

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NEWPORT HOSPITAL (41-0006) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	1		
2	SUBPROVIDER I		2	
2.01	SUBPROVIDER II			2.01
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	-25585	40232	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: FRIENDSHIP STREET P.O.BOX: 1
 1.01 CITY: NEWPORT STATE: RI ZIP CODE: 02840 COUNTY: NEWPORT 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	NEWPORT HOSPITAL	41-0006	05/24/1966	N	P	N	2
3	SUBPROVIDER I	VANDERBILT REHAB CENTER	41-T006	10/10/1983	N	P	N	3
3.01	SUBPROVIDER II	NEWPORT HOSPITAL PSYCHIATRIC UNIT	41-S006	10/01/1985	N	P	N	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2008 TO: 09/30/2009 17
 18 TYPE OF CONTROL 10 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 5 20
 20.01 SUBPROVIDER II 4 20.01

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 39300 21.03

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

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

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

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

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. NO 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.						52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD: BEGINNING: ENDING:						53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 998567 PAID LOSSES: AND/OR SELF INSURANCE:						54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO		60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1		2	3	4	5
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	1715	103	4977	1	
2	HMO XIX				2	
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3	
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4	
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5	
6	INTENSIVE CARE UNIT				6	
7	CORONARY CARE UNIT				7	
8	BURN INTENSIVE CARE UNIT				8	
9	SURGICAL INTENSIVE CARE UNIT				9	
10	OTHER SPECIAL CARE (SPECIFY)				10	
11	NURSERY				11	
12	TOTAL HOSPITAL	1715	103	4977	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I	83	6	172	14	
14.01	SUB PROVIDER II	123	56	676	14.01	
15	SKILLED NURSING FACILITY				15	
16	NURSING FACILITY				16	
17	OTHER LONG TERM CARE				17	
18	HOME HEALTH AGENCY				18	
20	ASC (DISTINCT PART)				20	
21	HOSPICE (DISTINCT PART)				21	
23	O/P REHAB PROVIDER				23	
24	RHC I				24	
25	TOTAL				25	
26	OBSERVATION BED DAYS				26	
27	AMBULANCE TRIPS				27	
28	EMPLOYEE DISCOUNT DAYS				28	

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	39218011	-3	39218008	1346758.40	29.12		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	2212017	64823	2276840	72820.80	31.27		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	15256		15256	226.50	67.36		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	323445		323445	2009.75	160.94		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	3969864		3969864	80932.00	49.05		11
12 HOME OFFICE: PHYSICIAN PART A	419895		419895	2552.88	164.48		12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	9471063		9471063			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	583742		583742			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	105419	-52021	53398	104.00	513.44		21
22 ADMINISTRATIVE & GENERAL	4223432	-762112	3461320	122527.12	28.25		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	246075		246075	1207.52	203.79		22.01
23 MAINTENANCE & REPAIRS	147936	3362	151298	6260.51	24.17		23
24 OPERATION OF PLANT	829846	18861	848707	29701.02	28.58		24
25 LAUNDRY & LINEN SERVICE	69974	1590	71564	4201.41	17.03		25
26 HOUSEKEEPING	1296896	29477	1326373	87855.13	15.10		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1141536	-186908	954628	57093.06	16.72		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	44429	213864	258293	9588.65	26.94		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1525718	-370109	1155609	30844.03	37.47		30
31 CENTRAL SERVICES AND SUPPLY	300822	-271865	28957	1039.21	27.86		31
32 PHARMACY	1133467	38117	1171584	30408.21	38.53		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	940658	21986	962644	46111.47	20.88		33
34 SOCIAL SERVICE		182040	182040	6052.80	30.08		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		A-6	3	4	5	
1 NET SALARIES	39464086	-3	39464083	1347965.92	29.28	1
2 EXCLUDED AREA SALARIES	2212017	64823	2276840	72820.80	31.27	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	37252069	-64826	37187243	1275145.12	29.16	3
4 SUBTOTAL OTHER WAGES & REL COSTS	4728460		4728460	85721.13	55.16	4
5 SUBTOTAL WAGE-RELATED COSTS	9471063		9471063		25.47	5
6 TOTAL (SUM OF LINES 3 THRU 5)	51451592	-64826	51386766	1360866.25	37.76	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	12006208	-1133718	10872490	432994.14	25.11	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	11481674 17
17.01	GROSS MEDICAID REVENUES	7943092 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	19424766 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	14195995 23
24	COST TO CHARGE RATIO	0.453366 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	6435981 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	4086164 28
29	TOTAL GROSS MEDICAID COST	1852528 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	11481674 30
31	UNCOMPENSATED CARE COST	5205401 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	8288509 32

