ANESTHESTOLOGY					40
41	RADIOLOGY-DIAGNOSTIC		.392166	4226287	1657406	41
41.01	MRI		.146099	1116292	163089	41.01
41.02	ULTRASOUND		.190355	857277	163187	41.02
41.03	CT SCAN		.058015	4226287 1116292 857277 5460495	316791	41.03
41.04	SPECIAL PROCEDURES					41.04
42	RADIOLOGY-THERAPEUTIC		2.587914	33023	85461	42
43	RADIOISOTOPE		.214397	952311	204173	43
44	RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY		.150453	33023 952311 26057435	3920419	44
46.30	LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTE	CO				46.30
47	BLOOD STORING, PROCESSING & T	RA	1.092964	943409	1031112	47
49	RESPIRATORY THERAPY		. 254720	5541246	1411466	49
50	PHYSICAL THERAPY		.514982	935402	481715	5.0
51	OCCUPATIONAL THERAPY		.405372	487513	197624	51
52	SPEECH PATHOLOGY		.480596	378244	181783	52
53	ELECTROCARDIOLOGY		.128990	4279009	551949	53
53.01	ECHOCARDIOGRAPHY					53.01
54	ELECTROENCEPHALOGRAPHY		301587	105839	31920	54
55	MEDICAL SUPPLIES CHARGED TO P	ΔТ	441072	4458299	1966431	55
56	DRIGS CHARGED TO PATIENTS		501159	8313320	4166295	56
58 01	VASCIII.AR I.AR		194889	587565	114510	58.01
58.02	AIR FLUIDIZED THERAPY		2.936507	27315	80211	58.02
58.03	CARDIAC CATH		.567129	729194	413547	58.03
59.01	PSYCH TESTING		2.465216			59.01
59.02	ELECTROSHOCK THERAPY		.824236			59.02
59.03	NON END STAGE RENAL DIALYSIS		.957834	911615	873176	59.03
33.03	OUTPATIENT SERVICE COST CENTE	PG	.,,,,,,,	711013	0,31,0	37.03
60	CLINIC	110	537148	18829	10114	60
	DIABETES CLINIC		.33,110	10023	10111	60.01
	EMERGENCY		260062	7706117	2004068	61
	OBSERVATION BEDS (NON-DISTINC	т	361624	7706117 640736	231706	62
V 2	OTHER REIMBURSABLE COST CENTE		.501021	3 10 / 30	231.00	V2
63.50						63.50
63.60						63.60
	DURABLE MEDICAL EQUIP-RENTED		.809241			66
101	TOTAL		.00,211	83599004	22673952	101
102	LESS PBP CLINIC LAB SVCS-PGM	ONLY CHARGES		*****		102
103	NET CHARGES			83599004		103
						=33

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INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

	INFAITENT ANCIDEAKT COST AF						MOINGIL D 4
[] т	ITLE V ITLE XVIII-PT A ITLE XIX	[] HOSPITAL		[] SNF	qq [XX]	S	
[XX] T	TTLE XVIII-PT A	[XX] SUB T (41-	T009)	[] NF	[] TE	FRA	
[] T	TTLE XIX	[] SUB II	1000,	[] S/B-SNF	TO []	HER	
. ,	1111	[] SUB III		[] S/B-NF	, , ,		
		[] SUB III		[] TCE/MR			
			RATTO OF COST	INPATIENT PROGRAM CHARGES	TNDATTENT		
	COST CENTER DESCRIPTION		TO CHARGES	DROGRAM CHARGES	PROGRAM COSTS		
	CODI CENTEN PERCINITION		1	2	3		
			-	2	3		
	INPATIENT ROUTINE SERVICE COST	CENTERS					
25	ADULTS & PEDIATRICS	021112110					25
	INTENSIVE CARE UNIT						26
	NEONATAL INTENSIVE CARE UNIT						26.10
	SUBPROVIDER I			3834072			31
	ANCILLARY SERVICE COST CENTERS			3031072			31
37	ODEDATING DOOM		255743	20950	5358		37
38	RECOVERY ROOM		.260183	20,30	3330		38
38 01	ENDOSCOPY		400495				38.01
38 02	RECOVERY ROOM ENDOSCOPY ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM		1.522359				38.02
30.02	DELIVERY ROOM & LABOR ROOM		503429				39
40	ANESTHESIOLOGY		.505125				40
41	DADIOLOGY_DIACNOCTIC		.392166	45515	17040		41
41 01	MDT		146000	17/12	2544		41.01
41.01	III IID V COLIVID		100255	1/413	1702		41.01
41.02	OT COM		050015	45515 17413 8943 35099	2026		41.02
41.03	CI SCAN		.036013	35099	2036		41.03
41.04	DADIOLOGY_TUPDADFITTC		2 507014				42
42	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY		2.30/914	1005 463482	21.5		43
				162492	60722		44
44	LABORATORY BLOOD CLOTTING FACTORS ADMIN O BLOOD STORING, PROCESSING & TR RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGRAPHY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PA DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTER	10	.150453	403402	69732		46.30
46.30	BLOOD CLOTTING FACTORS ADMIN C	.0	1 000064	2645	2006		46.30
4 /	BLOOD STORING, PROCESSING & TR	A	1.092964	3047	3986		47
49	RESPIRATORY THERAPY		.254/20	53820	13709		49 50
50	PHISICAL THERAPI		.514982	6155/1	317008		51
21	OCCUPATIONAL THERAPY		.405372	116672	253964		51 52
52	SPEECH PATHOLOGY		.480596	1100/2	1244		52 53
53	ELECTROCARDIOLOGY		.128990	10419	1344		53.01
53.01	ECHOCARDIOGRAPHI		201507				53.01
54	ELECTROENCEPHALOGRAPHY	_	.301587	20410	1 4000		54 55
55	MEDICAL SUPPLIES CHARGED TO PA	T.	.4410/2	32419	14299		55 56
56	DRUGS CHARGED TO PATIENTS		.501159	159644	80007		
58.01	VASCULAR LAB		.194889	10352	2017		58.01
58.02	AIR FLUIDIZED THERAPY		2.936507				58.02
58.03	CARDIAC CATH		.56/129				58.03
59.01	PSYCH TESTING		2.465216				59.01
59.02	ELECTROSHOCK THERAPY		.824236	05440	0.4.0.5.0		59.02
59.03	NON END STAGE RENAL DIALYSIS		.957834	25118	24059		59.03
	OUTPATIENT SERVICE COST CENTER	.S					
	CLINIC		.537148				60
	DIABETES CLINIC						60.01
	EMERGENCY		.260062 .361624				61
	OBSERVATION BEDS (NON-DISTINCT		.361624				62
	OTHER REIMBURSABLE COST CENTER	.S					
63.50							63.50
63.60							63.60
66	DURABLE MEDICAL EQUIP-RENTED		.809241				66
	TOTAL			2246566	865901		101
	LESS PBP CLINIC LAB SVCS-PGM C	NLY CHARGES					102
103	NET CHARGES			2246566			103

