

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 10/01/2007 AND ENDING 09/30/2008, 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		4	1
2	SUBPROVIDER I	2			2
2.01	SUBPROVIDER II	324693	4490		2.01
3	SWING BED - SNF	-46646			3
4	SWING BED - NF	1991			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	280038	4490		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
 (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	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
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	YES	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?	NO	NO	NO	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)?	YES			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	048900		40
40.01	NAME: LIFESPAN			FI/CONTRACTOR'S NAME: PINNACLE MEDICARE SERVICES	40.01
40.02	STREET: 167 POINT STREET			P.O.BOX:	40.02
40.03	CITY: PROVIDENCE			STATE: RI ZIP CODE: 02903	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	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)?				NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD: BEGINNING: ENDING:						53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 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.				NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		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	NO		60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		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	1869	194	5403	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	1869	194	5403	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I	66		134	14	
14.01	SUB PROVIDER II	122	66	773	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

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES	38601229		38601229	1374651.20	28.08		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	1932493	27581	1960074	63042.56	31.09		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	24018		24018	369.50	65.00		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	674189		674189	2313.46	291.42		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	3774785		3774785	81468.00	46.33		11
12	HOME OFFICE: PHYSICIAN PART A	466355		466355	2268.50	205.58		12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	8251928		8251928			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	474948		474948			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)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	76066	1340	77406	1242.96	62.28		21
22	ADMINISTRATIVE & GENERAL	4026966	-609221	3417745	124710.30	27.41		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	144811	2552	147363	6256.23	23.55		23
24	OPERATION OF PLANT	818314	14419	832733	29478.86	28.25		24
25	LAUNDRY & LINEN SERVICE	69507	1225	70732	4246.78	16.66		25
26	HOUSEKEEPING	1194000	21039	1215039	85474.20	14.22		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1098660	-290201	808459	44034.21	18.36		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	62232	310657	372889	21966.95	16.98		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1443505	-349548	1093957	29749.13	36.77		30
31	CENTRAL SERVICES AND SUPPLY	300793	-278050	22743	928.51	24.49		31
32	PHARMACY	1113928	32579	1146507	31096.22	36.87		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	961741	17372	979113	47294.70	20.70		33
34	SOCIAL SERVICE		160407	160407	5803.20	27.64		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. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5		
1	NET SALARIES	38601229		38601229	1374651.20	28.08	1
2	EXCLUDED AREA SALARIES	1932493	27581	1960074	63042.56	31.09	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	36668736	-27581	36641155	1311608.64	27.94	3
4	SUBTOTAL OTHER WAGES & REL COSTS	4939347		4939347	86419.46	57.16	4
5	SUBTOTAL WAGE-RELATED COSTS	8251928		8251928		22.52	5
6	TOTAL (SUM OF LINES 3 THRU 5)	49860011	-27581	49832430	1398028.10	35.64	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	11310523	-965430	10345093	432282.25	23.93	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	11058839 17
17.01	GROSS MEDICAID REVENUES	8197306 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	19256145 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	11738877 23
24	COST TO CHARGE RATIO	0.462591 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	5430299 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	6658477 28
29	TOTAL GROSS MEDICAID COST	3080152 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	11058839 30
31	UNCOMPENSATED CARE COST	5115719 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	8510451 32