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02
 02/25/2010 08:46

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
96.02	9602 VRC CONTRACTS							96.02
96.03	9603 LIFELINE							96.03
98	9800 PHYSICIANS' PRIVATE OFFICES		443	443	15279	15722		15722 98
100	7950 VACANT SPACE							100
101	TOTAL	39218011	62375334	101593345		101593345	-10932500	90660845 101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				1
			COST CENTER	LINE #	SALARY	OTHER	
2			2	3	4	5	2
3		A					3
4	M&S CHARGEABLE	A	MEDICAL SUPPLIES CHARGED TO P	55		1224073	4
5		A					5
6		A	ELECTROCARDIOLOGY	53		925	6
7		A					7
8		A					8
9		A					9
10		A					10
11		A					11
12		A					12
13		A					13
14		A					14
15		A					15
16		A					16
17		A					17
18		A					18
19		A					19
20		A					20
21		A					21
22	CS&S TECH TIME	B	OPERATING ROOM	37	267117	85143	22
23		B	PHYSICIANS' PRIVATE OFFICES	98	11586	3693	23
24	NURSING SALARIES	C	NURSERY	33	339640		24
25		C	DELIVERY ROOM & LABOR ROOM	39	891311		25
26		D	ADMINISTRATIVE & GENERAL	6		864	26
27	DRUGS & IV CHARGEABLE	D	DRUGS CHARGED TO PATIENTS	56		2559869	27
28		D					28
29		D					29
30		D					30
31		D					31
32		D					32
33		D					33
34		D					34
35		D					35
36	SUBTOTAL				1509654	3874567	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
1	1	6	7	8	9	10
1 M&S CHARGEABLE	A	ADMINISTRATIVE & GENERAL	6		5889	1
2	A	OPERATION OF PLANT	8		120	2
3	A	CENTRAL SERVICES & SUPPLY	15		75771	3
4	A	ADULTS & PEDIATRICS	25		52567	4
5	A	INTENSIVE CARE UNIT	26		39111	5
6	A	SUBPROVIDER I	31		1948	6
7	A	NURSERY	33		1562	7
8	A	SUB PROVIDER II	31.01		31	8
9	A	OPERATING ROOM	37		895835	9
10	A	RECOVERY ROOM	38		26616	10
11	A	RADIOLOGY-DIAGNOSTIC	41		37292	11
12	A	MAGNETIC RESONANCE IMAGING	41.01		642	12
13	A	RADIOISOTOPE	43		593	13
14	A	SPEECH PATHOLOGY	52		703	14
15	A	RESPIRATORY THERAPY	49		1365	15
16	A	PHYSICAL THERAPY	50		20838	16
17	A	ELECTROENCEPHALOGRAPHY	54		137	17
18	A	CAT SCAN	59		145	18
19	A	ULTRASOUND	59.01		4353	19
20	A	OCCUPATIONAL HEALTH	61.01		13141	20
21	A	EMERGENCY	61		46339	21
22 CS&S TECH TIME	B	CENTRAL SERVICES & SUPPLY	15	278702	88836	22
23	C					23
24 NURSING SALARIES	C	ADULTS & PEDIATRICS	25	1230951		24
25	C					25
26	D	NURSERY	33		1124	26
27 DRUGS & IV CHARGEABLE	D	EMPLOYEE BENEFITS	5		4061	27
28	D	HOUSEKEEPING	10		5	28
29	D	CENTRAL SERVICES & SUPPLY	15		17	29
30	D	PHARMACY	16		2191447	30
31	D	ADULTS & PEDIATRICS	25		81956	31
32	D	INTENSIVE CARE UNIT	26		21283	32
33	D	SUBPROVIDER I	31		129	33
34	D	OPERATING ROOM	37		28475	34
35	D	RECOVERY ROOM	38		56058	35
36 SUBTOTAL				1509653	3698389	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	D				1
2	D				2
3	D				3
4	D				4
5	D				5
6	D				6
7	D				7
8	D				8
9	D				9
10	D				10
11	D				11
12	E	INTENSIVE CARE UNIT	26	12090	12
13	E	SUBPROVIDER I	31	6647	13
14	E	SUB PROVIDER II	31.01	9371	14
15	E	PSYCH PARTIAL HOSPITAL	61.02	71	15
16	E	NURSERY	33	2166	16
17	E	DELIVERY ROOM & LABOR ROOM	39	5685	17
18	E	EMERGENCY	61	19541	18
19	G	ADULTS & PEDIATRICS	25	88463	222 19
20	G	OPERATING ROOM	37	19883	50 20
21	G	RECOVERY ROOM	38	11607	29 21
22	G	CAT SCAN	59	11859	30 22
23	G	DELIVERY ROOM & LABOR ROOM	39	202	1 23
24	G	RADIOLOGY-DIAGNOSTIC	41	13474	34 24
25	G	MAGNETIC RESONANCE IMAGING	41.01	6863	17 25
26	G	LABORATORY	44	3129	8 26
27	G	PHYSICAL THERAPY	50	50	27
28	G	ULTRASOUND	59.01	10547	26 28
29	G	RENAL DIALYSIS	59.03	50	29
30	G	RADIOISOTOPE	43	6964	17 30
31	G	ELECTROCARDIOLOGY	53	8528	21 31
32	G	ELECTROENCEPHALOGRAPHY	54	1211	3 32
33	G	EMERGENCY	61	24273	61 33
34	G	SUBPROVIDER I	31	2473	6 34
35	G	SUB PROVIDER II	31.01	3456	9 35
36		SUBTOTAL		1778257	3875101 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF. 10
			LINE #	SALARY		
1	1	6	7	8	9	
1	D	RADIOLOGY-DIAGNOSTIC	41		936	1
2	D	MAGNETIC RESONANCE IMAGING	41.01		1076	2
3	D	RADIOISOTOPE	43		4011	3
4	D	LABORATORY	44		21838	4
5	D	BLOOD STORING, PROCESSING & T	47		5086	5
6	D	RESPIRATORY THERAPY	49		136	6
7	D	ELECTROCARDIOLOGY	53		11	7
8	D	ELECTROENCEPHALOGRAPHY	54		269	8
9	D	CAT SCAN	59		10556	9
10	D	OCCUPATIONAL HEALTH	61.01		268	10
11	D	EMERGENCY	61		131990	11
12	E	ADULTS & PEDIATRICS	25	55572		12
13	E					13
14	E					14
15	E					15
16	E					16
17	E					17
18	E					18
19	G	NURSING ADMINISTRATION	14	222747	557	19
20	G					20
21	G					21
22	G					22
23	G					23
24	G					24
25	G					25
26	G					26
27	G					27
28	G					28
29	G					29
30	G					30
31	G					31
32	G					32
33	G					33
34	G					34
35	G					35
36		SUBTOTAL		1787972	3875123	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	G	PSYCH PARTIAL HOSPITAL	61.02	26	1
2	G	INTENSIVE CARE UNIT	26	9083	23 2
3	G	MEDICAL RECORDS & LIBRARY	17	606	2 3
4 CAFETERIA COSTS	H	CAFETERIA	12	212854	116384 4
5 MGR-THERAPEUTIC SVCS	I	SPEECH PATHOLOGY	52	9109	5
6	I	ELECTROCARDIOLOGY	53	13664	6
7	I	PHYSICAL THERAPY	50	45545	7
8	I	ADULTS & PEDIATRICS	25	22773	8
9 LAB ADMIN & PHLEBOTOMY PRGM	J	BLOOD STORING, PROCESSING & T	47	6076	9
10 PROF SVCS DIV	L	PHARMACY	16	12355	10
11	L	SUBPROVIDER I	31	12407	11
12	L	RADIOLOGY-DIAGNOSTIC	41	28080	12
13	L	MAGNETIC RESONANCE IMAGING	41.01	5276	13
14	L	RADIOISOTOPE	43	1830	14
15	L	BLOOD STORING, PROCESSING & T	47	3283	15
16	L	PHYSICAL THERAPY	50	24822	16
17	L	SPEECH PATHOLOGY	52	1907	17
18	L	ELECTROCARDIOLOGY	53	8456	18
19	L	CAT SCAN	59	7550	19
20	L	ULTRASOUND	59.01	5370	20
21	L	OCCUPATIONAL HEALTH	61.01	7174	21
22	L				22
23 CARDIOPULMONARY SERVICE ADMIN	O	ELECTROCARDIOLOGY	53	53874	3238 23
24	O	ELECTROENCEPHALOGRAPHY	54	12202	733 24
25 RADIOLOGY MANAGER & SUPPORT STAFF	P	MAGNETIC RESONANCE IMAGING	41.01	18864	25
26	P	RADIOISOTOPE	43	6724	26
27	P	CAT SCAN	59	52136	27
28	P	ULTRASOUND	59.01	28621	28
29 FIXED EQUIP	R	NEW CAP REL COSTS-BLDG & FIXT	3		819434 29
30 IV THERAPY	S	INTENSIVE CARE UNIT	26	51949	11254 30
31	S	SUBPROVIDER I	31	69148	14980 31
32 RENAL DIALYSIS	T	RENAL DIALYSIS	59.03		93688 32
33	T				33
34 PSYCH PARTIAL HOSP	U	PSYCH PARTIAL HOSPITAL	61.02	9240	2554 34
35 HOSP WIDE - ADMIN	V	EMPLOYEE BENEFITS	5	2396	35
36 SUBTOTAL				2521657	4937391 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	G					1
2	G					2
3	G					3
4	H	DIETARY	11	212854	116384	4
5	I	SUBPROVIDER I	31	91091		5
6	I					6
7	I					7
8	I					8
9	J	LABORATORY	44	6076		9
10	L	LABORATORY	44	118511		10
11	L					11
12	L					12
13	L					13
14	L					14
15	L					15
16	L					16
17	L					17
18	L					18
19	L					19
20	L					20
21	L					21
22	L					22
23	O	RESPIRATORY THERAPY	49	66076	3972	23
24	O					24
25	P	RADIOLOGY-DIAGNOSTIC	41	106345		25
26	P					26
27	P					27
28	P					28
29	R	NEW CAP REL COSTS-MVBLE EQUIP	4		819434	9 29
30	S	ADULTS & PEDIATRICS	25	121097	26234	30
31	S					31
32	T	ADULTS & PEDIATRICS	25		53319	32
33	T	INTENSIVE CARE UNIT	26		40368	33
34	U	SUB PROVIDER II	31.01	9240	2554	34
35	V	ADMINISTRATIVE & GENERAL	6	891376		35
36				3410638	4937388	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	V	ADMINISTRATIVE & GENERAL	6	95993	1
2	V	MAINTENANCE & REPAIRS	7	3362	2
3	V	OPERATION OF PLANT	8	18861	3
4	V	LAUNDRY & LINEN SERVICE	9	1590	4
5	V	HOUSEKEEPING	10	29477	5
6	V	DIETARY	11	25946	6
7	V	CAFETERIA	12	1010	7
8	V	NURSING ADMINISTRATION	14	34678	8
9	V	CENTRAL SERVICES & SUPPLY	15	6837	9
10	V	PHARMACY	16	25762	10
11	V	MEDICAL RECORDS & LIBRARY	17	21380	11
12	V	PSYCH PARTIAL HOSPITAL	61.02	210	12
13	V	ADULTS & PEDIATRICS	25	184549	13
14	V	INTENSIVE CARE UNIT	26	39331	14
15	V	SUBPROVIDER I	31	22187	15
16	V	SUB PROVIDER II	31.01	27879	16
17	V	OPERATING ROOM	37	43855	17
18	V	RECOVERY ROOM	38	28615	18
19	V	RADIOLOGY-DIAGNOSTIC	41	37637	19
20	V	MAGNETIC RESONANCE IMAGING	41.01	10758	20
21	V	RADIOISOTOPE	43	4432	21
22	V	LABORATORY	44	41448	22
23	V	BLOOD STORING, PROCESSING & T	47	6021	23
24	V	RESPIRATORY THERAPY	49	18825	24
25	V	PHYSICAL THERAPY	50	44095	25
26	V	SPEECH PATHOLOGY	52	3729	26
27	V	ELECTROCARDIOLOGY	53	11600	27
28	V	ELECTROENCEPHALOGRAPHY	54	5343	28
29	V	CAT SCAN	59	14213	29
30	V	ULTRASOUND	59.01	11839	30
31	V	EMERGENCY	61	54891	31
32	V	OCCUPATIONAL HEALTH	61.01	12625	32
33	X	SOCIAL SERVICE	18	182040	33
34 SEVERANCE	Z	ADMINISTRATIVE & GENERAL	6	14104	34
35	Z	ADMINISTRATIVE & GENERAL	6	19167	35
36 SUBTOTAL				3625946	4937391 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF.	
		COST CENTER	LINE #	SALARY		
	1	6	7	8	10	
1	V				1	
2	V				2	
3	V				3	
4	V				4	
5	V				5	
6	V				6	
7	V				7	
8	V				8	
9	V				9	
10	V				10	
11	V				11	
12	V				12	
13	V				13	
14	V				14	
15	V				15	
16	V				16	
17	V				17	
18	V				18	
19	V				19	
20	V				20	
21	V				21	
22	V				22	
23	V				23	
24	V				24	
25	V				25	
26	V				26	
27	V				27	
28	V				28	
29	V				29	
30	V				30	
31	V				31	
32	V				32	
33	X	NURSING ADMINISTRATION	14	182040	33	
34	Z	EMPLOYEE BENEFITS	5	54417	34	
35	Z				35	
36		SUBTOTAL		3647095	4937388	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	Z	RESPIRATORY THERAPY	49	21146	1
2	N	NEW CAP REL COSTS-BLDG & FIXT	3		620610
3	N	NEW CAP REL COSTS-MVBLE EQUIP	4		716404
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				3647092	6274405

RECLASSIFICATIONS

1	2	3	4	5	6	7	DECREASE			11	12
							8	9	10		
EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER	REF.					
	1	6	7	8	9	10					
1	Z										1
2	N	INTEREST EXPENSE	88		1337014	11					2
3	N					11					3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL RECLASSIFICATIONS			3647095	6274402						36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1406761					1406761		1
2 LAND IMPROVEMENTS	1209959					1209959		2
3 BUILDINGS AND FIXTURES	90322387	725613		725613		91048000		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	12078332	31242		31242		12109574	1498	5
6 MOVABLE EQUIPMENT	37527035	2032391		2032391		39559426	2066	6
7 SUBTOTAL	142544474	2789246		2789246		145333720	3564	7
8 RECONCILING ITEMS								8
9 TOTAL	142544474	2789246		2789246		145333720	3564	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	104367532		104367532	.725142				3
4 NEW CAP REL COSTS-MVBLE EQUIP	39559427		39559427	.274858				4
5 TOTAL	143926959		143926959	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3972193		620610			203964	4796767 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2819969		716404			170632	3707005 4
5 TOTAL	6792162		1337014			374596	8503772 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3152759						3152759 3
4 NEW CAP REL COSTS-MVBLE EQUIP	3639403						3639403 4
5 TOTAL	6792162						6792162 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-17374	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-92989	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	A	-2517	NEW CAP REL COSTS-BLDG & FIXT	3	14 11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8207093			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-1449933			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-362595	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 DIRECT REVENUE FROM SPF	B	-12651	EMPLOYEE BENEFITS	5	37
38 DIRECT REVENUE FROM SPF	B	-92198	ADMINISTRATIVE & GENERAL	6	38
39 DIRECT REVENUE FROM SPF	B	-122617	NURSING ADMINISTRATION	14	39
40					40
41 DIRECT REVENUE FROM SPF	B	-5881	DELIVERY ROOM & LABOR ROOM	39	41
42 DIRECT REVENUE FROM SPF	B	-56449	EMERGENCY	61	42
43					43
44					44
45					45
46					46
47 TELEPHONE REVENUE	B	-65698	OPERATION OF PLANT	8	47
48 INVESTMENT INCOME	B	-3463	ADMINISTRATIVE & GENERAL	6	48
49 INTEREST INCOME	B	-4826	ADMINISTRATIVE & GENERAL	6	49
49.01 SERVICES RENDERED	B	-4992	ADULTS & PEDIATRICS	25	49.01
49.04 MISCELLANEOUS REVENUE	B	-75	RESPIRATORY THERAPY	49	49.04
49.05 MISCELLANEOUS REVENUE	B	-10	LABORATORY	44	49.05
49.07 MISCELLANEOUS REVENUE	B	-8803	PHARMACY	16	49.07
49.08 MISCELLANEOUS REVENUE	B	-100	MAGNETIC RESONANCE IMAGING	41.01	49.08
49.09 MISCELLANEOUS REVENUE	B	-2655	RADIOLOGY-DIAGNOSTIC	41	49.09
49.10 MISCELLANEOUS REVENUE	B	-21	ADULTS & PEDIATRICS	25	49.10
49.12 MISCELLANEOUS REVENUE	B	-804	HOUSEKEEPING	10	49.12
49.13 MISCELLANEOUS REVENUE	B	-69236	ADMINISTRATIVE & GENERAL	6	49.13
49.17 MISCELLANEOUS REVENUE	B	-11302	DIETARY	11	49.17
49.18 MISCELLANEOUS REVENUE	B	-400	OPERATION OF PLANT	8	49.18
49.19 MISCELLANEOUS REVENUE	B	-51995	MEDICAL RECORDS & LIBRARY	17	49.19
49.22 OTHER MISC. REVENUE	B	-10096	CAFETERIA	12	49.22
49.23 AMORTIZE VANDERBILT DEMOLITION	A	52689	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.23
49.24 AMORTIZE VANDERBILT DEMOLITION	A	11580	NEW CAP REL COSTS-MVBLE EQUIP	4	14 49.24
49.25 AMORTIZED ASBESTOS REMOVAL COST	A	523	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.25
49.26 AMORTIZED COST OF VANDERBILT REHA	A	1121	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.26