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (41-0009) [] SUB I [] SUB III [] 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 COS 25 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT 26.10 NEONATAL INTENSIVE CARE UNIT 31 SUBPROVIDER I ANCILLARY SERVICE COST CENTER 37 OPERATING ROOM 38 RECOVERY ROOM 38.01 ENDOSCOPY 38.02 ONCOLOGY\INFUSION 39 DELIVERY ROOM & LABOR ROOM ANDESTHERSIOLOGY				25 26 26.10 31 37 38 38.01 38.02
39 DELIVERY ROOM & LABOR ROOM 40 ANESTHESIOLOGY 41 RADIOLOGY-DIAGNOSTIC 41.01 MRI 41.02 ULTRASOUND 41.03 CT SCAN 41.04 SPECIAL PROCEDURES 42 RADIOLOGY-THERAPEUTIC 43 RADIOISOTOPE 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN	.391320 .146099 .190355 .058015			39 40 41 41.01 41.02 41.03 41.04
43 RADIOISOTOPE 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN 47 BLOOD STORING, PROCESSING & T 49 RESPIRATORY THERAPY 50 PHYSICAL THERAPY 51 OCCUPATIONAL THERAPY 52 SPEECH PATHOLOGY	.214397 .150310 CO :RA 1.092964 .254720 .514982 .405372 .480596			43 44 46.30 47 49 50 51
44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN 47 BLOOD STORING, PROCESSING & T 49 RESPIRATORY THERAPY 50 PHYSICAL THERAPY 51 OCCUPATIONAL THERAPY 52 SPEECH PATHOLOGY 53.01 ECHOCARDIOGRAPHY 54 ELECTROCARDIOLOGY 53.01 ECHOCARDIOGRAPHY 55 MEDICAL SUPPLIES CHARGED TO F 60 DRUGS CHARGED TO PATIENTS 58.01 VASCULAR LAB 58.02 AIR FLUIDIZED THERAPY 58.03 CARDIAC CATH 59.01 PSYCH TESTING 59.02 ELECTROSHOCK THERAPY 59.03 NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTE	.128990 .301587 .AT .441072 .501159 .194889 2.936507 .567129			53 53.01 54 55 56 58.01 58.02 58.03 59.01
59.02 ELECTROSHOCK THERAPY 59.03 NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTE	. 824236 . 957834 			59.02 59.03
60 CLINIC 60.01 DIABETES CLINIC 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTE	.258396 T .361624			60 60.01 61 62
63.50 RHC 63.60 FQHC 66 DURABLE MEDICAL EQUIP-RENTED 101 TOTAL 102 LESS PBP CLINIC LAB SVCS-PGM 103 NET CHARGES	.809241			63.50 63.60 66 101 102 103

WORKSHEET E PART A CALCULATION OF REIMBURSEMENT SETTLEMENT

							PART A
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						
		HOSPITAL (41-0009)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT	(41-0009)					
	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	7569869					1.01
	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	22709606					1.02
	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	5478884					1.03 1.04
	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED	16436653					1.05 1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
	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
	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1669824					2.01
	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	266.72					3
	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02 3.03
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE						3.03
	MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH	13.10					3.05
	MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW						
	PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS						3.06
	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]						
	SUM OF LINES 3.04-3.06 0.00 0.00	13.10					3.07
	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	13.10					3.08
	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.11
	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.12 3.13
	CURRENT YEAR ALLOWABLE FTE	13.10					3.14
	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE	13.10					3.15
	BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE						
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF						3.16
	THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997,						
	OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS						
	PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.						
	RES. IN						
2 1 7	INIT YRS						2 15
	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE 8.73 NUMBER OF THOSE LINES IN EXCESS OF ZERO	13.10					3.17
	ONAY AO CEADAD NI CANIE BOOK TO NACHON						

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

		HOSPITAL (41-0009)	SUB I	SUB II	SUB III	SUB IV	
3.20	PRIOR YEAR RESIDENT TO BED RATIO FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.18 3.19 3.20
3.22	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1 IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM_OF_LINES][PLUS E-3,PT.VI]						3.21 3.22 3.23
3.24	[3.21-3.23][LINE 23] SUM OF LINES 3.21-3.23	1381655					3.24
	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS SUM OF 4 AND 4.01						4.01 4.02
	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	0.1269 3842465					4.03 4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
	DIVIDE LINE 5.01 BY LINE 5 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.02 5.03
г ог	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS TOTAL ADDITIONAL PAYMENT						5.04 5.05 5.06
6 7	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS TOTAL ADDITIONAL PAYMENT SUBTOTAL HOSPITAL SPECIFIC PAYMENTS HOSPITAL SPECIFIC PAYMENTS (1996 HSR) TOTAL PAYMENT FOR INPATIENT OPERATING COSTS PAYMENT FOR INPATIENT PROGRAM CAPITAL EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL DIRECT CRADULATE MEDICAL EDUCATION PAYMENT	37173419					6 7 7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	37173419					8
9 10	PAYMENT FOR INPATIENT PROGRAM CAPITAL EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	2742463					9 10
11.01	NURSING AND ALLIED HEALTH MANAGED CARE ADD-ON PAYMENT FOR NEW TECHNOLOGIES	489609					11 11.01 11.02 12
13 14 15	NET ORGAN ACQUISITION COST COST OF TEACHING PHYSICIANS ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS						13 14 15
16 17 18	TOTAL PRIMARY PAYER PAYMENTS TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	40405491 76172 40329319					16 17 18
19 20	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3019488 425840					19 20
21 21.01	COINSURANCE BILLED TO PROGRAM BENEFICIARIES REIMBURSABLE BAD DEBTS REDUCED PROGRAM REIMBURSABLE BAD DEBTS	768070 537649					21 21.01
21.02 22	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL	446221 37421640					21.02 22

PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

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WORKSHEET E

CALCULATION OF REIMBURSEMENT SETTLEMENT

	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						PART A (CONT)
		HOSPITAL (41-0009)	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	37421640					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	36211430					28
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1210210					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	395220					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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART B

		HOSPITAL (41-0009) 1	HOSPITAL (41-0009)	HOSPITAL (41-0009) 1.02	
1.01 MEDICAL	AND OTHER SERVICES AND OTHER SERVICES RENDERED ON OR AUGUST 1, 2000	3314 13511483			1 1.01
1.02 PPS PAT 1.03 1996 HO RATIO	MENTS RECEIVED INCLUDING OUTLIERS OSPITAL SPECIFIC PAYMENT TO COST	2625112 0.886	7875337 0.886		1.02 1.03
1.04 LINE 1 1.05 LINE 1 1.06 TRANSI 1.07 AMOUNT	.01 TIMES LINE 1.03 .02 DIVIDED BY LINE 1.04 FIONAL CORRIDOR PAYMENT FROM WORKSHEET D, PART IV, 9, LINE 101	11971174 21.93			1.04 1.05 1.06 1.07
2 INTERNS 3 ORGAN	9, LINE 101 S AND RESIDENTS ACQUISITIONS F TEACHING PHYSICIANS				2 3 4
5 TOTAL (3314			5
COMPUTATION REASONABLI	ON OF LESSER OF COST OR CHARGES E CHARGES				
7 INTERNS 8 ORGAN A 9 CHARGES	ARY SERVICE CHARGES S AND RESIDENTS SERVICE CHARGES ACQUISITION CHARGES S OF PROFESSIONAL SERVICES OF	20621			6 7 8 9
	NG PHYSICIANS REASONABLE CHARGES	20621			10
PATIENT	CHARGES ATE AMOUNT ACTUALLY COLLECTED FROM TS LIABLE FOR PAYMENT FOR SERVICES ON SE BASIS				11
12 AMOUNTS PATIENT CHARGE	S THAT WOULD HAVE BEEN REALIZED FROM IS LIABLE FOR PAYMENT FOR SERVICES ON F BASIS HAD SUCH PAYMENT BEEN MADE RODANCE WITH 42 CFR 413.13(E)	Α			12
13 RATIO (14 TOTAL (OF LINE 11 TO LINE 12 CUSTOMARY CHARGES OF CUSTOMARY CHGES OVER REASONABLE	20621 17307			13 14 15
	OF REASONABLE COST OVER CUSTOMARY				16
	OF COST OR CHARGES	3314 10500449			17 17.01

WORKSHEET E PART B

	HOSPITAL (41-0009) 1	HOSPITAL (41-0009) 1.01	HOSPITAL (41-0009) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE	79549			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	2491696			18.01
LINE 17.01				
19 SUBTOTAL	7932518			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3 130968			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL	8063486			23
24 PRIMARY PAYER PAYMENTS	10374			24
25 SUBTOTAL	8053112			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR	₹			
PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS	637861			27
27 BAD DEBTS 27.01 REDUCED REIMBURSABLE BAD DEBTS	446503			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	438000			27.02
BENEFICIARIES (SEE INSTRUCTIONS)				
28 SUBTOTAL	8499615			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING				29
FROM PROVIDER TERMINATION OR A DECREASE IN	N .			
PROGRAM UTILIZATION				
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION				30.99
AMOUNT)				
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING	3			31
PERIODS RESULTING FROM DISPOSITION OF				
DEPRECIABLE ASSETS				
32 SUBTOTAL	8499615			32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS	8314872			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM	184743			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST	26138			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB				
15-II, SECTION 115.2				
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT	Г			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART B

	SUB I (41-T009) 1	SUB I (41-T009) 1.01	SUB I (41-T009) 1.02	
1 MEDICAL AND OTHER SERVICES 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1 1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.02 1.03
1.04 LINE 1.01 TIMES LINE 1.03 1.05 LINE 1.02 DIVIDED BY LINE 1.04 1.06 TRANSITIONAL CORRIDOR PAYMENT 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.04 1.05 1.06 1.07
2 INTERNS AND RESIDENTS 3 ORGAN ACQUISITIONS 4 COST OF TEACHING PHYSICIANS 5 TOTAL COST				2 3 4 5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES 6 ANCILLARY SERVICE CHARGES 7 INTERNS AND RESIDENTS SERVICE CHARGES 8 ORGAN ACQUISITION CHARGES 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS 10 TOTAL REASONABLE CHARGES				6 7 8 9
CUSTOMARY CHARGES 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON				11
A CHARGE BASIS 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	A			12
13 RATIO OF LINE 11 TO LINE 12 14 TOTAL CUSTOMARY CHARGES 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				13 14 15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES 17.01 TOTAL PPS PAYMENTS				17 17.01

WORKSHEET E PART B

	SUB I (41-T009) 1	SUB I (41-T009) 1.01	SUB I (41-T009) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT 18 DEDUCTIBLES AND COINSURANCE 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18 18.01
SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS SUBTOTAL PRIMARY PAYER PAYMENTS SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				19 20 21 22 23 24 25
PROFESSIONAL SERVICES) 26 COMPOSITE RATE ESRD 27 BAD DEBTS 27.01 REDUCED REIMBURSABLE BAD DEBTS 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				26 27 27.01 27.02
28 SUBTOTAL 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				28 29
30 OTHER ADJUSTMENTS 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30 30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL 33 SEQUESTRATION ADJUSTMENT 34 INTERIM PAYMENTS 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) 35 BALANCE DUE PROVIDER/PROGRAM 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				32 33 34 34.01 35 36
TO BE COMPLETED BY CONTRACTOR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) TO OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT THE RATE USED TO CALCULATE THE TIME VALUE TIME VALUE OF MONEY (SEE INSTRUCTIONS) TOTAL (SUM OF LINES 51 AND 53)				50 51 52 53 54

WORKSHEET E PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL HOSPITAL (41-0009) OCTOBER 1, 1997 PRIOR TO ON OR AFTER 1 1.01

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

WORKSHEET E PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL HOSPITAL (41-0009) OCTOBER 1, 1997 PRIOR TO ON OR AFTER 1 1.01