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2009.08
 02/24/2010 11:18

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	
96.03	9603	LIFELINE								96.03
98	9800	PHYSICIANS' PRIVATE OFFICES	4736	66956	71692	-41233	30459		30459	98
100	7950	VACANT SPACE								100
101		TOTAL	38601229	60531580	99132809		99132809	-10101820	89030989	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		2786076	4
5		A					5
6		A	ELECTROCARDIOLOGY	53		1381	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	CS&S TECH TIME	B	OPERATING ROOM	37	277489	127893	20
21		B	PHYSICIANS' PRIVATE OFFICES	98	5866	2704	21
22	NURSING SALARIES	C	NURSERY	33	337128		22
23		C	DELIVERY ROOM & LABOR ROOM	39	967898		23
24		D					24
25	DRUGS & IV CHARGEABLE	D	DRUGS CHARGED TO PATIENTS	56		3092045	25
26		D					26
27		D					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				1588381	6010099	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 M&S CHARGEABLE	A	ADMINISTRATIVE & GENERAL	6		453	1
2	A	HOUSEKEEPING	10		47	2
3	A	CENTRAL SERVICES & SUPPLY	15		50236	3
4	A	ADULTS & PEDIATRICS	25		53347	4
5	A	INTENSIVE CARE UNIT	26		31722	5
6	A	SUBPROVIDER I	31		915	6
7	A	NURSERY	33		249	7
8	A	SUB PROVIDER II	31.01		15	8
9	A	OPERATING ROOM	37		2521130	9
10	A	RECOVERY ROOM	38		38728	10
11	A	RADIOLOGY-DIAGNOSTIC	41		10807	11
12	A	RADIOISOTOPE	43		26	12
13	A	LABORATORY	44		1438	13
14	A	RESPIRATORY THERAPY	49		650	14
15	A	PHYSICAL THERAPY	50		13004	15
16	A	ELECTROENCEPHALOGRAPHY	54		126	16
17	A	CAT SCAN	59		2110	17
18	A	ULTRASOUND	59.01		8859	18
19	A	EMERGENCY	61		53595	19
20 CS&S TECH TIME	B	CENTRAL SERVICES & SUPPLY	15	283350	130601	20
21	B					21
22 NURSING SALARIES	C	ADULTS & PEDIATRICS	25	1305026		22
23	C					23
24	D	NURSERY	33		720	24
25 DRUGS & IV CHARGEABLE	D	EMPLOYEE BENEFITS	5		14969	25
26	D	ADMINISTRATIVE & GENERAL	6		871	26
27	D	HOUSEKEEPING	10		54	27
28	D	CENTRAL SERVICES & SUPPLY	15		80	28
29	D	PHARMACY	16		2705693	29
30	D	ADULTS & PEDIATRICS	25		81586	30
31	D	INTENSIVE CARE UNIT	26		18836	31
32	D	SUBPROVIDER I	31		217	32
33	D	OPERATING ROOM	37		37964	33
34	D	RECOVERY ROOM	38		66023	34
35	D	RADIOLOGY-DIAGNOSTIC	41		78	35
36 SUBTOTAL				1588376	5845149	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 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 FLOAT SALARIES	E	INTENSIVE CARE UNIT	26	23794	11
12	E	SUBPROVIDER I	31	10738	12
13	E	SUB PROVIDER II	31.01	15727	13
14	E	PSYCH PARTIAL HOSPITAL	61.02	191	14
15	E	NURSERY	33	4173	15
16	E				16
17	E	DELIVERY ROOM & LABOR ROOM	39	11980	17
18	E	EMERGENCY	61	36758	18
19 PHYSIATRIST	F	SUBPROVIDER I	31		50000 19
20 CENTRAL TRANSPORTATION	G	ADULTS & PEDIATRICS	25	83660	180 20
21	G	OPERATING ROOM	37	16285	35 21
22	G	RECOVERY ROOM	38	17136	37 22
23	G	CAT SCAN	59	12666	27 23
24	G	DELIVERY ROOM & LABOR ROOM	39	53	24
25	G	RADIOLOGY-DIAGNOSTIC	41	15327	33 25
26	G	MAGNETIC RESONANCE IMAGING	41.01	6173	13 26
27	G	LABORATORY	44	2235	5 27
28	G	PHYSICAL THERAPY	50	53	28
29	G	ULTRASOUND	59.01	10963	24 29
30	G	RENAL DIALYSIS	59.03	692	1 30
31	G	RADIOISOTOPE	43	7238	16 31
32	G	ELECTROCARDIOLOGY	53	9420	20 32
33	G	ELECTROENCEPHALOGRAPHY	54	1277	3 33
34	G	EMERGENCY	61	17030	37 34
35	G	SUBPROVIDER I	31	2022	4 35
36 SUBTOTAL				1893972	6060534 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	6	7	8	9	10	
1	D	MAGNETIC RESONANCE IMAGING	41.01		1467	1
2	D	RADIOISOTOPE	43		6684	2
3	D	LABORATORY	44		20657	3
4	D	BLOOD STORING, PROCESSING & T	47		4088	4
5	D	RESPIRATORY THERAPY	49		11	5
6	D	ELECTROCARDIOLOGY	53		49	6
7	D	ELECTROENCEPHALOGRAPHY	54		61	7
8	D	CAT SCAN	59		11643	8
9	D	ULTRASOUND	59.01		11	9
10	D	EMERGENCY	61		120282	10
11	E	ADULTS & PEDIATRICS	25	103362		11
12	E					12
13	E					13
14	E					14
15	E					15
16	E					16
17	E					17
18	E					18
19	F	PHYSICIANS' PRIVATE OFFICES	98		50000	19
20	G	NURSING ADMINISTRATION	14	214576	461	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		1906314	6060563	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	G	SUB PROVIDER II	31.01	2366	5 1
2	G	PSYCH PARTIAL HOSPITAL	61.02	29	2
3	G	INTENSIVE CARE UNIT	26	9526	21 3
4	G	MEDICAL RECORDS & LIBRARY	17	426	1 4
5 CAFETERIA COSTS	H	CAFETERIA	12	309560	194067 5
6 MGR-THERAPEUTIC SVCS	I	SPEECH PATHOLOGY	52	13489	6
7	I	ELECTROCARDIOLOGY	53	8993	7
8	I	PHYSICAL THERAPY	50	49460	8
9	I	ADULTS & PEDIATRICS	25	17985	9
10 LAB ADMIN & PHLEBOTOMY PRGM	J	BLOOD STORING, PROCESSING & T	47	6250	10
11 PROF SVCS DIV	L	PHARMACY	16	12951	11
12	L	SUBPROVIDER I	31	10191	12
13	L	RADIOLOGY-DIAGNOSTIC	41	30775	13
14	L	MAGNETIC RESONANCE IMAGING	41.01	5222	14
15	L	RADIOISOTOPE	43	1904	15
16	L	BLOOD STORING, PROCESSING & T	47	3380	16
17	L	PHYSICAL THERAPY	50	24653	17
18	L	SPEECH PATHOLOGY	52	1947	18
19	L	ELECTROCARDIOLOGY	53	3877	19
20	L	CAT SCAN	59	6148	20
21	L	ULTRASOUND	59.01	5065	21
22	L	OCCUPATIONAL HEALTH	61.01	7414	22
23	L	PHYSICIANS' PRIVATE OFFICES	98	114	23
24 CARDIOPULMONARY SERVICE ADMIN	O	ELECTROCARDIOLOGY	53	52888	3818 24
25	O	ELECTROENCEPHALOGRAPHY	54	11615	838 25
26 RADIOLOGY MANAGER & SUPPORT STAFF	P	MAGNETIC RESONANCE IMAGING	41.01	27581	26
27	P	RADIOISOTOPE	43	11259	27
28	P	CAT SCAN	59	81476	28
29	P	ULTRASOUND	59.01	39440	29
30 FIXED EQUIP	R	NEW CAP REL COSTS-BLDG & FIXT	3		802179 30
31 IV THERAPY	S	INTENSIVE CARE UNIT	26	37687	4977 31
32	S	SUBPROVIDER I	31	49970	6599 32
33 RENAL DIALYSIS	T	RENAL DIALYSIS	59.03		67522 33
34	T				34
35 PSYCH PARTIAL HOSP	U	PSYCH PARTIAL HOSPITAL	61.02	13305	4395 35
36 SUBTOTAL				2750918	7144956 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	G					4
5	H	DIETARY	11	309560	194067	5
6	I	SUBPROVIDER I	31	89927		6
7	I					7
8	I					8
9	I					9
10	J	LABORATORY	44	6250		10
11	L	LABORATORY	44	113642		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	L					23
24	O	RESPIRATORY THERAPY	49	64504	4656	24
25	O					25
26	P	RADIOLOGY-DIAGNOSTIC	41	159756		26
27	P					27
28	P					28
29	P					29
30	R	NEW CAP REL COSTS-MVBLE EQUIP	4		802179	9 30
31	S	ADULTS & PEDIATRICS	25	87658	11575	31
32	S					32
33	T	ADULTS & PEDIATRICS	25		50150	33
34	T	INTENSIVE CARE UNIT	26		17371	34
35	U	SUB PROVIDER II	31.01	13305	4395	35
36		SUBTOTAL		2750916	7144956	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 HOSP WIDE - ADMIN	V	EMPLOYEE BENEFITS	5	1340	1
2	V	ADMINISTRATIVE & GENERAL	6	70958	2
3	V	MAINTENANCE & REPAIRS	7	2552	3
4	V	OPERATION OF PLANT	8	14419	4
5	V	LAUNDRY & LINEN SERVICE	9	1225	5
6	V	HOUSEKEEPING	10	21039	6
7	V	DIETARY	11	19359	7
8	V	CAFETERIA	12	1097	8
9	V	NURSING ADMINISTRATION	14	25435	9
10	V	CENTRAL SERVICES & SUPPLY	15	5300	10
11	V	PHARMACY	16	19628	11
12	V	MEDICAL RECORDS & LIBRARY	17	16946	12
13	V	PSYCH PARTIAL HOSPITAL	61.02	234	13
14	V	ADULTS & PEDIATRICS	25	154128	14
15	V	INTENSIVE CARE UNIT	26	31205	15
16	V	SUBPROVIDER I	31	14480	16
17	V	SUB PROVIDER II	31.01	19256	17
18	V				18
19	V	OPERATING ROOM	37	34102	19
20	V	RECOVERY ROOM	38	21066	20
21	V	RADIOLOGY-DIAGNOSTIC	41	33450	21
22	V	MAGNETIC RESONANCE IMAGING	41.01	7768	22
23	V	RADIOISOTOPE	43	3448	23
24	V	LABORATORY	44	31618	24
25	V	BLOOD STORING, PROCESSING & T	47	4631	25
26	V	RESPIRATORY THERAPY	49	13951	26
27	V	PHYSICAL THERAPY	50	30877	27
28	V	SPEECH PATHOLOGY	52	2911	28
29	V	ELECTROCARDIOLOGY	53	8898	29
30	V	ELECTROENCEPHALOGRAPHY	54	3487	30
31	V	CAT SCAN	59	8583	31
32	V	ULTRASOUND	59.01	8311	32
33	V	EMERGENCY	61	41458	33
34	V	OCCUPATIONAL HEALTH	61.01	6934	34
35	V	PHYSICIANS' PRIVATE OFFICES	98	83	35
36 SUBTOTAL				3431095	7144956 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 HOSP WIDE - ADMIN	V	ADMINISTRATIVE & GENERAL	6	680179		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	V					33
34	V					34
35	V					35
36 SUBTOTAL				3431095	7144956	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1		X	SOCIAL SERVICE	18	160407	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	TOTAL RECLASSIFICATIONS				3591502	7144956