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02
02/25/2010 08:46

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49.27 NONALLOWABLE EXPENSE	A	-75	NURSING ADMINISTRATION	14	49.27
49.28 NONALLOWABLE EXPENSE	A	-619	EMPLOYEE BENEFITS	5	49.28
49.29 SRU CONTRACT	B	-12000	ADMINISTRATIVE & GENERAL	6	49.29
49.30 SRU CONTRACT	B	-64116	EMERGENCY	61	49.30
49.31 SRU CONTRACT	B	-101030	LABORATORY	44	49.31
49.32 SRU CONTRACT	B	-65494	RADIOLOGY-DIAGNOSTIC	41	49.32
49.33 SRU CONTRACT	B	-1749	DRUGS CHARGED TO PATIENTS	56	49.33
49.34 SRU CONTRACT	B	-11999	RESPIRATORY THERAPY	49	49.34
49.37 RENTAL INCOME	B	-79859	ADMINISTRATIVE & GENERAL	6	49.37
49.40 NONALLOWABLE EXPENSE	A	-4699	ADMINISTRATIVE & GENERAL	6	49.40
50 TOTAL		-10932500			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	5720885	8784737	-3063852	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	152148		152148	14 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	159052		159052	14 3
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	797141	797141		4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	482665	482665		9 4.01
4.03	61.01	OCCUPATIONAL HEALTH	LEASE EXPENSE	35834	27308	8526	4.03
4.04	31	SUBPROVIDER I	PHYSIATRY	345712		345712	4.04
4.05	31.01	SUB PROVIDER II	MENTAL HEALTH	1196075	203345	992730	4.05
4.07	44	LABORATORY	PATHOLOGY	806224	806224		4.07
4.08	61.01	OCCUPATIONAL HEALTH	OCCUPATIONAL HEALTH	165652	217379	-51727	4.08
4.09	6	ADMINISTRATIVE & GENERAL	PSO MGMT FEES	174389	174389		4.09
4.10	61.02	PSYCH PARTIAL HOSPITAL	MENTAL HEALTH	9010	1532	7478	4.10
5		TOTALS		10044787	11494720	-1449933	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	E ARTHUR SAMPSON		NEWPORT HLTH PR		REAL ESTATE	1
2	E ARTHUR SAMPSON		NEWPORT PROFESS		BILLING SERVICE	2
3	E ARTHUR SAMPSON		NHCC MEDICAL AS		PHYSICIAN SVCS	3
4	E ARTHUR SAMPSON		LIFESPAN		HOSPITAL NETWOR	4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2		3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE	3996364	3996364		177200	960	81785	4089
2	31	SUBPROVIDER I	AGGREGATE							
3	31.01	SUB PROVIDER II	AGGREGATE	263455	212133	51322	154100	581	43044	2152
4	37	OPERATING ROOM	AGGREGATE	335346		30000	200300	263	25326	1266
5	44	LABORATORY	AGGREGATE	806224	466863	339361	215700	1713	177641	8882
6	49	RESPIRATORY THERAPY	AGGREGATE	20000		20000	165600	98	7802	390
7	53	ELECTROCARDIOLOGY	AGGREGATE	173445		173445	165600	107	8519	426
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	14298	14298		165600			
9	59.01	ULTRASOUND	AGGREGATE	6147	6147		225300			
10	61	EMERGENCY	AGGREGATE	2704962	2604962	100000	177200	582	49582	2479
11	61.01	OCCUPATIONAL HEALTH	AGGREGATE	217379	188554	28825	165600	255	20302	1015
12	61.02	PSYCH PARTIAL HOSPITAL	AGGREGATE	1985	1598	387	154100	4	296	15
101		TOTAL		8539605	7490919	743340		4563	414297	20714

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE				81785		3996364
2	31	SUBPROVIDER I	AGGREGATE						
3	31.01	SUB PROVIDER II	AGGREGATE				43044	8278	220411
4	37	OPERATING ROOM	AGGREGATE				25326	4674	310020
5	44	LABORATORY	AGGREGATE				177641	161720	628583
6	49	RESPIRATORY THERAPY	AGGREGATE				7802	12198	12198
7	53	ELECTROCARDIOLOGY	AGGREGATE				8519	164926	164926
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE						14298
9	59.01	ULTRASOUND	AGGREGATE						6147
10	61	EMERGENCY	AGGREGATE				49582	50418	2655380
11	61.01	OCCUPATIONAL HEALTH	AGGREGATE				20302	8523	197077
12	61.02	PSYCH PARTIAL HOSPITAL	AGGREGATE				296	91	1689
101		TOTAL					414297	410828	8207093

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAINT-	OPERATION	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT		5A	GENERAL	REPAIRS		
	0	3	4	5		6	7	8	
96.03 LIFELINE									96.03
98 PHYSICIANS' PRIVATE OFFICES	15722	8465		3039	27226	7070	832	35656	98
100 VACANT SPACE		8924			8924	2317	17889	766458	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	90660845	4796767	3707005	10185509	90660845	18688438	529370	9512510	103

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
96.03 LIFELINE									96.03
98 PHYSICIANS' PRIVATE OFFICES	3622	11341		192			14556		98
100 VACANT SPACE		243790							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	871836	2862726	2771058	328055	1991272	216727	2505691	2452519	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	290956			18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	124723	20735082		20735082
26 INTENSIVE CARE UNIT	6236	4318532		4318532
31 SUBPROVIDER I	1754	3276166		3276166
31.01 SUB PROVIDER II	150643	4976033		4976033
33 NURSERY		943446		943446
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	7600	8714042		8714042
38 RECOVERY ROOM		2643153		2643153
39 DELIVERY ROOM & LABOR ROOM		1714297		1714297
41 RADIOLOGY-DIAGNOSTIC		5040565		5040565
41.01 MAGNETIC RESONANCE IMAGING		1683960		1683960
43 RADIOISOTOPE		834445		834445
44 LABORATORY		5342323		5342323
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA		1287251		1287251
49 RESPIRATORY THERAPY		1822313		1822313
50 PHYSICAL THERAPY		4115874		4115874
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY		479233		479233
53 ELECTROCARDIOLOGY		1596546		1596546
54 ELECTROENCEPHALOGRAPHY		551027		551027
55 MEDICAL SUPPLIES CHARGED TO PAT		1636298		1636298
56 DRUGS CHARGED TO PATIENTS		5682435		5682435
59 CAT SCAN		1791396		1791396
59.01 ULTRASOUND		1261487		1261487
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS		118094		118094
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		6682126		6682126
61.01 OCCUPATIONAL HEALTH		2178622		2178622
61.02 PSYCH PARTIAL HOSPITAL		28745		28745
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	290956	89453491		89453491
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		53765		53765
96.01 CCRI		13716		13716
96.02 VRC CONTRACTS				96.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
96.03 LIFELINE					96.03
98 PHYSICIANS' PRIVATE OFFICES		100495		100495	98
100 VACANT SPACE		1039378		1039378	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	290956	90660845		90660845	103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAINT-	OPERATION
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	TENANCE & REPAIRS 7	OF PLANT 8
96.03 LIFELINE								96.03
98 PHYSICIANS' PRIVATE OFFICES		8465		8465	5	139	36	9230 98
100 VACANT SPACE		8924		8924		45	779	198401 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	386010	4796767	3707005	8889782	16832	366912	23039	2462352 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
96.03 LIFELINE									96.03
98 PHYSICIANS' PRIVATE OFFICES	371	585		46			840		98
100 VACANT SPACE		12567							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	89326	147574	204331	78773	102793	56070	144543	280667	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	1711			18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	733	2213143		2213143
26 INTENSIVE CARE UNIT	37	321650		321650
31 SUBPROVIDER I	10	248698		248698
31.01 SUB PROVIDER II	886	262349		262349
33 NURSERY		69258		69258
34 SKILLED NURSING FACILITY		4877		4877
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	45	1210133		1210133
38 RECOVERY ROOM		128180		128180
39 DELIVERY ROOM & LABOR ROOM		67566		67566
41 RADIOLOGY-DIAGNOSTIC		1075733		1075733
41.01 MAGNETIC RESONANCE IMAGING		453504		453504
43 RADIOISOTOPE		84091		84091
44 LABORATORY		447334		447334
46.30 BLOOD CLOTTING FACTORS ADMIN CO				
47 BLOOD STORING, PROCESSING & TRA		27792		27792
49 RESPIRATORY THERAPY		176462		176462
50 PHYSICAL THERAPY		249250		249250
50.01 PSYCHOLOGY				
52 SPEECH PATHOLOGY		57753		57753
53 ELECTROCARDIOLOGY		278168		278168
54 ELECTROENCEPHALOGRAPHY		52340		52340
55 MEDICAL SUPPLIES CHARGED TO PAT		30657		30657
56 DRUGS CHARGED TO PATIENTS		155216		155216
59 CAT SCAN		294739		294739
59.01 ULTRASOUND		153926		153926
59.02 VRC CONTRACT				
59.03 RENAL DIALYSIS		478		478
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		485450		485450
61.01 OCCUPATIONAL HEALTH		72139		72139
61.02 PSYCH PARTIAL HOSPITAL		617		617
62 OBSERVATION BEDS (NON-DISTINCT				
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	1711	8621503		8621503
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		16901		16901
96.01 CCRI		10945		10945
96.02 VRC CONTRACTS				96.02