1 2 3 4 5 6	PREVAILING CHARGES 62 PERCENT OF LINE 1 DEDUCTIBLES SUBTOTAL BLENDED CHARGE PROPORTION COST OF OUTPATIENT RADIOLOGY	1 2 3 4 5 6
7	COMPUTATION OF LESSER OF COST OR CHARGES TOTAL CHARGES	7
	CUSTOMARY CHARGES	
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES	8
9	ON A CHARGE BASIS	9
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		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
	COMPUTED BY OUR DESIGNATION OF DESIG	
1 5	COMPUTATION OF REIMBURSEMENT SETTLEMENT DEDUCTIBLES AND COINSURANCE	15
16		16
17		17
18		18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

WORKSHEET E PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL HOSPITAL (41-0009) OCTOBER 1, 1997 PRIOR TO ON OR AFTER 1 1.01

1 PREVAILING CHARGES 2 42 PERCENT OF LINE 1 3 DEDUCTIBLES		1 2 3
4 SUBTOTAL		4
5 BLENDED CHARGE PROPOR	rion	5
6 COST OF OTHER OUTPATI	ENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER	OF COST OR CHARGES	
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTU	ALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES	8
ON A CHARGE BASIS		
	VE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE	9
	SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	
LO RATIO OF LINE 8 TO LI		10
11 TOTAL CUSTOMARY CHARG:		11
	HARGES OVER REASONABLE COST	12
	COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHA	RGES	14
COMPUTATION OF REIMBUR	SEMENT SETTLEMENT	
L5 DEDUCTIBLES AND COINS	URANCE	15
L6 TOTAL		16
L7 COST PROPORTION		17
18 OTHER OUTPATIENT DIAG	NOSTIC BLENDED AMOUNT	18
19 LESSER OF LINE 16 OR	LINE 18	19
20 PART B DEDUCTIBLES AND	COINSURANCE	20
21 DIAGNOSTIC PAYMENT AM	OUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED HOSPITAL (41 - 0009)

WORKSHEET E-1

HOSPITAL (41-0009)							
			INPATIENT				
			PART A		PART		
DESCRIPTION			MM/DD/YYYY	AMOUNT		AMOUNT	
			1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EI SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIAR SERVICES RENDERED IN THE COST REPORTING PERIOD. NONE, WRITE 'NONE', OR ENTER A ZERO.	RY FOR			34857388 396042		7918830 396042	1 2
REVISION OF THE INTERIM RATE FOR THE COST		.03 .04 .05		350000 608000		NONE	3.01 3.02 3.03 3.04 3.05 3.50
	PROVIDER TO PROGRAM	.52		NONE		NONE	3.51 3.52 3.53 3.54
SUBTOTAL		.99		958000			3.99
4 TOTAL INTERIM PAYMENTS				36211430		8314872	4
	TO BE COM	MPLETED B	Y INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO	.02		NONE		NONE	5.01 5.02 5.03 5.50
	TO PROGRAM	.51		NONE		NONE	5.51 5.52
SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT PR	OGRAM TO	.99					5.99
(BALANCE DUE) BASED ON THE COST PREPORT. PRO	ROVIDER	.01		1210210		184743	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				37421640		8499615	7
NAME OF INTERMEDIARY:				INTERMEDI	ARY NUMBER:		
SIGNATURE OF AUTHORIZED PERSON:				DATE (MO/	DAY/YR):		

SIGNATURE OF AUTHORIZED PERSON:

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DATE (MO/DAY/YR):

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED SUBPROVIDER I (41-T009)

WORKSHEET E-1

SUBPROVIDER 1 (41-T009)			TMDAGTE	NITT!			
			INPATIE PART		PAR	rв	
DESCRIPTION			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
			1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EIT SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIART SERVICES RENDERED IN THE COST REPORTING PERIOD. NONE, WRITE 'NONE', OR ENTER A ZERO.	Y FOR			2599294 NONE		NONE	1 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.		.03 .04 .05		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50
	PROVIDER TO PROGRAM	.52		NONE		NONE	3.51 3.52 3.53 3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				2599294			4
	TO BE CO	MPLETED	BY INTERMEDIARY	•			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO	.02		NONE		NONE	5.01 5.02 5.03 5.50
	TO PROGRAM	.51		NONE		NONE	5.51 5.52
SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT PRO	OGRAM TO	.99					5.99
REPORT. PROV	ROVIDER VIDER TO ROGRAM	.01		14839			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY	MANDON			2614133			7
NAME OF INTERMEDIARY:				INTERMED	IARY NUMBER:		

WORKSHEET E-3 PART I CALCULATION OF REIMBURSEMENT SETTLEMENT

						PA
	MEDICARE PART A SERVICES - TEFRA	 				
		SUB I	SUB II	SUB III	SUB IV	
		(41-T009)				
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	0400142				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS) MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	2482143				1.02
		0.0146				1.03
	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	87987				1.04
	OUTLIER PAYMENTS	64707				1.05
	TOTAL PPS PAYMENTS	2634837				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER,					1.08
	STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					
	NET IPF PPS OUTLIER PAYMENTS					1.09
	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR					1.11
	LATEST COST REPORT FILED PRIOR TO NOVEMBER 15,					
	2004. (SEE INSTRUCTIONS)					
	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R					1.13
	OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW					
	TEACHING PROGRAM'. (SEE INSTR.)					
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR					1.14
	RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW					
	TEACHING PROGRAM'. (SEE INSTR.)					
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL					1.15
	EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					
	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
	MEDICAL EDUCATION ADJUSTMENT					1.18
	ADJUSTED NET IPF PPS PAYMENTS					1.19
	STOP LESS PAYMENT FLOOR					1.20
	ADJUSTED NET PAYMENT FLOOR					1.21
	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1 25	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR					1.35
1.33	COST REPORT PERIODS ENDING ON/OR PRIOR TO					1.33
	NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					
1 26	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER					1.37
1.37	THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING					1.37
	PROGRAM". (SEE INSTRUCTIONS)					
1 30	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR					1.38
1.30	RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW					1.30
	TEACHING PROGRAM". (SEE INSTRUCTIONS)					
1 30	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL					1.39
1.55	EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.35
1.40		11.873973				1.40
	MEDICAL EDUCATION ADJUSTMENT FACTOR	11.075575				1.41
	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2634837				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2634837				6
7	DEDUCTIBLES	18024				7
8	SUBTOTAL	2616813				8
9	COINSURANCE	6433				9
10	SUBTOTAL	2610380				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS	5362				11
	FOR PROFESSIONAL SERVICES)					
11.01	REDUCED REIMBURSABLE BAD DEBTS	3753				11.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					11.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
12	SUBTOTAL	2614133				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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 CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3