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 5

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF.	
			COST CENTER	LINE #	SALARY		OTHER
		1	6	7	8	9	10
1		X	NURSING ADMINISTRATION	14	160407		1
2							2
3							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				3591502	7144956	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					90322387		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	12078332	128295		128295	128295	12078332	1498	5
6 MOVABLE EQUIPMENT	31767296	11794398		11794398	6034659	37527035	2066	6
7 SUBTOTAL	136784735	11922693		11922693	6162954	142544474	3564	7
8 RECONCILING ITEMS								8
9 TOTAL	136784735	11922693		11922693	6162954	142544474	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	103610677		103610677	.734111				3
4 NEW CAP REL COSTS-MVBLE EQUIP	37527035		37527035	.265889				4
5 TOTAL	141137712		141137712	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	3870350					223682	4094032 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2610097					170771	2780868 4
5 TOTAL	6480447					394453	6874900 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	3068171						3068171 3
4 NEW CAP REL COSTS-MVBLE EQUIP	3412276						3412276 4
5 TOTAL	6480447						6480447 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	-13640	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	-96550	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	-6975140			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-1772148			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-357730	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	-14081	EMPLOYEE BENEFITS	5	37
38 DIRECT REVENUE FROM SPF	B	-50218	ADMINISTRATIVE & GENERAL	6	38
39 DIRECT REVENUE FROM SPF	B	-60036	NURSING ADMINISTRATION	14	39
40 DIRECT REVENUE FROM SPF	B	-4003	ADULTS & PEDIATRICS	25	40
41 DIRECT REVENUE FROM SPF	B	-3119	DELIVERY ROOM & LABOR ROOM	39	41
42 DIRECT REVENUE FROM SPF	B	-14546	EMERGENCY	61	42
43					43
44					44
45					45
46					46
47 TELEPHONE REVENUE	B	-93564	OPERATION OF PLANT	8	47
48 INVESTMENT INCOME	B	-8572	ADMINISTRATIVE & GENERAL	6	48
49 INTEREST INCOME	B	-188873	ADMINISTRATIVE & GENERAL	6	49
49.01 SERVICES RENDERED	B	-5615	ADULTS & PEDIATRICS	25	49.01
49.03 MISCELLANEOUS REVENUE	B	-8946	NURSING ADMINISTRATION	14	49.03
49.04 MISCELLANEOUS REVENUE	B	-150	RESPIRATORY THERAPY	49	49.04
49.05 MISCELLANEOUS REVENUE	B	-80	LABORATORY	44	49.05
49.07 MISCELLANEOUS REVENUE	B	-7012	CAT SCAN	59	49.07
49.08 MISCELLANEOUS REVENUE	B	-100	MAGNETIC RESONANCE IMAGING	41.01	49.08
49.09 MISCELLANEOUS REVENUE	B	-5444	RADIOLOGY-DIAGNOSTIC	41	49.09
49.10 MISCELLANEOUS REVENUE	B	-7274	ELECTROCARDIOLOGY	53	49.10
49.12 MISCELLANEOUS REVENUE	B	-1028	HOUSEKEEPING	10	49.12
49.13 MISCELLANEOUS REVENUE	B	-90702	ADMINISTRATIVE & GENERAL	6	49.13
49.17 MISCELLANEOUS REVENUE	B	-11210	DIETARY	11	49.17
49.18 MISCELLANEOUS REVENUE	B	-3297	OPERATION OF PLANT	8	49.18
49.19 MISCELLANEOUS REVENUE	B	-62081	MEDICAL RECORDS & LIBRARY	17	49.19
49.22 OTHER MISC. REVENUE	B	-8727	CAFETERIA	12	49.22
49.23 AMORTIZE VANDERBILT DEMOLITION	A	75150	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	1036	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.25

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		LINE NO. 4	WKST A-7 REF 5	
			COST CENTER 3				
49.26 AMORTIZED COST OF VANDERBILT REHA	A	1121	NEW CAP REL COSTS-BLDG & FIXT		3	14	49.26
49.27 NONALLOWABLE EXPENSE	A	-64	NURSING ADMINISTRATION		14		49.27
49.28 NONALLOWABLE EXPENSE	A	-1027	EMPLOYEE BENEFITS		5		49.28
49.29 SRU CONTRACT	B	-12000	ADMINISTRATIVE & GENERAL		6		49.29
49.30 SRU CONTRACT	B	-59218	EMERGENCY		61		49.30
49.31 SRU CONTRACT	B	-90384	LABORATORY		44		49.31
49.32 SRU CONTRACT	B	-63925	RADIOLOGY-DIAGNOSTIC		41		49.32
49.33 SRU CONTRACT	B	-10146	DRUGS CHARGED TO PATIENTS		56		49.33
49.34 SRU CONTRACT	B	-2321	RESPIRATORY THERAPY		49		49.34
49.37 RENTAL INCOME	B	-63673	ADMINISTRATIVE & GENERAL		6		49.37
49.38 MISCELLANEOUS REVENUE	B	-10464	PHARMACY		16		49.38
49.39 NONALLOWABLE EXPENSE	A	-101	RADIOLOGY-DIAGNOSTIC		41		49.39
49.40 NONALLOWABLE EXPENSE	A	-9853	ADMINISTRATIVE & GENERAL		6		49.40
49.41 NONALLOWABLE EXPENSE	A	-1056	CAT SCAN		59		49.41
49.42 NONALLOWABLE EXPENSE	A	-42	EMERGENCY		61		49.42
49.43 NONALLOWABLE EXPENSE	A	-30	OPERATION OF PLANT		8		49.43
50 TOTAL		-10101820					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	5479715	8658732	-3179017	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	148892		148892	14 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	159191		159191	14 3
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	714553	714553		4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	576713	576713		9 4.01
4.03	61.01	OCCUPATIONAL HEALTH	LEASE EXPENSE	38592	27308	11284	4.03
4.04	31	SUBPROVIDER I	PHYSIATRY	371519	63787	307732	4.04
4.05	31.01	SUB PROVIDER II	MENTAL HEALTH	1010089	230913	779176	4.05
4.07	44	LABORATORY	PATHOLOGY	671152	671152		4.07
4.08	61.01	OCCUPATIONAL HEALTH	OCCUPATIONAL HEALTH	130566	139459	-8893	4.08
4.09	6	ADMINISTRATIVE & GENERAL	PSO MGMT FEES	184918	184918		4.09
4.10	61.02	PSYCH PARTIAL HOSPITAL	MENTAL HEALTH	12298	2811	9487	4.10
5		TOTALS		9498198	11270346	-1772148	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	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	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	3029824	2535635	494189	177200	966	82296	4115
2	31	SUBPROVIDER I	AGGREGATE							
3	31.01	SUB PROVIDER II	AGGREGATE	281410	225128	56282	154100	514	38080	1904
4	37	OPERATING ROOM	AGGREGATE	327083	297083	30000	200300	467	44971	2249
5	44	LABORATORY	AGGREGATE	671152	261794	409358	215700	1749	181375	9069
6	49	RESPIRATORY THERAPY	AGGREGATE	26000			165600	138	10987	549
7	53	ELECTROCARDIOLOGY	AGGREGATE	191061	191061		165600	171	13614	681
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	15012	15012		165600			
9	59.01	ULTRASOUND	AGGREGATE	7137	7137		225300			
10	61	EMERGENCY	AGGREGATE	2669651	2569651	100000	177200	572	48730	2437
11	61.01	OCCUPATIONAL HEALTH	AGGREGATE	139459	139459		165600			
12	61.02	PSYCH PARTIAL HOSPITAL	AGGREGATE	3426	2741	685	154100	6	445	22
101		TOTAL		7361215	6244701	1090514		4583	420498	21026