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
96.03 LIFELINE					96.03
98 PHYSICIANS' PRIVATE OFFICES		19717		19717	98
100 VACANT SPACE		220716		220716	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	1711	8889782		8889782	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	MAINT-	OPERATION
	BLDG & FIXTURES	MOVABLE EQUIPMENT	BENEFITS		TRATIVE & GENERAL	TENANCE & REPAIRS	OF PLANT
	DOLLAR VAL UE	DOLLAR VAL UE	GROSS SALA RIES	CILIATION	ACCUM COST	SQUARE FEE T	SQUARE FEE T
	3	4	5	6A	6	7	8
GENERAL SERVICE COST CENTERS							
1							1
2							2
3	3783460						3
4		2337301					4
5	9991	2626	39111251				5
6	208653	63570	3614215	-18688438	71972407		6
7	12028	3520	150488		420248	373388	7
8	1866603	28263	844265		7307651	216786	156602 8
9	28046	1149	71199		538403	3115	3115 9
10	30565	8856	1317935		2010138	5319	5319 10
11	51163	18728	1031598		1817036	5918	5918 11
12	23435	902	174823		78666	2810	2810 12
13							13
14	4372	46662	1146366		1524353	752	752 14
15	12844	8656	27419		73144	1525	1525 15
16	30041	3058	1165450		1819254	2508	2508 16
17	14185	111944	958210		1654954	4334	4334 17
18			182040		229448		18
20							20
21							21
22							22
23							23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	490495	349891	6977381		10602496	35451	35451 25
26	95715	28073	1834779		2655265	5278	5278 26
31	38291	37428	990238		1827111	4625	4625 31
31.01	51708	5083	1268158		2782531	6161	6161 31.01
33	14203	3370	341806		529046	1703	1703 33
34							34
ANCILLARY SERVICE COST CENTERS							
37	95788	381846	2250592		5968034	6028	6028 37
38	32618	2745	1291650		1745058	3750	3750 38
39	16440	75	897198		1152373	1971	1971 39
41	59517	535642	1624580		3458231	6923	6923 41
41.01	152603	138123	512089		1197005	1838	1838 41.01
43	20287	10091	213954		508715	2302	2302 43
44	28898	142548	1733762		3717456	7772	7772 44
46.30							46.30
47	3069		278912		949419	1077	1077 47
49	16354	72908	837310		1324862	1646	1646 49
50	54692	12661	2041333		2706415	6950	6950 50
50.01							50.01
52	16688	810	178006		249750	2001	2001 52
53	34392	97704	550647		969411	4094	4094 53
54	8622	13083	243942		361417	1024	1024 54
55					1224073		55
56					2558120		56
59	109427	76953	705464		1316297	1388	1388 59
59.01	17132	57689	573715		860933	2034	2034 59.01
59.02							59.02
59.03			50		93751		59.03
OUTPATIENT SERVICE COST CENTERS							
61	95160	69812	2500341		4114885	10000	10000 61
61.01	10965	2832	569570		1553688	2561	2561 61.01
61.02			97		17915		61.02
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71							71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
95	3754990	2337301	39099582	-18688438	71917552	359644	142858 95
NONREIMBURSABLE COST CENTERS							
96	6165				7816	539	539 96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	MAINT-	OPERATION
	BLDGS & FIXTURES DOLLAR VAL UE	MOVABLE EQUIPMENT DOLLAR VAL UE	BENEFITS GROSS SALA RIES		CILATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEE T
	3	4	5	6A	6	7	8
96.01 CCRI	8589				10889		96.01
96.02 VRC CONTRACTS							96.02
96.03 LIFELINE							96.03
98 PHYSICIANS' PRIVATE OFFICES	6677		11669		27226	587	587 98
100 VACANT SPACE	7039				8924	12618	12618 100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	4796767	3707005	10185509		18688438	529370	9512510 103
104 UNIT COST MULT-WS B PT I		1.586020				1.417748	104
104 UNIT COST MULT-WS B PT I	1.267825		.260424		.259661		60.743222 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			16832		366912	23039	2462352 107
108 UNIT COST MULT-WS B PT III						.061703	108
108 UNIT COST MULT-WS B PT III			.000430		.005098		15.723631 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	POUNDS OF LAUNDRY 9	SQUARE FEET 10	MEALS SERVED 11	FTE'S 12	DIRECT NURSING HOURS 14	COSTED REQ S 15	COSTED REQ S 16	TIME SPENT 17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	775310								9
10		148168							10
11		5918	79399						11
12		2810			49490				12
13									13
14		752			1483	561324			14
15		1525			50	2505126			15
16		2508			1462		3214564		16
17		4334			2217			46076	17
18					291				18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	390198	35451	55293	11327	229412	379638	17904	19951	25
26	40743	5278	4591	2509	51602	129634	3270	2217	26
31	36702	4625	7738	1476	32259	24468	1637	2951	31
31.01	18362	6161	11689	1883	38934	6620	1088	4466	31.01
33	456	1703		433	9006	25123		1893	33
34									34
ANCILLARY SERVICE COST CENTERS									
37	91573	6028		3683	59964	246704	5104	6240	37
38		3750		1721	35046	40085	275		38
39	7897	1971		1137	23629	560		34	39
41	20360	6923		3078		16513	560	1411	41
41.01	7886	1838		696		9358		227	41.01
43	3063	2302		257		9722	98		43
44		7772		2938		78977	7		44
46.30									46.30
47		1077		403		10145			47
49		1646		1202		131182			49
50	21306	6950		2953		3113		1815	50
50.01									50.01
52		2001		236		274			52
53		4094		1123			3	646	53
54	7933	1024		246		1432		31	54
55						1090943			55
56						15111	3154359		56
59	8234	1388		1071		44539			59
59.01	4520	2034		745		8931	608		59.01
59.02									59.02
59.03									59.03
OUTPATIENT SERVICE COST CENTERS									
61	111364	10000		3978	81179	202525	6959	4160	61
61.01	1354	2561		849		29476	4010		61.01
61.02	138		88	14	293	50	8	34	61.02
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	772089	134424	79399	49461	561324	2505123	3195890	46076	95
NONREIMBURSABLE COST CENTERS									
96		539							96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	POUNDS OF LAUNDRY 9	SQUARE FEET 10	MEALS SERVED 11	SERV FTES 12	DIRECT NURSING HOURS 14	COSTED REQ S 15	COSTED REQ S 16	TIME SPENT 17	
96.01 CCRI									96.01
96.02 VRC CONTRACTS									96.02
96.03 LIFELINE									96.03
98 PHYSICIANS' PRIVATE OFFICES	3221	587		29		3	18674		98
100 VACANT SPACE		12618							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	871836	2862726	2771058	328055	1991272	216727	2505691	2452519	103
104 UNIT COST MULT-WS B PT I	1.124500		34.900414		3.547456		.779481		104
104 UNIT COST MULT-WS B PT I		19.320812		6.628713		.086513		53.227689	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	89326	147574	204331	78773	102793	56070	144543	280667	107
108 UNIT COST MULT-WS B PT III	.115213		2.573471		.183126		.044965		108
108 UNIT COST MULT-WS B PT III		.995991		1.591695		.022382		6.091392	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE	1493	18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES		22
23	I&R SERVICES-OTHER PRGM COSTS		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	640	25
26	INTENSIVE CARE UNIT	32	26
31	SUBPROVIDER I	9	31
31.01	SUB PROVIDER II	773	31.01
33	NURSERY		33
34	SKILLED NURSING FACILITY		34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	39	37
38	RECOVERY ROOM		38
39	DELIVERY ROOM & LABOR ROOM		39
41	RADIOLOGY-DIAGNOSTIC		41
41.01	MAGNETIC RESONANCE IMAGING		41.01
43	RADIOISOTOPE		43
44	LABORATORY		44
46.30	BLOOD CLOTTING FACTORS ADMIN		46.30
47	BLOOD STORING, PROCESSING & T		47
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
50.01	PSYCHOLOGY		50.01
52	SPEECH PATHOLOGY		52
53	ELECTROCARDIOLOGY		53
54	ELECTROENCEPHALOGRAPHY		54
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
59	CAT SCAN		59
59.01	ULTRASOUND		59.01
59.02	VRC CONTRACT		59.02
59.03	RENAL DIALYSIS		59.03
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY		61
61.01	OCCUPATIONAL HEALTH		61.01
61.02	PSYCH PARTIAL HOSPITAL		61.02
62	OBSERVATION BEDS (NON-DISTINC		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERA		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	1493	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C		96