							PART I
	MEDICARE PART A SERVICES - TEFRA						
		HOSPITAL	SUB I (41-T009)	SUB II	SUB III	SUB IV	
13.01 14	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						13.01 14
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2614133				17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		2599294				19
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		14839				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		3763				21
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

[] TITLE V

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/1999)

[XX] TITLE XIX

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WORKSHEET E-3

PART III

33

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

[] TITLE XVIII

HOSPITAL SUB I SUB II SUB III SUB IV NF I (41-0009) (41-T009) (OTHER) COMPUTATION OF NET COST OF COVERED SERVICES 1 INPATIENT HOSPITAL/SNF/NF SERVICES MEDICAL AND OTHER SERVICES 7170531 1 2 INTERNS AND RESIDENTS ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O COST OF TEACHING PHYSICIANS 5 SUBTOTAL 7170531 6 6 7 INPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENTS 8 7170531 SUBTOTAL 9 COMPUTATION OF LESSER OF COST OR CHARGES ROUTINE SERVICE CHARGES 10 10 ANCILLARY SERVICE CHARGES 11 11 12 INTERNS AND RESIDENTS SERVICE CHARGES 12 13 ORGAN ACQUISITION CHARGES, NET OF REVENUE 13 TEACHING PHYSICIANS 14 14 15 INCENTIVE FROM TARGET AMOUNT COMPUTATION 15 TOTAL REASONABLE CHARGES CUSTOMARY CHARGES 17 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE 17 18 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM 18 A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) RATIO OF LINE 17 TO LINE 18
TOTAL CUSTOMARY CHARGES
EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 19 19 20 2.0 21 21 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES 7170531 22 23 COST OF COVERED SERVICES 7170531 23 PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS 24 24 25 OUTLIER PAYMENTS 25 PROGRAM CAPITAL PAYMENTS 26 26 27 CAPITAL EXCEPTION PAYMENTS 27 28 29 ROUTINE SERVICE OTHER PASS THROUGH COSTS 28 ANCILLARY SERVICE OTHER PASS THROUGH COSTS 29 30 SUBTOTAL 7170531 30 31 CUSTOMARY CHARGES (TITLE XIX PPS COVERED 31 7170531 32 LESSER OF LINES 30 OR 31 32 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) 33

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	[] TIT	LE XVIII		[XX] TI	TLE XIX		
		HOSPITAL (41-0009) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT EXCESS OF REASONABLE COST SUBTOTAL COINSURANCE SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS REDUCED REIMBURSABLE BAD DEBTS	7170531						34 35 36 37 38 38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39 40 41 42 43 44	UTILIZATION REVIEW SUBTOTAL INPATIENT ROUTINE SERVICE COST MEDICARE INPATIENT ROUTINE CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							39 40 41 42 43 44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47 48	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							47 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 TOUGHTON ARTHUR							52
53 54 55 56	INDIRECT MEDICAL EDUCATION ADJUSTMENT DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS TOTAL AMOUNT PAYABLE TO THE PROVIDER SEQUESTRATION ADJUSTMENT							53 54 55 56
57	INTERIM PAYMENTS							57
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX	
COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIM	ARY CARE		1
1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHERS			1.01
2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN &	PRIMARY CARE		2
2.01 UPDATED PER RESIDENT AMOUNT FOR ALL OTHER	S		2.01
3 AGGREGATE APPROVED AMOUNT			3
3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPAT	HIC & OSTEOPATHIC		3.01
PROGRAMS FOR CR PERIODS ENDING ON OR BEFO	RE DEC 31, 1996		
3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPAT	HIC & OSTEOPATHIC		3.02
PROGRAMS WHICH MEET THE CRITERIA FOR AN A	DD ON TO THE CAP		
FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CF	R 413.86(g)(6)		
3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPAT			3.03
PROGRAMS FOR AFFILIATED PROGRAMS IN ACCOR	DANCE WITH		
42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4]	[PLUS LINE 3.03]		
3.04 FTE ADJUSTMENT CAP			3.04
3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPAT	HIC & OSTEOPATHIC		3.05
PROGRAMS FOR THE CURRENT YEAR			
3.06 LESSER OF LINE 3.04 OR LINE 3.05			3.06
3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSI			3.07
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR TH			
IF CURRENT YEAR IS ZERO AND TEACHING PROG			
EXISTENCE IN PRIOR YEAR ENTER COUNT IN CO			
3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIA			3.08
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR TH			
IF CURRENT YEAR IS ZERO AND TEACHING PROG			
EXISTENCE IN PRIOR YEAR ENTER COUNT IN CO	LUMN ZERO		2 00
3.09 SUM OF LINES 3.07 AND LINE 3.08			3.09
3.10 SEE INSTRUCTIONS	- corner		3.10
3.11 WEIGHTED DENTAL AND PODIATRIC RESIDENT FT			3.11
CURRENT YEAR. IF CURRENT YEAR IS ZERO AND			
WAS IN EXISTENCE IN PRIOR YEAR ENTER COUN	T IN COLUMN ZERO		3.12
3.12 SEE INSTRUCTIONS 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE	DDIOD OD VEND		3.12
(SEE INSTRUCTIONS)	PRIOR CR YEAR.		3.13
3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR PEN	HITTMATE CD VEAD		3.14
(SEE INSTRUCTIONS)	ODITMATE CR TEAR.		3.14
3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTION	MC)		3.15
3.16 SEE INSTRUCTIONS [RESIDENTS IN INITIAL Y		10.6	
3.17 SEE INSTRUCTIONS (RESIDENTS IN INITIAL I	10.07]	83347.0	
3.18 SEE INSTRUCTIONS		88931	
3.10 DBD INDIROCITONS		00931	٥١٥