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

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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					82296	411893	2947528
2	31	SUBPROVIDER I							
3	31.01	SUB PROVIDER II					38080	18202	243330
4	37	OPERATING ROOM					44971		297083
5	44	LABORATORY	8442	5149			186524	222834	484628
6	49	RESPIRATORY THERAPY					10987		26000
7	53	ELECTROCARDIOLOGY					13614		191061
8	54	ELECTROENCEPHALOGRAPHY							15012
9	59.01	ULTRASOUND							7137
10	61	EMERGENCY					48730	51270	2620921
11	61.01	OCCUPATIONAL HEALTH							139459
12	61.02	PSYCH PARTIAL HOSPITAL					445	240	2981
101		TOTAL	8442	5149			425647	704439	6975140

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

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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	30459	7127		2490	40076	10024	733	36271	98
100 VACANT SPACE		19792			19792	4950	15746	779676	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	89030989	4094032	2780868	8881637	89030989	17812780	465954	9676555	103

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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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	3665	11048		354			13137		98
100 VACANT SPACE		237474							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	857950	2788563	2426529	622737	1941321	205011	2266342	2344565	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	251219			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	107689	20873160		20873160
26 INTENSIVE CARE UNIT	5384	4223529		4223529
31 SUBPROVIDER I	1514	2684976		2684976
31.01 SUB PROVIDER II	130070	4264178		4264178
33 NURSERY		896509		896509
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	6562	8712218		8712218
38 RECOVERY ROOM		2478343		2478343
39 DELIVERY ROOM & LABOR ROOM		1807567		1807567
41 RADIOLOGY-DIAGNOSTIC		4616500		4616500
41.01 MAGNETIC RESONANCE IMAGING		1391779		1391779
43 RADIOISOTOPE		823375		823375
44 LABORATORY		5142220		5142220
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA		1381578		1381578
49 RESPIRATORY THERAPY		1660015		1660015
50 PHYSICAL THERAPY		3701903		3701903
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY		472921		472921
53 ELECTROCARDIOLOGY		1532895		1532895
54 ELECTROENCEPHALOGRAPHY		495634		495634
55 MEDICAL SUPPLIES CHARGED TO PAT		3594199		3594199
56 DRUGS CHARGED TO PATIENTS		6072799		6072799
59 CAT SCAN		1521182		1521182
59.01 ULTRASOUND		1146104		1146104
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS		85477		85477
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		6336023		6336023
61.01 OCCUPATIONAL HEALTH		1845499		1845499
61.02 PSYCH PARTIAL HOSPITAL		44335		44335
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	251219	87804918		87804918
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		52667		52667
96.01 CCRI		458		458
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		115308		115308	98
100 VACANT SPACE		1057638		1057638	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	251219	89030989		89030989	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		7127		7127	3	177	30	7918 98
100 VACANT SPACE		19792		19792		87	656	170209 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	386010	4094032	2780868	7260910	11678	314601	19400	2112466 103

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
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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	330	514		40			730		98
100 VACANT SPACE		11046							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	77164	129710	168362	69604	89946	50062	125893	212067	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	1306			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	560	1807834		1807834
26 INTENSIVE CARE UNIT	28	278833		278833
31 SUBPROVIDER I	8	187943		187943
31.01 SUB PROVIDER II	676	211897		211897
33 NURSERY		58631		58631
34 SKILLED NURSING FACILITY		4877		4877
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	34	1007473		1007473
38 RECOVERY ROOM		109476		109476
39 DELIVERY ROOM & LABOR ROOM		58477		58477
41 RADIOLOGY-DIAGNOSTIC		877188		877188
41.01 MAGNETIC RESONANCE IMAGING		289603		289603
43 RADIOISOTOPE		77157		77157
44 LABORATORY		348215		348215
46.30 BLOOD CLOTTING FACTORS ADMIN CO				
47 BLOOD STORING, PROCESSING & TRA		24351		24351
49 RESPIRATORY THERAPY		134260		134260
50 PHYSICAL THERAPY		210435		210435
50.01 PSYCHOLOGY				
52 SPEECH PATHOLOGY		48671		48671
53 ELECTROCARDIOLOGY		250883		250883
54 ELECTROENCEPHALOGRAPHY		50549		50549
55 MEDICAL SUPPLIES CHARGED TO PAT		39478		39478
56 DRUGS CHARGED TO PATIENTS		137116		137116
59 CAT SCAN		209466		209466
59.01 ULTRASOUND		129344		129344
59.02 VRC CONTRACT				
59.03 RENAL DIALYSIS		302		302
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		409229		409229
61.01 OCCUPATIONAL HEALTH		64718		64718
61.02 PSYCH PARTIAL HOSPITAL		841		841
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	1306	7027247		7027247
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		14636		14636
96.01 CCRI		368		368
96.02 VRC CONTRACTS				