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
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VERSION: 2010.02
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
96.01 CCRI			96.01
96.02 VRC CONTRACTS			96.02
96.03 LIFELINE			96.03
98 PHYSICIANS' PRIVATE OFFICES			98
100 VACANT SPACE			100
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	290956		103
104 UNIT COST MULT-WS B PT I	194.880107		104
104 UNIT COST MULT-WS B PT I			104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	1711		107
108 UNIT COST MULT-WS B PT III	1.146015		108
108 UNIT COST MULT-WS B PT III			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	20735082		20735082		20735082	25
26 INTENSIVE CARE UNIT	4318532		4318532		4318532	26
31 SUBPROVIDER I	3276166		3276166		3276166	31
31.01 SUB PROVIDER II	4976033		4976033	8278	4984311	31.01
33 NURSERY	943446		943446		943446	33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8714042		8714042	4674	8718716	37
38 RECOVERY ROOM	2643153		2643153		2643153	38
39 DELIVERY ROOM & LABOR ROOM	1714297		1714297		1714297	39
41 RADIOLOGY-DIAGNOSTIC	5040565		5040565		5040565	41
41.01 MAGNETIC RESONANCE IMAGING	1683960		1683960		1683960	41.01
43 RADIOISOTOPE	834445		834445		834445	43
44 LABORATORY	5342323		5342323	161720	5504043	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1287251		1287251		1287251	47
49 RESPIRATORY THERAPY	1822313		1822313	12198	1834511	49
50 PHYSICAL THERAPY	4115874		4115874		4115874	50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	479233		479233		479233	52
53 ELECTROCARDIOLOGY	1596546		1596546	164926	1761472	53
54 ELECTROENCEPHALOGRAPHY	551027		551027		551027	54
55 MEDICAL SUPPLIES CHARGED TO	1636298		1636298		1636298	55
56 DRUGS CHARGED TO PATIENTS	5682435		5682435		5682435	56
59 CAT SCAN	1791396		1791396		1791396	59
59.01 ULTRASOUND	1261487		1261487		1261487	59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	118094		118094		118094	59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	6682126		6682126	50418	6732544	61
61.01 OCCUPATIONAL HEALTH	2178622		2178622	8523	2187145	61.01
61.02 PSYCH PARTIAL HOSPITAL	28745		28745	91	28836	61.02
62 OBSERVATION BEDS (NON-DISTI	2639635		2639635		2639635	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	92093126		92093126	410828	92503954	101
102 LESS OBSERVATION BEDS	2639635		2639635		2639635	102
103 TOTAL	89453491		89453491	410828	89864319	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19905289		19905289			25
26 INTENSIVE CARE UNIT	4366335		4366335			26
31 SUBPROVIDER I	2791924		2791924			31
31.01 SUB PROVIDER II	4112747		4112747			31.01
33 NURSERY	1147135		1147135			33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8204880	18466930	26671810	.326714	.326714	.326889 37
38 RECOVERY ROOM	996234	3524291	4520525	.584700	.584700	.584700 38
39 DELIVERY ROOM & LABOR ROOM	2549663	460741	3010404	.569457	.569457	.569457 39
41 RADIOLOGY-DIAGNOSTIC	1752280	11511155	13263435	.380035	.380035	.380035 41
41.01 MAGNETIC RESONANCE IMAGING	1218772	8778778	9997550	.168437	.168437	.168437 41.01
43 RADIOISOTOPE	441345	1679283	2120628	.393490	.393490	.393490 43
44 LABORATORY	10048840	19222217	29271057	.182512	.182512	.188037 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1517544	1468392	2985936	.431105	.431105	.431105 47
49 RESPIRATORY THERAPY	1853018	434549	2287567	.796616	.796616	.801949 49
50 PHYSICAL THERAPY	2017757	4273292	6291049	.654243	.654243	.654243 50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	348389	261006	609395	.786408	.786408	.786408 52
53 ELECTROCARDIOLOGY	1590754	2657441	4248195	.375817	.375817	.414640 53
54 ELECTROENCEPHALOGRAPHY	31504	1060393	1091897	.504651	.504651	.504651 54
55 MEDICAL SUPPLIES CHARGED TO	3151207	2668584	5819791	.281161	.281161	.281161 55
56 DRUGS CHARGED TO PATIENTS	6316824	7474437	13791261	.412032	.412032	.412032 56
59 CAT SCAN	2619699	9924452	12544151	.142807	.142807	.142807 59
59.01 ULTRASOUND	493221	3025346	3518567	.358523	.358523	.358523 59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	196103	10280	206383	.572208	.572208	.572208 59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2308619	15871901	18180520	.367543	.367543	.370316 61
61.01 OCCUPATIONAL HEALTH	337	1755850	1756187	1.240541	1.240541	1.245394 61.01
61.02 PSYCH PARTIAL HOSPITAL		50635	50635	.567690	.567690	.569488 61.02
62 OBSERVATION BEDS (NON-DISTI	304851	2444521	2749372	.960087	.960087	.960087 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	80285271	117024474	197309745			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	80285271	117024474	197309745			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2213143		2213143
26 INTENSIVE CARE UNIT				321650		321650
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				248698		248698
31.01 SUB PROVIDER II				262349		262349
33 NURSERY				69258		69258
101 TOTAL				3115098		3115098

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	19654	8416			112.61	947726
26 INTENSIVE CARE UNIT	1906	1069			168.76	180404
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2537	1185			98.03	116166
31.01 SUB PROVIDER II	3869	843			67.81	57164
33 NURSERY	1627				42.57	
101 TOTAL	29593	11513				1301460

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (41-0006) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1210133	26671810	2664570			.045371	120894 37
38 RECOVERY ROOM		128180	4520525	364652			.028355	10340 38
39 DELIVERY ROOM & LABOR ROOM		67566	3010404				.022444	39
41 RADIOLOGY-DIAGNOSTIC		1075733	13263435	975776			.081105	79140 41
41.01 MAGNETIC RESONANCE IMAGING		453504	9997550	563813			.045362	25576 41.01
43 RADIOISOTOPE		84091	2120628	311440			.039654	12350 43
44 LABORATORY		447334	29271057	5560396			.015282	84974 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		27792	2985936	675362			.009308	6286 47
49 RESPIRATORY THERAPY		176462	2287567	985378			.077140	76012 49
50 PHYSICAL THERAPY		249250	6291049	321745			.039620	12748 50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY		57753	609395	74508			.094771	7061 52
53 ELECTROCARDIOLOGY		278168	4248195	1187537			.065479	77759 53
54 ELECTROENCEPHALOGRAPHY		52340	1091897	15003			.047935	719 54
55 MEDICAL SUPPLIES CHARGED TO P		30657	5819791	1433469			.005268	7552 55
56 DRUGS CHARGED TO PATIENTS		155216	13791261	3189165			.011255	35894 56
59 CAT SCAN		294739	12544151	1413009			.023496	33200 59
59.01 ULTRASOUND		153926	3518567	58421			.043747	2556 59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS		478	206383	125318			.002316	290 59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		485450	18180520	806664			.026702	21540 61
61.01 OCCUPATIONAL HEALTH		72139	1756187				.041077	61.01
61.02 PSYCH PARTIAL HOSPITAL		617	50635				.012185	61.02
62 OBSERVATION BEDS (NON-DISTINC		281739	2749372	214258			.102474	21956 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5783267	164986315	20940484				636847 101