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DIRECT GRADUATE MEDICAL EDU & ESRD OUTPATIENT DIRECT MEDICA	ī	NORKSHEET E-3 PART IV (CONT)	
[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX	,
3.19 SEE INSTRUCTIONS 3.20 SEE INSTRUCTIONS 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS	3 2.431	2.43	3.19 3.20 3.21 3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORT BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER	ING PERIODS	95635.00	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORT BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER	10/01/2001	232393	
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORT BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER		1121705	3.25
COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPA	ATIENT DAYS	27700 79616 .347920	4 5 6
j	LINE 6 x] [E-3,PART 6] LINE 3.25] [LINE 11]		
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFT OF THIS COST REPORTING PERIOD	390264 0 TER JAN 1	390264 19037	6.01 6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE 6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGE 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGE OR AFTER JAN 1 THROUGH THE END OF THE COST RE	D CARE DAYS ON	79616 100.00 230313	6.03 6.04 6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JA			6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDE LINE 6.04 ABOVE		100.00	6.07
j	PRIOR TO] [E-3,PART 6] 422] [LINE 12]		6.00
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSI (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGE RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TO MEDICARE O/P ESRD CHARGES	COSTS) S S		7 8 9 10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION CO	OSTS		11

DIRECT GRADUATE MEDICAL EDUCATION (GME)

WORKSHEET E-3

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	& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS					
	[] TITLE V	[XX] TITLE XVIII	[] TITLE XI	X	(CONT)	
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST	- TITLE XVIII ONLY				
	PART A REASONABLE COST					
12	REASONABLE COST			50561061	12	
13	ORGAN ACQUISITION COSTS				13	
14	COST OF TEACHING PHYSICIANS				14	
15	PRIMARY PAYER PAYMENTS			76172	15	
16	TOTAL PART A REASONABLE COST			50484889	16	
	PART B REASONABLE COST					
17	REASONABLE COST			13514797	17	
18	PRIMARY PAYER PAYMENTS			10374	18	
19	TOTAL PART B REASONABLE COST			13504423	19	
20	TOTAL REASONABLE COST			63989312	20	
21	RATIO OF PART A REASONABLE COST TO TOTAL REASO	ONABLE COST		.788958	21	
22	RATIO OF PART B REASONABLE COST TO TOTAL REASO	ONABLE COST		.211042	22	
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN	PART A AND PART B				
23	TOTAL PROGRAM GME PAYMENT				23	
23	.01 FOR COST REPORTING PERIODS ENDING ON OR AFTER	JAN 1, 1998		620577	23.01	
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	Y		489609	24	
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	Ĭ		130968	25	

3.18 SEE INSTRUCTIONS

DIRECT GRADUATE MEDICAL EDUCATION (GME)

& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3

PART IV

3.18

PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009
 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-96 (11/98)
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	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			1
1.	01 NUMBER OF FTE RESIDENTS FOR ALL OTHERS			1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY O	CARE		2
2.	01 UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS			2.01
3	AGGREGATE APPROVED AMOUNT			3
3.	01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OST	TEOPATHIC		3.01
	PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31			
3.	02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OST			3.02
	PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO			
	FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(
3.	03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OST			3.03
	PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WIT			
	42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LIN	NE 3.03]		
	04 FTE ADJUSTMENT CAP			3.04
3.	05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OST	PEOPATHIC		3.05
_	PROGRAMS FOR THE CURRENT YEAR			
	06 LESSER OF LINE 3.04 OR LINE 3.05			3.06
3.	07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN			3.07
	ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT			
	IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS I			
	EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO)		
3.	08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN			3.08
	ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT			
	IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS I EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO			
2	09 SUM OF LINES 3.07 AND LINE 3.08	J		3.09
	10 SEE INSTRUCTIONS			3.10
	10 SEE INSTRUCTIONS 11 WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT F	EOD TILE		3.10
٥.	CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING			3.11
	WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLU			
2	12 SEE INSTRUCTIONS	Jrin ZERO		3.12
	12 SEE INSTRUCTIONS 13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR	O VEND		3.12
٥.	(SEE INSTRUCTIONS)	K ILAK.		3.13
3	14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE	CR VEAR		3.14
٠.	(SEE INSTRUCTIONS)	CIC IDING.		3.14
3	15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)			3.15
	16 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS	0.001		3.16
	17 SEE INSTRUCTIONS [RESIDENTS IN INTITAL LEARS	0.001		3.17
	10 ODD INSTRUCTIONS			3.17

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 PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS					
[] TITLE V [] TITLE XVIII	[XX] TITLE XIX	(CONT)			
3.19 SEE INSTRUCTIONS 3.20 SEE INSTRUCTIONS 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.19 3.20 3.21 3.22 3.23 3.24			
COMPUTATION OF PROGRAM PATIENT LOAD PROGRAM PART A INPATIENT DAYS TOTAL INPATIENT DAYS RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	7872 79616 .098875	4 5 6			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.01 6.02			
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE 6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD	79616 100.00	6.03 6.04 6.05			
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06			
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07			
[PRIOR TO] [E-3,PART 6] [422] [LINE 12] 6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD		6.08			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES 10 MEDICARE O/P ESRD CHARGES 11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		7 8 9 10			

 PROVIDER NO. 41-0009
 KENT COUNTY MEMORIAL HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
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 PERIOD FROM 10/01/2008
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	DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS						
	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	(CONT)			
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST	- TITLE XVIII ONLY					
12	REASONABLE COST			12			
13	ORGAN ACQUISITION COSTS			13			
14	COST OF TEACHING PHYSICIANS			14			
15 16	PRIMARY PAYER PAYMENTS TOTAL PART A REASONABLE COST			15 16			
10	PART B REASONABLE COST			10			
17	REASONABLE COST			17			
18	PRIMARY PAYER PAYMENTS			18			
19	TOTAL PART B REASONABLE COST			19			
20	TOTAL REASONABLE COST			20			
21	RATIO OF PART A REASONABLE COST TO TOTAL REASON			21			
22	RATIO OF PART B REASONABLE COST TO TOTAL REASON	NABLE COST		22			
	ALLOCATION OF MEDICARE DIRECT OME COORD RETURNS	ם שמנת מונג ג שמנת					
23 23 24 25	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN : TOTAL PROGRAM GME PAYMENT .01 FOR COST REPORTING PERIODS ENDING ON OR AFTER PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	JAN 1, 1998		23 23.01 24 25			