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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		16869		16869	98
100 VACANT SPACE		201790		201790	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	1306	7260910		7260910	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	MAINT-	OPERATION
	BLDGS & FIXTURES DOLLAR VALUE	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		CILIATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEE
	3	4	5	6A	6	7	8
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	3697696						3
4 NEW CAP REL COSTS-MVBLE EQUIP		2009285					4
5 EMPLOYEE BENEFITS	7641	2325	38523823				5
6 ADMINISTRATIVE & GENERAL	205124	62467	3417749	-17812780	71218209		6
7 MAINTENANCE & REPAIRS	12043	3161	147363		372729	373388	7
8 OPERATION OF PLANT	1834472	26458	832733		7524123	216786	156602 8
9 LAUNDRY & LINEN SERVICE	26592	2299	70732		529219	3115	3115 9
10 HOUSEKEEPING	32689	8999	1215039		1962426	5319	5319 10
11 DIETARY	48851	15250	808459		1553526	5918	5918 11
12 CAFETERIA	22288	2106	372889		314141	2810	2810 12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	5404	46421	1093955		1489615	752	752 14
15 CENTRAL SERVICES & SUPPLY	12729	9849	22738		63666	1525	1525 15
16 PHARMACY	25721	3057	1146507		1634028	2508	2508 16
17 MEDICAL RECORDS & LIBRARY	14032	89361	979113		1569399	4334	4334 17
18 SOCIAL SERVICE			160407		198234		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	451488	300790	7506735		10818710	35451	35451 25
26 INTENSIVE CARE UNIT	95508	30182	1873152		2621198	5278	5278 26
31 SUBPROVIDER I	36417	28829	819287		1497706	4625	4625 31
31.01 SUB PROVIDER II	49033	4986	1130579		2348764	6161	6161 31.01
33 NURSERY	13508	3614	341301		491055	1703	1703 33
34 SKILLED NURSING FACILITY							34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	96047	322346	2263226		6003811	6028	6028 37
38 RECOVERY ROOM	32334	2745	1233718		1625901	3750	3750 38
39 DELIVERY ROOM & LABOR ROOM	15636	150	979931		1224113	1971	1971 39
41 RADIOLOGY-DIAGNOSTIC	59057	494380	1818128		3129563	6923	6923 41
41.01 MAGNETIC RESONANCE IMAGING	152464	62648	487584		968698	1838	1838 41.01
43 RADIOISOTOPE	20113	13424	219522		502110	2302	2302 43
44 LABORATORY	29503	111482	1708350		3572650	7772	7772 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	3076		277084		1029910	1077	1077 47
49 RESPIRATORY THERAPY	19168	57737	741181		1202584	1646	1646 49
50 PHYSICAL THERAPY	52282	12635	1857344		2394106	6950	6950 50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY	15872	568	179047		244951	2001	2001 52
53 ELECTROCARDIOLOGY	33736	105295	593520		920696	4094	4094 53
54 ELECTROENCEPHALOGRAPHY	8544	16968	214288		318469	1024	1024 54
55 MEDICAL SUPPLIES CHARGED TO P					2786076		55
56 DRUGS CHARGED TO PATIENTS					3081899		56
59 CAT SCAN	109322	43792	595973		1107273	1388	1388 59
59.01 ULTRASOUND	16978	55017	535448		772193	2034	2034 59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS			692		68375		59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	95277	66546	2448071		3884938	10000	10000 61
61.01 OCCUPATIONAL HEALTH	13930	3398	407874		1296558	2561	2561 61.01
61.02 PSYCH PARTIAL HOSPITAL			13305		27727		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	3666879	2009285	38513024	-17812780	71151140	359644	142858 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	6173				6835	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	331				366			96.01
96.02 VRC CONTRACTS								96.02
96.03 LIFELINE								96.03
98 PHYSICIANS' PRIVATE OFFICES	6437		10799		40076	587	587	98
100 VACANT SPACE	17876				19792	12618	12618	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4094032	2780868	8881637		17812780	465954	9676555	103
104 UNIT COST MULT-WS B PT I		1.384009				1.247908		104
104 UNIT COST MULT-WS B PT I	1.107185		.230549		.250116		61.790750	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			11678		314601	19400	2112466	107
108 UNIT COST MULT-WS B PT III						.051957		108
108 UNIT COST MULT-WS B PT III			.000303		.004417		13.489393	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	SERV FTES 12	DIRECT NURSING HOURS 14	COSTED REQ S 15	COSTED REQ S 16	TIME SPENT 17		
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT								1	
2	OLD CAP REL COSTS-MVBLE EQUIP								2	
3	NEW CAP REL COSTS-BLDG & FIXT								3	
4	NEW CAP REL COSTS-MVBLE EQUIP								4	
5	EMPLOYEE BENEFITS								5	
6	ADMINISTRATIVE & GENERAL								6	
7	MAINTENANCE & REPAIRS								7	
8	OPERATION OF PLANT								8	
9	LAUNDRY & LINEN SERVICE	825106							9	
10	HOUSEKEEPING		148168						10	
11	DIETARY		5918	85279					11	
12	CAFETERIA		2810		51035				12	
13	MAINTENANCE OF PERSONNEL								13	
14	NURSING ADMINISTRATION		752		1440	590887			14	
15	CENTRAL SERVICES & SUPPLY		1525		48	4457638			15	
16	PHARMACY		2508		1501		3221499		16	
17	MEDICAL RECORDS & LIBRARY		4334		2283			47796	17	
18	SOCIAL SERVICE				279				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	432763	35451	61778	12355	250931	409115	21562	22871	25
26	INTENSIVE CARE UNIT	41324	5278	4664	2711	55744	131816	3594	2218	26
31	SUBPROVIDER I	31605	4625	6220	1274	28142	19726	1109	2304	31
31.01	SUB PROVIDER II	15395	6161	12446	1748	36188	6815	1177	3711	31.01
33	NURSERY	3056	1703		462	9610	23961		2074	33
34	SKILLED NURSING FACILITY									34
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	99246	6028		3836	62712	842497	8342	6240	37
38	RECOVERY ROOM		3750		1738	34986	44878	841		38
39	DELIVERY ROOM & LABOR ROOM	7236	1971		1325	27560	700		34	39
41	RADIOLOGY-DIAGNOSTIC	20968	6923		3223		20435	499	1530	41
41.01	MAGNETIC RESONANCE IMAGING	8366	1838		693		8251		261	41.01
43	RADIOISOTOPE	3299	2302		272		7227	226		43
44	LABORATORY		7772		2999		69216	11		44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		1077		407		20502			47
49	RESPIRATORY THERAPY		1646		1221		149390	194		49
50	PHYSICAL THERAPY	23243	6950		2878		11243	26	1636	50
50.01	PSYCHOLOGY									50.01
52	SPEECH PATHOLOGY		2001		236		540			52
53	ELECTROCARDIOLOGY		4094		1153				667	53
54	ELECTROENCEPHALOGRAPHY	8356	1024		246		10322		31	54
55	MEDICAL SUPPLIES CHARGED TO P						2419600			55
56	DRUGS CHARGED TO PATIENTS						20829	3154359		56
59	CAT SCAN	8856	1388		955		53903			59
59.01	ULTRASOUND	4796	2034		721		4616	393		59.01
59.02	VRC CONTRACT									59.02
59.03	RENAL DIALYSIS									59.03
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	111605	10000		4121	84573	171048	6664	4160	61
61.01	OCCUPATIONAL HEALTH	1280	2561		860		10922	3814		61.01
61.02	PSYCH PARTIAL HOSPITAL	187		171	21	441	83	14	59	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	821581	134424	85279	51006	590887	4457635	3202825	47796	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & C		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 REQUESTS 15	COSTED REQUESTS 16	TIME SPENT 17	
96.01 CCRI									96.01
96.02 VRC CONTRACTS									96.02
96.03 LIFELINE									96.03
98 PHYSICIANS' PRIVATE OFFICES	3525	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	857950	2788563	2426529	622737	1941321	205011	2266342	2344565	103
104 UNIT COST MULT-WS B PT I	1.039806		28.454004		3.285435		.703505		104
104 UNIT COST MULT-WS B PT I		18.820278		12.202155		.045991		49.053582	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	77164	129710	168362	69604	89946	50062	125893	212067	107
108 UNIT COST MULT-WS B PT III	.093520		1.974249		.152222		.039079		108
108 UNIT COST MULT-WS B PT III		.875425		1.363848		.011231		4.436919	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