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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	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					19654		8416	25
26 INTENSIVE CARE UNIT					1906		1069	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					2537		1185	31
31.01 SUB PROVIDER II					3869		843	31.01
33 NURSERY					1627			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					29593		11513	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (41-0006)	[]	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			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CAT SCAN							59
59.01 ULTRASOUND							59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
61.01 OCCUPATIONAL HEALTH							61.01
61.02 PSYCH PARTIAL HOSPITAL							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0006) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26671810			2664570		3568508 37
38 RECOVERY ROOM		4520525			364652		696742 38
39 DELIVERY ROOM & LABOR ROOM		3010404					39
41 RADIOLOGY-DIAGNOSTIC		13263435			975776		1321268 41
41.01 MAGNETIC RESONANCE IMAGING		9997550			563813		2167194 41.01
43 RADIOISOTOPE		2120628			311440		695766 43
44 LABORATORY		29271057			5560396		551814 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2985936			675362		265112 47
49 RESPIRATORY THERAPY		2287567			985378		36500 49
50 PHYSICAL THERAPY		6291049			321745		50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY		609395			74508		52
53 ELECTROCARDIOLOGY		4248195			1187537		1370912 53
54 ELECTROENCEPHALOGRAPHY		1091897			15003		12673 54
55 MEDICAL SUPPLIES CHARGED TO P		5819791			1433469		714451 55
56 DRUGS CHARGED TO PATIENTS		13791261			3189165		2128019 56
59 CAT SCAN		12544151			1413009		2858139 59
59.01 ULTRASOUND		3518567			58421		265022 59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		206383			125318		1028 59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		18180520			806664		2457602 61
61.01 OCCUPATIONAL HEALTH		1756187					61.01
61.02 PSYCH PARTIAL HOSPITAL		50635					13316 61.02
62 OBSERVATION BEDS (NON-DISTINC		2749372			214258		1118810 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		164986315			20940484		20242876 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0006) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 PSYCHOLOGY					50.01
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 CAT SCAN					59
59.01 ULTRASOUND					59.01
59.02 VRC CONTRACT					59.02
59.03 RENAL DIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 OCCUPATIONAL HEALTH					61.01
61.02 PSYCH PARTIAL HOSPITAL					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0006) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.326714	.326714	.326714			37
38 RECOVERY ROOM	.584700	.584700	.584700			38
39 DELIVERY ROOM & LABOR ROOM	.569457	.569457	.569457			39
41 RADIOLOGY-DIAGNOSTIC	.380035	.380035	.380035			41
41.01 MAGNETIC RESONANCE IMAGING	.168437	.168437	.168437			41.01
43 RADIOISOTOPE	.393490	.393490	.393490			43
44 LABORATORY	.182512	.182512	.182512			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.431105	.431105	.431105			47
49 RESPIRATORY THERAPY	.796616	.796616	.796616			49
50 PHYSICAL THERAPY	.654243	.654243	.654243			50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	.786408	.786408	.786408			52
53 ELECTROCARDIOLOGY	.375817	.375817	.375817			53
54 ELECTROENCEPHALOGRAPHY	.504651	.504651	.504651			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.281161	.281161	.281161			55
56 DRUGS CHARGED TO PATIENTS	.412032	.412032	.412032			56
59 CAT SCAN	.142807	.142807	.142807			59
59.01 ULTRASOUND	.358523	.358523	.358523			59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	.572208	.572208	.572208			59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.367543	.367543	.367543			61
61.01 OCCUPATIONAL HEALTH	1.240541	1.240541	1.240541			61.01
61.02 PSYCH PARTIAL HOSPITAL	.567690	.567690	.567690			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.960087	.960087	.960087			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.412032	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0006) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES						PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
	5	5.01	5.02	5.03	5.04	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3568508						37	
38 RECOVERY ROOM		696742						38	
39 DELIVERY ROOM & LABOR ROOM								39	
41 RADIOLOGY-DIAGNOSTIC		1321268						41	
41.01 MAGNETIC RESONANCE IMAGING		2167194						41.01	
43 RADIOISOTOPE		695766						43	
44 LABORATORY		551814						44	
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30	
47 BLOOD STORING, PROCESSING & TR		265112						47	
49 RESPIRATORY THERAPY		36500						49	
50 PHYSICAL THERAPY								50	
50.01 PSYCHOLOGY								50.01	
52 SPEECH PATHOLOGY								52	
53 ELECTROCARDIOLOGY		1370912						53	
54 ELECTROENCEPHALOGRAPHY		12673						54	
55 MEDICAL SUPPLIES CHARGED TO PA		714451						55	
56 DRUGS CHARGED TO PATIENTS		2128019						56	
59 CAT SCAN		2858139						59	
59.01 ULTRASOUND		265022						59.01	
59.02 VRC CONTRACT								59.02	
59.03 RENAL DIALYSIS		1028						59.03	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		2457602						61	
61.01 OCCUPATIONAL HEALTH								61.01	
61.02 PSYCH PARTIAL HOSPITAL		13316						61.02	
62 OBSERVATION BEDS (NON-DISTINCT		1118810						62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01	
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02	
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03	
101 SUBTOTAL		20242876						101	
102 CRNA CHARGES								102	
103 PBP CLINIC LAB								103	
104 NET CHARGES		20242876						104	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0006) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1165882					37
38 RECOVERY ROOM		407385					38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC		502128					41
41.01 MAGNETIC RESONANCE IMAGING		365036					41.01
43 RADIOISOTOPE		273777					43
44 LABORATORY		100713					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		114291					47
49 RESPIRATORY THERAPY		29076					49
50 PHYSICAL THERAPY							50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		515212					53
54 ELECTROENCEPHALOGRAPHY		6395					54
55 MEDICAL SUPPLIES CHARGED TO PAT		200876					55
56 DRUGS CHARGED TO PATIENTS		876812					56
59 CAT SCAN		408162					59
59.01 ULTRASOUND		95016					59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		588					59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		903274					61
61.01 OCCUPATIONAL HEALTH							61.01
61.02 PSYCH PARTIAL HOSPITAL		7559					61.02
62 OBSERVATION BEDS (NON-DISTINCT		1074155					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		7046337					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		7046337					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-T006) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1210133	26671810				.045371		37
38 RECOVERY ROOM		128180	4520525				.028355		38
39 DELIVERY ROOM & LABOR ROOM		67566	3010404				.022444		39
41 RADIOLOGY-DIAGNOSTIC		1075733	13263435	19539			.081105	1585	41
41.01 MAGNETIC RESONANCE IMAGING		453504	9997550	8013			.045362	363	41.01
43 RADIOISOTOPE		84091	2120628	2167			.039654	86	43
44 LABORATORY		447334	29271057	105714			.015282	1616	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		27792	2985936	3849			.009308	36	47
49 RESPIRATORY THERAPY		176462	2287567	8665			.077140	668	49
50 PHYSICAL THERAPY		249250	6291049	672650			.039620	26650	50
50.01 PSYCHOLOGY									50.01
52 SPEECH PATHOLOGY		57753	609395	107169			.094771	10157	52
53 ELECTROCARDIOLOGY		278168	4248195	10583			.065479	693	53
54 ELECTROENCEPHALOGRAPHY		52340	1091897				.047935		54
55 MEDICAL SUPPLIES CHARGED TO P		30657	5819791	2847			.005268	15	55
56 DRUGS CHARGED TO PATIENTS		155216	13791261	166946			.011255	1879	56
59 CAT SCAN		294739	12544151	9304			.023496	219	59
59.01 ULTRASOUND		153926	3518567	2252			.043747	99	59.01
59.02 VRC CONTRACT									59.02
59.03 RENAL DIALYSIS		478	206383				.002316		59.03
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		485450	18180520				.026702		61
61.01 OCCUPATIONAL HEALTH		72139	1756187				.041077		61.01
61.02 PSYCH PARTIAL HOSPITAL		617	50635				.012185		61.02
62 OBSERVATION BEDS (NON-DISTINC		281739	2749372				.102474		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		5783267	164986315	1119698				44066	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-T006) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CAT SCAN							59
59.01 ULTRASOUND							59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
61.01 OCCUPATIONAL HEALTH							61.01
61.02 PSYCH PARTIAL HOSPITAL							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-T006) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26671810					37
38 RECOVERY ROOM		4520525					38
39 DELIVERY ROOM & LABOR ROOM		3010404					39
41 RADIOLOGY-DIAGNOSTIC		13263435			19539		41
41.01 MAGNETIC RESONANCE IMAGING		9997550			8013		41.01
43 RADIOISOTOPE		2120628			2167		43
44 LABORATORY		29271057			105714		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2985936			3849		47
49 RESPIRATORY THERAPY		2287567			8665		49
50 PHYSICAL THERAPY		6291049			672650		50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY		609395			107169		52
53 ELECTROCARDIOLOGY		4248195			10583		53
54 ELECTROENCEPHALOGRAPHY		1091897					54
55 MEDICAL SUPPLIES CHARGED TO P		5819791			2847		55
56 DRUGS CHARGED TO PATIENTS		13791261			166946		56
59 CAT SCAN		12544151			9304		59
59.01 ULTRASOUND		3518567			2252		59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		206383					59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		18180520					61
61.01 OCCUPATIONAL HEALTH		1756187					61.01
61.02 PSYCH PARTIAL HOSPITAL		50635					61.02
62 OBSERVATION BEDS (NON-DISTINC		2749372					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		164986315			1119698		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-T006) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 PSYCHOLOGY					50.01
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 CAT SCAN					59
59.01 ULTRASOUND					59.01
59.02 VRC CONTRACT					59.02
59.03 RENAL DIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 OCCUPATIONAL HEALTH					61.01
61.02 PSYCH PARTIAL HOSPITAL					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (41-S006)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1210133	26671810				.045371	37
38 RECOVERY ROOM		128180	4520525				.028355	38
39 DELIVERY ROOM & LABOR ROOM		67566	3010404				.022444	39
41 RADIOLOGY-DIAGNOSTIC		1075733	13263435	4009			.081105	325 41
41.01 MAGNETIC RESONANCE IMAGING		453504	9997550	1610			.045362	73 41.01
43 RADIOISOTOPE		84091	2120628				.039654	43
44 LABORATORY		447334	29271057	149342			.015282	2282 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		27792	2985936				.009308	47
49 RESPIRATORY THERAPY		176462	2287567	3082			.077140	238 49
50 PHYSICAL THERAPY		249250	6291049	2750			.039620	109 50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY		57753	609395	419			.094771	40 52
53 ELECTROCARDIOLOGY		278168	4248195	8196			.065479	537 53
54 ELECTROENCEPHALOGRAPHY		52340	1091897	437			.047935	21 54
55 MEDICAL SUPPLIES CHARGED TO P		30657	5819791	332			.005268	2 55
56 DRUGS CHARGED TO PATIENTS		155216	13791261	106155			.011255	1195 56
59 CAT SCAN		294739	12544151	7799			.023496	183 59
59.01 ULTRASOUND		153926	3518567				.043747	59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS		478	206383				.002316	59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		485450	18180520	53812			.026702	1437 61
61.01 OCCUPATIONAL HEALTH		72139	1756187				.041077	61.01
61.02 PSYCH PARTIAL HOSPITAL		617	50635				.012185	61.02
62 OBSERVATION BEDS (NON-DISTINC		281739	2749372				.102474	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5783267	164986315	337943				6442 101

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02
 02/25/2010 08:46

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	SUB II (41-S006)	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CAT SCAN							59
59.01 ULTRASOUND							59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
61.01 OCCUPATIONAL HEALTH							61.01
61.02 PSYCH PARTIAL HOSPITAL							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (41-S006) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26671810					37
38 RECOVERY ROOM		4520525					38
39 DELIVERY ROOM & LABOR ROOM		3010404					39
41 RADIOLOGY-DIAGNOSTIC		13263435			4009		41
41.01 MAGNETIC RESONANCE IMAGING		9997550			1610		41.01
43 RADIOISOTOPE		2120628					43
44 LABORATORY		29271057			149342		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2985936					47
49 RESPIRATORY THERAPY		2287567			3082		49
50 PHYSICAL THERAPY		6291049			2750		50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY		609395			419		52
53 ELECTROCARDIOLOGY		4248195			8196		53
54 ELECTROENCEPHALOGRAPHY		1091897			437		54
55 MEDICAL SUPPLIES CHARGED TO P		5819791			332		55
56 DRUGS CHARGED TO PATIENTS		13791261			106155		56
59 CAT SCAN		12544151			7799		59
59.01 ULTRASOUND		3518567					59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		206383					59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		18180520			53812		61
61.01 OCCUPATIONAL HEALTH		1756187					61.01
61.02 PSYCH PARTIAL HOSPITAL		50635					61.02
62 OBSERVATION BEDS (NON-DISTINC		2749372					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		164986315			337943		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (41-S006) [] NF [] ICF/MR
 [] SUB III

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
41.01 MAGNETIC RESONANCE IMAGING						41.01
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 CAT SCAN						59
59.01 ULTRASOUND						59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS						59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
61.01 OCCUPATIONAL HEALTH						61.01
61.02 PSYCH PARTIAL HOSPITAL						61.02
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0006)	SUB I (PPS) (41-T006)	SUB II (PPS) (41-S006)	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	19654	2537	3869				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	19654	2537	3869				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13043						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6611	2537	3869				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8416	1185	843				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0006)	SUB I (PPS) (41-T006)	SUB II (PPS) (41-S006)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	20735082	3276166	4984311				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20735082	3276166	4984311				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	22112450	2791924	4112747				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14790006						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7322444	2791924	4112747				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.937711	1.173444	1.211918				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1133.94						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1107.62	1100.48	1063.00				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	26.32						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	24.68						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	321901						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	20413181	3276166	4984311				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (41-0006)	SUB I (PPS) (41-T006)	SUB II (PPS) (41-S006)	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1055.01	1291.35	1288.27			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8878964	1530250	1086012			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8878964	1530250	1086012			41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4318532	1906	2265.76	1069	2422097	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (41-0006)	SUB I (PPS) (41-T006)	SUB II (PPS) (41-S006)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	7084517	638582	102970			48
49 TOTAL PROGRAM INPATIENT COSTS	18385578	2168832	1188982			49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1128130	116166	57164			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	636847	44066	6442			51
52 TOTAL PROGRAM EXCLUDABLE COST	1764977	160232	63606			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16620601	2008600	1125376			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (41-0006)	SUB I (PPS) (41-T006)	SUB II (PPS) (41-S006)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54	PROGRAM DISCHARGES					54
55	TARGET AMOUNT PER DISCHARGE					55
56	TARGET AMOUNT					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02
02/25/2010 08:46