KPMG LLP COMPU-MAX MICRO SYSTEM
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	REDISTRIBUTION OF UNUSED RESIDENCY SLOTS		PART VI	
	[] TITLE V [XX]	TITLE XVIII	[] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF M	AN		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD		1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			2
3	UNADJUSTED DIRECT GME FTE CAP			3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GM	3	8.00	5
	FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)			
5.	01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP			5.01
_	SLOTS			_
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		20224 22	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT		98304.00	8
_	(SEE INSTRUCTIONS) LINE 7 TIMES LINE 8			9
9 10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6			10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS			11
12	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS			12
12	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			12
1.3	REDUCED IME FTE CAP (SEE INSTRUCTIONS)			13
14	UNADJUSTED IME FIE CAP			14
15	PRORATED REDUCED ALLOWABLE FTE CAP			15
13	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION	ON 422 OF MMA		13
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE	31, 122 31 1111	8.00	16
	RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)			
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			17
18	SEE INSTRUCTIONS			18
19	RESIDENT TO BED COUNT			19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER			21
	JULY 1, 2005			
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON			22
	OR AFTER JULY 1, 2005			
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			23

PROVIDER NO. 41-0009 KENT COUNTY MEMORIAL HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (2/2006) VERSION: 2009.08 02/24/2010 17:10 CALCULATION OF GME AND IME PAYMENTS FOR REDISTRIBUTION OF UNUSED RESIDENCY SLOTS WORKSHEET E-3

	CALCULATION OF GME AND IME PAYN REDISTRIBUTION OF UNUSED RESIDE			WORKSHEET E-3 PART VI
	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SEC	CTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 IN THE COST REPORTING PERIOD	TO TOTAL DAYS	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS))		2
3	UNADJUSTED DIRECT GME FTE CAP			3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INST	TRUCTIONS)		4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT AT	TTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPAT	THIC DIRECT GME		5
	FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.	.413.79(c)(4)		
5.	01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE	E RESIDENT CAP		5.01
	SLOTS			
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCT	TIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE			7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESI	IDENT AMOUNT		8
	(SEE INSTRUCTIONS)			
9	LINE 7 TIMES LINE 8			9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART	r iv, line 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS			11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS			12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 42	22 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)			13
14	UNADJUSTED IME FTE CAP			14
15	PRORATED REDUCED ALLOWABLE FTE CAP			15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUT			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATH			16
	RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)			
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCT	TIONS)		17
18	SEE INSTRUCTIONS			18
19	RESIDENT TO BED COUNT			19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGE	ES ON OR AFTER		21
22	JULY 1, 2005 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR	DIGGUADGEG ON		22
22	OR AFTER JULY 1, 2005	DISCHARGES ON		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTI	TON 422 OF MMA		23
43	ADDITIONAL IME PAIMENTS ATTRIBUTABLE TO SECTI	ION 722 OF MMA		43

BALANCE SHEET WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
1 2	CURRENT ASSETS CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS	318172				1 2
3 4 5	NOTES RECEIVABLE ACCOUNTS RECEIVABLE OTHER RECEIVABLES	50641719 3049602				3 4 5
6 7	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE INVENTORY	-18082505 3245244				6 7
8 9	PREPAID EXPENSES OTHER CURRENT ASSETS	1032365 1189203				8 9
10 11	DUE FROM OTHER FUNDS TOTAL CURRENT ASSETS	41393800				10 11
12	FIXED ASSETS LAND	90165				12 12.01
12.01	ACCUMULATED DEPRECIATION LAND IMPROVEMENTS	2721578				13.01
13.01	ACCUMULATED DEPRECIATION	-1895437				13.01
14		86480337				14
15 15.01	ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS ACCUMULATED AMORTIZATION	-35923811				14.01 15 15.01
16.01 17	FIXED EQUIPMENT ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS	3628385 -2798601				16 16.01 17
	ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT	104982347				17.01 18
	ACCUMULATED DEPRECIATION	-85075155				18.01
19	MINOR EQUIPMENT DEPRECIABLE	732935				19
19.01 20	ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE	-311177 116976				19.01 20
21	TOTAL FIXED ASSETS	72748542				21
22	OTHER ASSETS INVESTMENTS					22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25 26	OTHER ASSETS TOTAL OTHER ASSETS	39988044 39988044		11313466 11313466	2851227 2851227	25 26
27	TOTAL ASSETS	154130386		11313466	2851227	27
	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
0.0	CURRENT LIABILITIES	05140603				0.0
28 29 30	ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE	25140693				28 29 30
31 32	NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME					31 32
33	ACCELERATED PAYMENTS					33
34 35	DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	17728747				34 35
36	TOTAL CURRENT LIABILITIES	42869440				36
37	LONG-TERM LIABILITIES MORTGAGE PAYABLE	18623608				37
38 39	NOTES PAYABLE					38 39
40	UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41	OTHER LONG TERM LIABILITIES	45960889				41
42 43	TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES	64584497 107453937				42 43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	46676449				44
45 46	SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			11313466		45 46
47	DONOR CREATED-ENDOWMENT FUND BAL-WRESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED			11313400		47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49 50	PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT				2851227	49 50
50	IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51	TOTAL FUND BALANCES	46676449		11313466	2851227	51
52	TOTAL LIABILITIES AND FUND BALANCES	154130386		11313466	2851227	52

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	STATEMENT OF CHANGES IN FUND BAL	ANCES					W	ORKSHEET G-1
			AL FUND 1	SPECIFIC PURPOSE FUND 2		ENT FUND 3		FUND 4
1	FUND BALANCES AT BEGINNING OF PERIOD		59781460			13618941		870344 1
2	NET INCOME (LOSS)		1035148					2
3	TOTAL		60816608			13618941		870344 3
4	ADDITIONS (CREDIT ADJUSTMENTS)	366652					477279	4
5	GIFTS, BEQUESTS	386			1050		1697926	5
6	NON OPERATING INCOME	-494497						6
7	NET UNREALIZED GAINS	3243643			1005347			7
8	REALIZED GAINS	17965			-1273469			8
9	RECONCILING ITEMS	1443538			-2038403		-194322	9
10	TOTAL ADDITIONS		4577687			-2305475		198088310
11	SUBTOTAL		65394295			11313466		285122711
12	DEDUCTIONS (DEBIT ADJUSTMENTS)							12
13	FUND RAISING	498495						13
14	PENSION AN POST RETIREMENT ADJUST	18903424						14
15		-684073						15
16								16
17								17
18	TOTAL DEDUCTIONS		18717846					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		46676449			11313466		285122719

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2 PARTS I & II PART I - PATIENT REVENUES