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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	251219		103
104 UNIT COST MULT-WS B PT I	168.264568		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	1306		107
108 UNIT COST MULT-WS B PT III	.874749		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	20873160		20873160		20873160	25
26 INTENSIVE CARE UNIT	4223529		4223529		4223529	26
31 SUBPROVIDER I	2684976		2684976		2684976	31
31.01 SUB PROVIDER II	4264178		4264178	18202	4282380	31.01
33 NURSERY	896509		896509		896509	33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8712218		8712218		8712218	37
38 RECOVERY ROOM	2478343		2478343		2478343	38
39 DELIVERY ROOM & LABOR ROOM	1807567		1807567		1807567	39
41 RADIOLOGY-DIAGNOSTIC	4616500		4616500		4616500	41
41.01 MAGNETIC RESONANCE IMAGING	1391779		1391779		1391779	41.01
43 RADIOISOTOPE	823375		823375		823375	43
44 LABORATORY	5142220		5142220	222834	5365054	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1381578		1381578		1381578	47
49 RESPIRATORY THERAPY	1660015		1660015		1660015	49
50 PHYSICAL THERAPY	3701903		3701903		3701903	50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	472921		472921		472921	52
53 ELECTROCARDIOLOGY	1532895		1532895		1532895	53
54 ELECTROENCEPHALOGRAPHY	495634		495634		495634	54
55 MEDICAL SUPPLIES CHARGED TO	3594199		3594199		3594199	55
56 DRUGS CHARGED TO PATIENTS	6072799		6072799		6072799	56
59 CAT SCAN	1521182		1521182		1521182	59
59.01 ULTRASOUND	1146104		1146104		1146104	59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	85477		85477		85477	59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	6336023		6336023	51270	6387293	61
61.01 OCCUPATIONAL HEALTH	1845499		1845499		1845499	61.01
61.02 PSYCH PARTIAL HOSPITAL	44335		44335	240	44575	61.02
62 OBSERVATION BEDS (NON-DISTI	1849884		1849884		1849884	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	89654802		89654802	292546	89947348	101
102 LESS OBSERVATION BEDS	1849884		1849884		1849884	102
103 TOTAL	87804918		87804918	292546	88097464	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	21945408		21945408			25
26 INTENSIVE CARE UNIT	3369439		3369439			26
31 SUBPROVIDER I	2121222		2121222			31
31.01 SUB PROVIDER II	4166453		4166453			31.01
33 NURSERY	1078393		1078393			33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8123444	18826773	26950217	.323271	.323271	.323271 37
38 RECOVERY ROOM	1025671	3433813	4459484	.555747	.555747	.555747 38
39 DELIVERY ROOM & LABOR ROOM	2553172	542911	3096083	.583824	.583824	.583824 39
41 RADIOLOGY-DIAGNOSTIC	1693616	7830158	9523774	.484734	.484734	.484734 41
41.01 MAGNETIC RESONANCE IMAGING	1324377	9734232	11058609	.125855	.125855	.125855 41.01
43 RADIOISOTOPE	462549	1824723	2287272	.359981	.359981	.359981 43
44 LABORATORY	10047910	17930926	27978836	.183790	.183790	.191754 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1567475	1458791	3026266	.456529	.456529	.456529 47
49 RESPIRATORY THERAPY	1751214	461237	2212451	.750306	.750306	.750306 49
50 PHYSICAL THERAPY	1702763	3467474	5170237	.716003	.716003	.716003 50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	324876	267157	592033	.798809	.798809	.798809 52
53 ELECTROCARDIOLOGY	1490338	2215322	3705660	.413663	.413663	.413663 53
54 ELECTROENCEPHALOGRAPHY	50552	987365	1037917	.477528	.477528	.477528 54
55 MEDICAL SUPPLIES CHARGED TO	3383060	2556171	5939231	.605162	.605162	.605162 55
56 DRUGS CHARGED TO PATIENTS	6231334	7524816	13756150	.441461	.441461	.441461 56
59 CAT SCAN	2690742	10462537	13153279	.115650	.115650	.115650 59
59.01 ULTRASOUND	548133	2950840	3498973	.327554	.327554	.327554 59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	134960		134960	.633351	.633351	.633351 59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2076551	13970785	16047336	.394833	.394833	.398028 61
61.01 OCCUPATIONAL HEALTH		1463259	1463259	1.261225	1.261225	1.261225 61.01
61.02 PSYCH PARTIAL HOSPITAL	888	82108	82996	.534182	.534182	.537074 61.02
62 OBSERVATION BEDS (NON-DISTI	221878	1733118	1954996	.946234	.946234	.946234 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	80086418	109724516	189810934			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	80086418	109724516	189810934			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				1807834		1807834	25
26 INTENSIVE CARE UNIT				278833		278833	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				187943		187943	31
31.01 SUB PROVIDER II				211897		211897	31.01
33 NURSERY				58631		58631	33
101 TOTAL				2545138		2545138	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	22285	10018			81.12	812660	25
26 INTENSIVE CARE UNIT	1528	773			182.48	141057	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	2026	1013			92.77	93976	31
31.01 SUB PROVIDER II	4117	747			51.47	38448	31.01
33 NURSERY	1608				36.46		33
101 TOTAL	31564	12551				1086141	101