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS) (PPS)
 (41-0006) (41-T006) (41-S006)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2502	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1055.01	84
85 OBSERVATION BED COST	2639635	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		20735082		2639635		86
87 NEW CAPITAL-RELATED COST	2213143	20735082	.106734	2639635	281739	87
88 NON PHYSICIAN ANESTHETIST		20735082		2639635		88
89 MEDICAL EDUCATION		20735082		2639635		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (41-0006) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		9525622		25
26 INTENSIVE CARE UNIT		2510211		26
31 SUBPROVIDER I				31
31.01 SUB PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.326889	2664570	871019	37
38 RECOVERY ROOM	.584700	364652	213212	38
39 DELIVERY ROOM & LABOR ROOM	.569457			39
41 RADIOLOGY-DIAGNOSTIC	.380035	975776	370829	41
41.01 MAGNETIC RESONANCE IMAGING	.168437	563813	94967	41.01
43 RADIOISOTOPE	.393490	311440	122549	43
44 LABORATORY	.188037	5560396	1045560	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.431105	675362	291152	47
49 RESPIRATORY THERAPY	.801949	985378	790223	49
50 PHYSICAL THERAPY	.654243	321745	210499	50
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY	.786408	74508	58594	52
53 ELECTROCARDIOLOGY	.414640	1187537	492400	53
54 ELECTROENCEPHALOGRAPHY	.504651	15003	7571	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.281161	1433469	403036	55
56 DRUGS CHARGED TO PATIENTS	.412032	3189165	1314038	56
59 CAT SCAN	.142807	1413009	201788	59
59.01 ULTRASOUND	.358523	58421	20945	59.01
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS	.572208	125318	71708	59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.370316	806664	298721	61
61.01 OCCUPATIONAL HEALTH	1.245394			61.01
61.02 PSYCH PARTIAL HOSPITAL	.569488			61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.960087	214258	205706	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		20940484	7084517	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		20940484		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (41-T006)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		1303500		31
31.01 SUB PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.326889			37
38 RECOVERY ROOM	.584700			38
39 DELIVERY ROOM & LABOR ROOM	.569457			39
41 RADIOLOGY-DIAGNOSTIC	.380035	19539	7426	41
41.01 MAGNETIC RESONANCE IMAGING	.168437	8013	1350	41.01
43 RADIOISOTOPE	.393490	2167	853	43
44 LABORATORY	.188037	105714	19878	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.431105	3849	1659	47
49 RESPIRATORY THERAPY	.801949	8665	6949	49
50 PHYSICAL THERAPY	.654243	672650	440077	50
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY	.786408	107169	84279	52
53 ELECTROCARDIOLOGY	.414640	10583	4388	53
54 ELECTROENCEPHALOGRAPHY	.504651			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.281161	2847	800	55
56 DRUGS CHARGED TO PATIENTS	.412032	166946	68787	56
59 CAT SCAN	.142807	9304	1329	59
59.01 ULTRASOUND	.358523	2252	807	59.01
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS	.572208			59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.370316			61
61.01 OCCUPATIONAL HEALTH	1.245394			61.01
61.02 PSYCH PARTIAL HOSPITAL	.569488			61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.960087			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1119698	638582	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1119698		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [XX] SUB II (41-S006) [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUB PROVIDER II		895038		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.326889			37
38 RECOVERY ROOM	.584700			38
39 DELIVERY ROOM & LABOR ROOM	.569457			39
41 RADIOLOGY-DIAGNOSTIC	.380035	4009	1524	41
41.01 MAGNETIC RESONANCE IMAGING	.168437	1610	271	41.01
43 RADIOISOTOPE	.393490			43
44 LABORATORY	.188037	149342	28082	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.431105			47
49 RESPIRATORY THERAPY	.801949	3082	2472	49
50 PHYSICAL THERAPY	.654243	2750	1799	50
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY	.786408	419	330	52
53 ELECTROCARDIOLOGY	.414640	8196	3398	53
54 ELECTROENCEPHALOGRAPHY	.504651	437	221	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.281161	332	93	55
56 DRUGS CHARGED TO PATIENTS	.412032	106155	43739	56
59 CAT SCAN	.142807	7799	1114	59
59.01 ULTRASOUND	.358523			59.01
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS	.572208			59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.370316	53812	19927	61
61.01 OCCUPATIONAL HEALTH	1.245394			61.01
61.02 PSYCH PARTIAL HOSPITAL	.569488			61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.960087			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		337943	102970	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		337943		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0006)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3315305					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	9661892					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	463868					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	95.94					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO			0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0006)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0652					4
4.01	0.1150					4.01
4.02	0.1802					4.02
4.03	0.0445					4.03
4.04	577485					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	14018550					6
7						7
7.01						7.01
8	14018550					8
9	1112754					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	15131304					16
17	3388					17
18	15127916					18
19	1138860					19
20	75356					20
21	89233					21
21.01	62463					21.01
21.02	44688					21.02
22	13976163					22

PROVIDER NO. 41-0006 NEWPORT 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)

VERSION: 2010.02
02/25/2010 08:46

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0006)	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	13976163				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	14028319				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-52156				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	360082				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0006) 1	HOSPITAL (41-0006) 1.01	HOSPITAL (41-0006) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	7046337			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5785629			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.821			1.03
1.04 LINE 1.01 TIMES LINE 1.03	5785043			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	5785629			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0006) 1	HOSPITAL (41-0006) 1.01	HOSPITAL (41-0006) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1517480		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	4268149		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4268149		23
24 PRIMARY PAYER PAYMENTS	3220		24
25 SUBTOTAL	4264929		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	234361		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	164053		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	191340		27.02
28 SUBTOTAL	4428982		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	4428982		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4388750		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	40232		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	24690		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (41-T006)	SUB I (41-T006)	SUB I (41-T006)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (41-T006) 1	SUB I (41-T006) 1.01	SUB I (41-T006) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (41-S006)	SUB II (41-S006)	SUB II (41-S006)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (41-S006) 1	SUB II (41-S006) 1.01	SUB II (41-S006) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (41-0006)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14028319		4388750	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .53 .54				3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		14028319		4388750	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		-52156	40232	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		13976163		4428982	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (41-T006)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1585728		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1585728		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	26571		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1612299		7
NAME OF INTERMEDIARY:	_____			
SIGNATURE OF AUTHORIZED PERSON:	_____			
	INTERMEDIARY NUMBER: _____			
	DATE (MO/DAY/YR): _____			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (41-S006)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		557804		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		557804		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		557804		7
NAME OF INTERMEDIARY:	_____			
SIGNATURE OF AUTHORIZED PERSON:	_____			
	INTERMEDIARY NUMBER: _____			
	DATE (MO/DAY/YR): _____			

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (41-T006)	SUB II (41-S006)	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (41-T006)	SUB II (41-S006)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		1612299	557804			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1585728	557804			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		26571				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		30482				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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2508000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	11622000			4
5	OTHER RECEIVABLES	6328000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2375000			6
7	INVENTORY	1599000			7
8	PREPAID EXPENSES	427000			8
9	OTHER CURRENT ASSETS	497000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	20606000			11
FIXED ASSETS					
12	LAND	1406761			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1209959			13
13.01	ACCUMULATED DEPRECIATION	-1071951			13.01
14	BUILDINGS	91424785			14
14.01	ACCUMULATED DEPRECIATION	-40066672			14.01
15	LEASEHOLD IMPROVEMENTS	17338			15
15.01	ACCUMULATED AMORTIZATION	-11667			15.01
16	FIXED EQUIPMENT	12109573			16
16.01	ACCUMULATED DEPRECIATION	-8182167			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	39542093			18
18.01	ACCUMULATED DEPRECIATION	-26853584			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	69524468			21
OTHER ASSETS					
22	INVESTMENTS	74426532			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	128107000			25
26	TOTAL OTHER ASSETS	202533532			26
27	TOTAL ASSETS	292664000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2368000			28
29	SALARIES, WAGES & FEES PAYABLE	4349000			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2789000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	9506000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	23535000			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	16780000			41
42	TOTAL LONG TERM LIABILITIES	40315000			42
43	TOTAL LIABILITIES	49821000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	242843000			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	242843000			51
52	TOTAL LIABILITIES AND FUND BALANCES	292664000			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	269707000			1
2 NET INCOME (LOSS)	897586			2
3 TOTAL	270604586			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET UNREALIZED GAIN ON INVSTMTS	261000			5
6 NET ASSETS RELEASED FROM RESTR FOR	440000			6
7 INCR IN INT IN NET ASSETS OF NHF				7
8 INCOME FROM RESTR INVSTMTS	374000			8
9 TRANSFERS FROM NHF	1034000			9
10 TOTAL ADDITIONS	2109000			10
11 SUBTOTAL	272713586			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	4634586			12
13 DECR IN INT IN NET ASSETS OF NHF	2267000			13
14 NET ASSETS RELEASED FROM RESTR FOR	1149000			14
15 CHANGE IN ACCOUNTING PRINCIPLE	21820000			15
16				16
17				17
18 TOTAL DEDUCTIONS	29870586			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	242843000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	20598151		20598151	1
2 SUBPROVIDER I	2791924		2791924	2
2.01 SUBPROVIDER II	4112747		4112747	2.01
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	27502822		27502822	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	4365307		4365307	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	4365307		4365307	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	31868129		31868129	16
17 ANCILLARY SERVICES	50570174		50570174	17
18 OUTPATIENT SERVICES		129266411	129266411	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	82438303	129266411	211704714	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		101593345	26
27 PROVISION FOR BAD DEBTS	4288000		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		4288000	33
34 RETIREMENT			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		105881345	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	211704714	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	106115783	2
3	NET PATIENT REVENUES	105588931	3
4	LESS - TOTAL OPERATING EXPENSES	105881345	4
5	NET INCOME FROM SERVICE TO PATIENTS	-292414	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1006000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	66000	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	363000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	475000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	DSH SHARE RECOVERY	-720000	24
25	TOTAL OTHER INCOME	1190000	25
26	TOTAL	897586	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	897586	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (41-0006) (41-0006)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	1072013			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	40741			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]				4
4.01	NO. OF INTERNS & RESIDENTS [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0652	0.0203		5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1112754			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUB PROVIDER II					31.01
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 PSYCHOLOGY					50.01
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
59 CAT SCAN					59
59.01 ULTRASOUND					59.01
59.02 VRC CONTRACT					59.02
59.03 RENAL DIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 OCCUPATIONAL HEALTH					61.01
61.02 PSYCH PARTIAL HOSPITAL					61.02
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
96.01 CCRJ					96.01
96.02 VRC CONTRACTS					96.02