		PART I - PATIENT REVENUES)			
	REVENUE CENTER	II	IPATIENT	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES					
1	HOSPITAL	1	54201771		154201771	1
2	SUBPROVIDER I		8215260		8215260	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	1	.62417031		162417031	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVIC	ES				
10	INTENSIVE CARE UNIT		21102372		21102372	10
	NEONATAL INTENSIVE CARE UNIT					10.10
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		21102372		21102372	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES		.83519403		183519403	16
17	ANCILLARY SERVICES	2	246726764		246726764	17
18	OUTPATIENT SERVICES			323934209	323934209	18
18.50						18.50
	FQHC					18.60 19
19 20	HOME HEALTH AGENCY					20
20 21	AMBULANCE CORF					20 21
22	ASC					22
23	HOSPICE					23
24	HOSPICE					24
25	TOTAL PATIENT REVENUES	,	30246167	323934209	754180376	25
25	TOTAL PATIENT REVENUES	•	30240107	323934209	/341003/0	25
		PART II - OPERATING EXPENS			0	
26	OPERATING EXPENSES		1		2 258646351	26
27	BAD DEBTS		2115	E 402	230040331	27
28	TGI EXPENSE			7684		28
29	RECONCILING ITEMS			3536		29
30	RECONCILING TIEMS		0	3536		30
31						31
32						32
33	TOTAL ADDITIONS				26626623	33
34	FUND RAISING		-49	6635	20020023	34
35	FOUNDATION DISTRIBUTION		-173			35
36			1,3			36
37						37
38						38
39	TOTAL DEDUCTIONS		-223	6090		39
40	TOTAL OPERATING EXPENSES				283036884	40

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	DESCRIPTION		
1	TOTAL PATIENT REVENUES	754180376	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	479659547	2
3	NET PATIENT REVENUES	274520829	3
4	LESS - TOTAL OPERATING EXPENSES	283036884	4
5	NET INCOME FROM SERVICE TO PATIENTS	-8516055	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	789187	6
7	INCOME FROM INVESTMENTS	1379850	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	197965	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	80609	10
11	REBATES AND REFUNDS OF EXPENSES	1752692	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	80275	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	33231	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	329052	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER	4908342	24
25	TOTAL OTHER INCOME	9551203	25
26	TOTAL	1035148	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1035148	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD WORKSHEET L

	CALCULATION OF CAPITAL PAIMENT - ITILE AVIII - FULLI	PROSPECTIVE	MEIROD			WORKSHEET L
		HOSPITAL (41-0009) (41-0009)	SUB I	SUB II	SUB III	SUB IV
	PART I - FULLY PROSPECTIVE METHOD	(
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
0	CAPITAL FEDERAL AMOUNT	0.4000000				0
2	CAPITAL DRG OTHER THAN OUTLIER CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED	2492270				2 3
3	PRIOR TO OCTOBER 1, 1997					3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED	58288				3.01
	ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	206.25				4
	[E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]					
4.01	NO. OF INTERNS & RESIDENTS 13.10 0.00	13.10				4.01
	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.81				4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT	45110				4.03
5	DISPROPORTIONATE SHARE ADJUSTMENT % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0877				5
		0.1951				5.01
	SUM OF LINES 5 AND 5.01	0.2828				5.02
	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE DISPROPORTIONATE SHARE ADJUSTMENT	0.0589 146795				5.03 5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2742463				6
	PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL					1
2	OLD CAPITAL					2
3 4	TOTAL CAPITAL RATIO OF NEW CAPITAL TO TOTAL CAPITAL					3
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 8	REDUCED OLD CAPITAL AMOUNT					7 8
9	HOLD HARMLESS PAYMENT FOR NEW CAPITAL 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 4	TOTAL INPATIENT PROGRAM CAPITAL					3 4
5	CAPITAL COST PAYMENT FACTOR 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 NET PROGRAM INPATIENT CAPITAL COSTS					2 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					/
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					11
12	OVER CAPITAL PAYMENT 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					14
1.5	OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					1.5
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

							PARII
	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL		I&R COST & POST STEP- DOWN ADJS	TOTAL	
1 1.01 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAPITAL RELATED COSTS-BLDG OLD CAP REL COSTS-WBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-WBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	0	4A	25	26	27	1 1.01 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
19 20 21 22 23 24	CENTRAL TRANSPORT NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTE	PDC					19 20 21 22 23 24
25 26 26.10 31 33	ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT SUBPROVIDER I NURSERY ANCILLARY SERVICE COST CENTERS	ero.					25 26 26.10 31 33
38.02 39 40 41 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 658.01 58.02 58.03 59.01 59.02 59.03	OPERATING ROOM RECOVERY ROOM RECOVERY ROOM RECOVERY ROOM RECOVERY ROOM RECOVERY ROOM RECOVERY ROOM ONCOLOGY\INFUSION DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC MRI ULTRASOUND CT SCAN SPECIAL PROCEDURES RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ECHOCARDIOGAPHY ELECTROCARDIOLOGY ECHOCARDIOGAPHY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS VASCULAR LAB AIR FLUIDIZED THERAPY CARDIAC CATH PSYCH TESTING ELECTROSHOCK THERAPY NON END STAGE RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS						37 38 38.01 38.02 39 40 41 41.01 41.02 41.03 41.04 42 43 44 46.30 47 49 50 51 52 53 53.01 54 55 56 58.01 58.02 58.03 59.01 59.02 59.03
60 60.01 61 62 63.50 63.60	RHC FQHC						60 60.01 61 62 63.50 63.60
66 69.10 69.20							66 69.10 69.20

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		
85.02							69.3(69.4(71 85.0(85.0(85.0)	11
96.02 96.03 96.04 96.05 96.06 96.07 96.08 96.09 96.10 96.11	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN TRAVEL NEW DIRECTIONS DEVELOPMENT TV STORAGE PRIVATE DUTY NURSING WELLNESS PEDI GROUP OUTPT. EDUCATION INTEGRATIVE THERAPY HOME CARE FOUNDATION DISTRIBUTION TROWBRIDGE BUILDING MEDICAL STUDENTS						96 96.01 96.02 96.03 96.04 96.04 96.04 96.04 96.14 96.11 96.11	12 14 15 16 17 18 19 .0 .1
97 98 00	MEDICAL STUDENTS RESEARCH PHYSICIANS' PRIVATE OFFICES MANAGEMENT SALARIES CNE IS AND PURCHASING CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL TOTAL STATISTICAL BASIS UNIT COST MULTIPLIER UNIT COST MULTIPLIER						96.1. 97 98 00 00.01 101 102 103 104 105	