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	----	----	RATIO OF	RATIO OF	CAPITAL	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL				
	RELATED	RELATED	CHARGES	PROGRAM	COSTS	COSTS	CHARGES	CHARGES	COSTS	COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		1007473	26950217	2916887			.037383		109042	37
38 RECOVERY ROOM		109476	4459484	375194			.024549		9211	38
39 DELIVERY ROOM & LABOR ROOM		58477	3096083	10410			.018887		197	39
41 RADIOLOGY-DIAGNOSTIC		877188	9523774	961656			.092105		88573	41
41.01 MAGNETIC RESONANCE IMAGING		289603	11058609	630191			.026188		16503	41.01
43 RADIOISOTOPE		77157	2287272	331325			.033733		11177	43
44 LABORATORY		348215	27978836	5493114			.012446		68367	44
46.30 BLOOD CLOTTING FACTORS ADMIN										46.30
47 BLOOD STORING, PROCESSING & T		24351	3026266	676466			.008047		5444	47
49 RESPIRATORY THERAPY		134260	2212451	834058			.060684		50614	49
50 PHYSICAL THERAPY		210435	5170237	378541			.040701		15407	50
50.01 PSYCHOLOGY										50.01
52 SPEECH PATHOLOGY		48671	592033	94434			.082210		7763	52
53 ELECTROCARDIOLOGY		250883	3705660	1159726			.067703		78517	53
54 ELECTROENCEPHALOGRAPHY		50549	1037917	22582			.048702		1100	54
55 MEDICAL SUPPLIES CHARGED TO P		39478	5939231	1359222			.006647		9035	55
56 DRUGS CHARGED TO PATIENTS		137116	13756150	2946710			.009968		29373	56
59 CAT SCAN		209466	13153279	1458888			.015925		23233	59
59.01 ULTRASOUND		129344	3498973	65463			.036966		2420	59.01
59.02 VRC CONTRACT										59.02
59.03 RENAL DIALYSIS		302	134960	63588			.002238		142	59.03
OUTPATIENT SERVICE COST CENTERS										
61 EMERGENCY		409229	16047336	791495			.025501		20184	61
61.01 OCCUPATIONAL HEALTH		64718	1463259				.044229			61.01
61.02 PSYCH PARTIAL HOSPITAL		841	82996				.010133			61.02
62 OBSERVATION BEDS (NON-DISTINC		160218	1954996	156936			.081953		12861	62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		4637450	157130019	20726886					559163	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					22285		10018	25
26 INTENSIVE CARE UNIT					1528		773	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					2026		1013	31
31.01 SUB PROVIDER II					4117		747	31.01
33 NURSERY					1608			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					31564		12551	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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26950217			2916887		3837904 37
38 RECOVERY ROOM		4459484			375194		564564 38
39 DELIVERY ROOM & LABOR ROOM		3096083			10410		1544 39
41 RADIOLOGY-DIAGNOSTIC		9523774			961656		1146985 41
41.01 MAGNETIC RESONANCE IMAGING		11058609			630191		2021182 41.01
43 RADIOISOTOPE		2287272			331325		684351 43
44 LABORATORY		27978836			5493114		583847 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		3026266			676466		374370 47
49 RESPIRATORY THERAPY		2212451			834058		35787 49
50 PHYSICAL THERAPY		5170237			378541		50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY		592033			94434		52
53 ELECTROCARDIOLOGY		3705660			1159726		1176013 53
54 ELECTROENCEPHALOGRAPHY		1037917			22582		14254 54
55 MEDICAL SUPPLIES CHARGED TO P		5939231			1359222		760469 55
56 DRUGS CHARGED TO PATIENTS		13756150			2946710		1935123 56
59 CAT SCAN		13153279			1458888		2694969 59
59.01 ULTRASOUND		3498973			65463		199779 59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		134960			63588		59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		16047336			791495		2063096 61
61.01 OCCUPATIONAL HEALTH		1463259					61.01
61.02 PSYCH PARTIAL HOSPITAL		82996					2664 61.02
62 OBSERVATION BEDS (NON-DISTINC		1954996			156936		851299 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		157130019			20726886		18948200 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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
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	.323271	.323271	.323271			37
38 RECOVERY ROOM	.555747	.555747	.555747			38
39 DELIVERY ROOM & LABOR ROOM	.583824	.583824	.583824			39
41 RADIOLOGY-DIAGNOSTIC	.484734	.484734	.484734			41
41.01 MAGNETIC RESONANCE IMAGING	.125855	.125855	.125855			41.01
43 RADIOISOTOPE	.359981	.359981	.359981			43
44 LABORATORY	.183790	.183790	.183790			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.456529	.456529	.456529			47
49 RESPIRATORY THERAPY	.750306	.750306	.750306			49
50 PHYSICAL THERAPY	.716003	.716003	.716003			50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	.798809	.798809	.798809			52
53 ELECTROCARDIOLOGY	.413663	.413663	.413663			53
54 ELECTROENCEPHALOGRAPHY	.477528	.477528	.477528			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.605162	.605162	.605162			55
56 DRUGS CHARGED TO PATIENTS	.441461	.441461	.441461			56
59 CAT SCAN	.115650	.115650	.115650			59
59.01 ULTRASOUND	.327554	.327554	.327554			59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	.633351	.633351	.633351			59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.394833	.394833	.394833			61
61.01 OCCUPATIONAL HEALTH	1.261225	1.261225	1.261225			61.01
61.02 PSYCH PARTIAL HOSPITAL	.534182	.534182	.534182			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.946234	.946234	.946234			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	1	.441461	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.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
37 ANCILLARY SERVICE COST CENTERS		3837904						37
38 OPERATING ROOM		564564						38
39 RECOVERY ROOM		1544						39
41 DELIVERY ROOM & LABOR ROOM		1146985						41
41.01 RADIOLOGY-DIAGNOSTIC		2021182						41.01
43 MAGNETIC RESONANCE IMAGING		684351						43
44 RADIOISOTOPE		583847						44
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		374370						47
49 RESPIRATORY THERAPY		35787						49
50 PHYSICAL THERAPY								50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1176013						53
54 ELECTROENCEPHALOGRAPHY		14254						54
55 MEDICAL SUPPLIES CHARGED TO PA		760469						55
56 DRUGS CHARGED TO PATIENTS		1935123						56
59 CAT SCAN		2694969						59
59.01 ULTRASOUND		199779						59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS								59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		2063096						61
61.01 OCCUPATIONAL HEALTH								61.01
61.02 PSYCH PARTIAL HOSPITAL		2664						61.02
62 OBSERVATION BEDS (NON-DISTINCT		851299						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		18948200						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		18948200						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		1240683					37
38 RECOVERY ROOM		313755					38
39 DELIVERY ROOM & LABOR ROOM		901					39
41 RADIOLOGY-DIAGNOSTIC		555983					41
41.01 MAGNETIC RESONANCE IMAGING		254376					41.01
43 RADIOISOTOPE		246353					43
44 LABORATORY		107305					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		170911					47
49 RESPIRATORY THERAPY		26851					49
50 PHYSICAL THERAPY							50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		486473					53
54 ELECTROENCEPHALOGRAPHY		6807					54
55 MEDICAL SUPPLIES CHARGED TO PAT		460207					55
56 DRUGS CHARGED TO PATIENTS		854281					56
59 CAT SCAN		311673					59
59.01 ULTRASOUND		65438					59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		814578					61
61.01 OCCUPATIONAL HEALTH							61.01
61.02 PSYCH PARTIAL HOSPITAL		1423					61.02
62 OBSERVATION BEDS (NON-DISTINCT		805528					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		6723526					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		6723526					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	NEW	TOTAL	INPATIENT	RATIO OF		RATIO OF	
	CAPITAL RELATED COST	CAPITAL RELATED COST			COST TO CHARGES	CAPITAL COSTS	COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1007473	26950217	790			.037383	30 37
38 RECOVERY ROOM		109476	4459484				.024549	38
39 DELIVERY ROOM & LABOR ROOM		58477	3096083				.018887	39
41 RADIOLOGY-DIAGNOSTIC		877188	9523774	18553			.092105	1709 41
41.01 MAGNETIC RESONANCE IMAGING		289603	11058609	12410			.026188	325 41.01
43 RADIOISOTOPE		77157	2287272				.033733	43
44 LABORATORY		348215	27978836	90966			.012446	1132 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		24351	3026266				.008047	47
49 RESPIRATORY THERAPY		134260	2212451	13172			.060684	799 49
50 PHYSICAL THERAPY		210435	5170237	542339			.040701	22074 50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY		48671	592033	68333			.082210	5618 52
53 ELECTROCARDIOLOGY		250883	3705660	11324			.067703	767 53
54 ELECTROENCEPHALOGRAPHY		50549	1037917	416			.048702	20 54
55 MEDICAL SUPPLIES CHARGED TO P		39478	5939231	2180			.006647	14 55
56 DRUGS CHARGED TO PATIENTS		137116	13756150	125672			.009968	1253 56
59 CAT SCAN		209466	13153279	10305			.015925	164 59
59.01 ULTRASOUND		129344	3498973	258			.036966	10 59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS		302	134960	656			.002238	1 59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		409229	16047336				.025501	61
61.01 OCCUPATIONAL HEALTH		64718	1463259				.044229	61.01
61.02 PSYCH PARTIAL HOSPITAL		841	82996				.010133	61.02
62 OBSERVATION BEDS (NON-DISTINC		160218	1954996				.081953	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4637450	157130019	897374				33916 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		26950217			790		37
38 RECOVERY ROOM		4459484					38
39 DELIVERY ROOM & LABOR ROOM		3096083					39
41 RADIOLOGY-DIAGNOSTIC		9523774			18553		41
41.01 MAGNETIC RESONANCE IMAGING		11058609			12410		41.01
43 RADIOISOTOPE		2287272					43
44 LABORATORY		27978836			90966		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		3026266					47
49 RESPIRATORY THERAPY		2212451			13172		49
50 PHYSICAL THERAPY		5170237			542339		50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY		592033			68333		52
53 ELECTROCARDIOLOGY		3705660			11324		53
54 ELECTROENCEPHALOGRAPHY		1037917			416		54
55 MEDICAL SUPPLIES CHARGED TO P		5939231			2180		55
56 DRUGS CHARGED TO PATIENTS		13756150			125672		56
59 CAT SCAN		13153279			10305		59
59.01 ULTRASOUND		3498973			258		59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		134960			656		59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		16047336					61
61.01 OCCUPATIONAL HEALTH		1463259					61.01
61.02 PSYCH PARTIAL HOSPITAL		82996					61.02
62 OBSERVATION BEDS (NON-DISTINC		1954996					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		157130019			897374		101