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
96.03 LIFELINE						96.03
98 PHYSICIANS' PRIVATE OFFICES						98
100 VACANT SPACE						100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	42.82						42.82 25
26 INTENSIVE CARE UNIT	56.09						56.09 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	9.99	13.38					23.37 37
38 RECOVERY ROOM	8.07	15.41					23.48 38
41 RADIOLOGY-DIAGNOSTIC	7.36	9.96					17.32 41
41.01 MAGNETIC RESONANCE IMAGING	5.64	21.68					27.32 41.01
43 RADIOISOTOPE	14.69	32.81					47.50 43
44 LABORATORY	19.00	1.89					20.89 44
47 BLOOD STORING, PROCESSING & TRA	22.62	8.88					31.50 47
49 RESPIRATORY THERAPY	43.08	1.60					44.68 49
50 PHYSICAL THERAPY	5.11						5.11 50
52 SPEECH PATHOLOGY	12.23						12.23 52
53 ELECTROCARDIOLOGY	27.95	32.27					60.22 53
54 ELECTROENCEPHALOGRAPHY	1.37	1.16					2.53 54
55 MEDICAL SUPPLIES CHARGED TO PAT	24.63	12.28					36.91 55
56 DRUGS CHARGED TO PATIENTS	23.12	15.43					38.55 56
59 CAT SCAN	11.26	22.78					34.04 59
59.01 ULTRASOUND	1.66	7.53					9.19 59.01
59.03 RENAL DIALYSIS	60.72	0.50					61.22 59.03
61 EMERGENCY	4.44	13.52					17.96 61
61.02 PSYCH PARTIAL HOSPITAL		26.30					26.30 61.02
62 OBSERVATION BEDS (NON-DISTINCT)	7.79	40.69					48.48 62
101 TOTAL CHARGES	10.61	10.26					20.87 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	46.71						46.71 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.15						0.15 41
41.01 MAGNETIC RESONANCE IMAGING	0.08						0.08 41.01
43 RADIOISOTOPE	0.10						0.10 43
44 LABORATORY	0.36						0.36 44
47 BLOOD STORING, PROCESSING & TRA	0.13						0.13 47
49 RESPIRATORY THERAPY	0.38						0.38 49
50 PHYSICAL THERAPY	10.69						10.69 50
52 SPEECH PATHOLOGY	17.59						17.59 52
53 ELECTROCARDIOLOGY	0.25						0.25 53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.05						0.05 55
56 DRUGS CHARGED TO PATIENTS	1.21						1.21 56
59 CAT SCAN	0.07						0.07 59
59.01 ULTRASOUND	0.06						0.06 59.01
101 TOTAL CHARGES	0.57						0.57 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUB PROVIDER II		21.79					21.79 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC		0.03					0.03 41
41.01 MAGNETIC RESONANCE IMAGING		0.02					0.02 41.01
44 LABORATORY		0.51					0.51 44
49 RESPIRATORY THERAPY		0.13					0.13 49
50 PHYSICAL THERAPY		0.04					0.04 50
52 SPEECH PATHOLOGY		0.07					0.07 52
53 ELECTROCARDIOLOGY		0.19					0.19 53
54 ELECTROENCEPHALOGRAPHY		0.04					0.04 54
55 MEDICAL SUPPLIES CHARGED TO PAT		0.01					0.01 55
56 DRUGS CHARGED TO PATIENTS		0.77					0.77 56
59 CAT SCAN		0.06					0.06 59
61 EMERGENCY		0.30					0.30 61
101 TOTAL CHARGES		0.17					0.17 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT						1	
2	OLD CAP REL COSTS-MVBLE EQUIP						2	
3	NEW CAP REL COSTS-BLDG & FIXT	4796767	5.29	-4796767	-9.85		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	3707005	4.09	-3707005	-7.61		4	
5	EMPLOYEE BENEFITS	10168677	11.22	-10168677	-20.88		5	
6	ADMINISTRATIVE & GENERAL	17381852	19.17	-17381852	-35.70		6	
7	MAINTENANCE & REPAIRS	360225	.40	-360225	-.74		7	
8	OPERATION OF PLANT	4676427	5.16	-4676427	-9.60		8	
9	LAUNDRY & LINEN SERVICE	482482	.53	-482482	-.99		9	
10	HOUSEKEEPING	1614119	1.78	-1614119	-3.32		10	
11	DIETARY	1453814	1.60	-1453814	-2.99		11	
12	CAFETERIA	1996		-1996			12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	1146262	1.26	-1146262	-2.35		14	
15	CENTRAL SERVICES & SUPPLY	35990	.04	-35990	-.07		15	
16	PHARMACY	1472806	1.62	-1472806	-3.02		16	
17	MEDICAL RECORDS & LIBRARY	1209884	1.33	-1209884	-2.48		17	
18	SOCIAL SERVICE	182040	.20	-182040	-.37		18	
20	NONPHYSICIAN ANESTHETISTS						20	
21	NURSING SCHOOL						21	
22	I&R SERVICES-SALARY & FRINGES A						22	
23	I&R SERVICES-OTHER PRGM COSTS A						23	
24	PARAMED ED PRGM-(SPECIFY)						24	
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	7608623	8.39	13126459	26.96	20735082	22.87	25
26	INTENSIVE CARE UNIT	2011571	2.22	2306961	4.74	4318532	4.76	26
31	SUBPROVIDER I	1461321	1.61	1814845	3.73	3276166	3.61	31
31.01	SUB PROVIDER II	2378653	2.62	2597380	5.33	4976033	5.49	31.01
33	NURSERY	416680	.46	526766	1.08	943446	1.04	33
34	SKILLED NURSING FACILITY							34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	4654869	5.13	4059173	8.34	8714042	9.61	37
38	RECOVERY ROOM	1362973	1.50	1280180	2.63	2643153	2.92	38
39	DELIVERY ROOM & LABOR ROOM	897759	.99	816538	1.68	1714297	1.89	39
41	RADIOLOGY-DIAGNOSTIC	2110159	2.33	2930406	6.02	5040565	5.56	41
41.01	MAGNETIC RESONANCE IMAGING	651105	.72	1032855	2.12	1683960	1.86	41.01
43	RADIOISOTOPE	411271	.45	423174	.87	834445	.92	43
44	LABORATORY	3003221	3.31	2339102	4.80	5342323	5.89	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	872893	.96	414358	.85	1287251	1.42	47
49	RESPIRATORY THERAPY	970438	1.07	851875	1.75	1822313	2.01	49
50	PHYSICAL THERAPY	2085382	2.30	2030492	4.17	4115874	4.54	50
50.01	PSYCHOLOGY							50.01
52	SPEECH PATHOLOGY	180951	.20	298282	.61	479233	.53	52
53	ELECTROCARDIOLOGY	627446	.69	969100	1.99	1596546	1.76	53
54	ELECTROENCEPHALOGRAPHY	266208	.29	284819	.58	551027	.61	54

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	1224073	1.35	412225	.85	1636298	1.80	55
56 DRUGS CHARGED TO PATIENTS	2558120	2.82	3124315	6.42	5682435	6.27	56
59 CAT SCAN	871794	.96	919602	1.89	1791396	1.98	59
59.01 ULTRASOUND	598308	.66	663179	1.36	1261487	1.39	59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS	93738	.10	24356	.05	118094	.13	59.03
61 EMERGENCY	3232367	3.57	3449759	7.09	6682126	7.37	61
61.01 OCCUPATIONAL HEALTH	1386964	1.53	791658	1.63	2178622	2.40	61.01
61.02 PSYCH PARTIAL HOSPITAL	17890	.02	10855	.02	28745	.03	61.02
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			53765	.11	53765	.06	96
96.01 CCRI			13716	.03	13716	.02	96.01
96.02 VRC CONTRACTS							96.02
96.03 LIFELINE							96.03
98 PHYSICIANS' PRIVATE OFFICES	15722	.02	84773	.17	100495	.11	98
100 VACANT SPACE			1039378	2.13	1039378	1.15	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	90660845	100.00	0	.00	90660845	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1210133	26671810	.045371	2664570	120894	37
38 RECOVERY ROOM	128180	4520525	.028355	364652	10340	38
39 DELIVERY ROOM & LABOR ROOM	67566	3010404	.022444			39
41 RADIOLOGY-DIAGNOSTIC	1075733	13263435	.081105	975776	79140	41
41.01 MAGNETIC RESONANCE IMAGING	453504	9997550	.045362	563813	25576	41.01
43 RADIOISOTOPE	84091	2120628	.039654	311440	12350	43
44 LABORATORY	447334	29271057	.015282	5560396	84974	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	27792	2985936	.009308	675362	6286	47
49 RESPIRATORY THERAPY	176462	2287567	.077140	985378	76012	49
50 PHYSICAL THERAPY	249250	6291049	.039620	321745	12748	50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	57753	609395	.094771	74508	7061	52
53 ELECTROCARDIOLOGY	278168	4248195	.065479	1187537	77759	53
54 ELECTROENCEPHALOGRAPHY	52340	1091897	.047935	15003	719	54
55 MEDICAL SUPPLIES CHARGED TO PAT	30657	5819791	.005268	1433469	7552	55
56 DRUGS CHARGED TO PATIENTS	155216	13791261	.011255	3189165	35894	56
59 CAT SCAN	294739	12544151	.023496	1413009	33200	59
59.01 ULTRASOUND	153926	3518567	.043747	58421	2556	59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	478	206383	.002316	125318	290	59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	485450	18180520	.026702	806664	21540	61
61.01 OCCUPATIONAL HEALTH	72139	1756187	.041077			61.01
61.02 PSYCH PARTIAL HOSPITAL	617	50635	.012185			61.02
62 OBSERVATION BEDS (NON-DISTINCT	281739	2749372	.102474	214258	21956	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	5783267	164986315		20940484	636847	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	2213143		2213143	19654	112.61	8416	947726 25
26	INTENSIVE CARE UNIT	321650		321650	1906	168.76	1069	180404 26
101	TOTAL	2534793		2534793			9485	1128130 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1128130	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							636847	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1764977	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							1715	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							9485	
PER DISCHARGE CAPITAL COSTS							1029.14	
PER DIEM CAPITAL COSTS							186.08	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	16620601
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	32976317
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.504

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2168832
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	2423765
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.895

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1188982
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1232981
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.964

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	1764977
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.054

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	7046337
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	20242876
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.348