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2009.08
 02/24/2010 11:18

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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
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 [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [XX] 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		1007473	26950217				.037383	37
38 RECOVERY ROOM		109476	4459484				.024549	38
39 DELIVERY ROOM & LABOR ROOM		58477	3096083				.018887	39
41 RADIOLOGY-DIAGNOSTIC		877188	9523774	4697			.092105	433 41
41.01 MAGNETIC RESONANCE IMAGING		289603	11058609	1533			.026188	40 41.01
43 RADIOISOTOPE		77157	2287272				.033733	43
44 LABORATORY		348215	27978836	134520			.012446	1674 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		24351	3026266				.008047	47
49 RESPIRATORY THERAPY		134260	2212451	676			.060684	41 49
50 PHYSICAL THERAPY		210435	5170237	1281			.040701	52 50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY		48671	592033				.082210	52
53 ELECTROCARDIOLOGY		250883	3705660	8200			.067703	555 53
54 ELECTROENCEPHALOGRAPHY		50549	1037917	832			.048702	41 54
55 MEDICAL SUPPLIES CHARGED TO P		39478	5939231	719			.006647	5 55
56 DRUGS CHARGED TO PATIENTS		137116	13756150	82710			.009968	824 56
59 CAT SCAN		209466	13153279	9503			.015925	151 59
59.01 ULTRASOUND		129344	3498973				.036966	59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS		302	134960				.002238	59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		409229	16047336	40638			.025501	1036 61
61.01 OCCUPATIONAL HEALTH		64718	1463259				.044229	61.01
61.02 PSYCH PARTIAL HOSPITAL		841	82996				.010133	61.02
62 OBSERVATION BEDS (NON-DISTINC		160218	1954996				.081953	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4637450	157130019	285309				4852 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			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		26950217					37
38 RECOVERY ROOM		4459484					38
39 DELIVERY ROOM & LABOR ROOM		3096083					39
41 RADIOLOGY-DIAGNOSTIC		9523774			4697		41
41.01 MAGNETIC RESONANCE IMAGING		11058609			1533		41.01
43 RADIOISOTOPE		2287272					43
44 LABORATORY		27978836			134520		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		3026266					47
49 RESPIRATORY THERAPY		2212451			676		49
50 PHYSICAL THERAPY		5170237			1281		50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY		592033					52
53 ELECTROCARDIOLOGY		3705660			8200		53
54 ELECTROENCEPHALOGRAPHY		1037917			832		54
55 MEDICAL SUPPLIES CHARGED TO P		5939231			719		55
56 DRUGS CHARGED TO PATIENTS		13756150			82710		56
59 CAT SCAN		13153279			9503		59
59.01 ULTRASOUND		3498973					59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		134960					59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		16047336			40638		61
61.01 OCCUPATIONAL HEALTH		1463259					61.01
61.02 PSYCH PARTIAL HOSPITAL		82996					61.02
62 OBSERVATION BEDS (NON-DISTINC		1954996					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		157130019			285309		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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
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 (TEFRA) (41-S006)	SUB III	SUB IV	SNF	
	1	1	1	1	1	1	
INPATIENT DAYS							
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	22285	2026	4117				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	22285	2026	4117				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14312						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7973	2026	4117				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)	10018	1013	747				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 (TEFRA) (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	20873160	2684976	4264178				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	20873160	2684976	4264178				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23867898	2121222	4166453				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15457116						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8410782	2121222	4166453				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.874529	1.265769	1.023455				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1080.01						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1054.91	1047.00	1012.01				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	25.10						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	21.95						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	314148						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	20559012	2684976	4264178				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 (TEFRA) (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	936.65	1325.26	1035.75			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9383360	1342488	773705			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9383360	1342488	773705			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	4223529	1528	2764.09	773	2136642	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 (TEFRA) (41-S006)	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	7464590	544410	86498	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	18984592	1886898	860203			49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	953717	93976	38448			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	559163	33916	4852			51
52 TOTAL PROGRAM EXCLUDABLE COST	1512880	127892	43300			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	17471712	1759006	816903			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 (TEFRA) (41-S006)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES		122			54
55	TARGET AMOUNT PER DISCHARGE		8324.91			55
56	TARGET AMOUNT		1015639			56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		198736			57
58	BONUS PAYMENT		20313			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		5919.33			58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET		5919.33			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		880516			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 10/01/2007 TO 09/30/2008

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

VERSION: 2009.08
02/24/2010 11:18

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

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2009.08
 02/24/2010 11:18

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) (TEFRA)
 (41-0006) (41-T006) (41-S006)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1975	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	936.65	84
85 OBSERVATION BED COST	1849884	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		20873160		1849884		86
87 NEW CAPITAL-RELATED COST	1807834	20873160	.086610	1849884	160218	87
88 NON PHYSICIAN ANESTHETIST		20873160		1849884		88
89 MEDICAL EDUCATION		20873160		1849884		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		10799612		25
26 INTENSIVE CARE UNIT		1725335		26
31 SUBPROVIDER I				31
31.01 SUB PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.323271	2916887	942945	37
38 RECOVERY ROOM	.555747	375194	208513	38
39 DELIVERY ROOM & LABOR ROOM	.583824	10410	6078	39
41 RADIOLOGY-DIAGNOSTIC	.484734	961656	466147	41
41.01 MAGNETIC RESONANCE IMAGING	.125855	630191	79313	41.01
43 RADIOISOTOPE	.359981	331325	119271	43
44 LABORATORY	.191754	5493114	1053327	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.456529	676466	308826	47
49 RESPIRATORY THERAPY	.750306	834058	625799	49
50 PHYSICAL THERAPY	.716003	378541	271036	50
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY	.798809	94434	75435	52
53 ELECTROCARDIOLOGY	.413663	1159726	479736	53
54 ELECTROENCEPHALOGRAPHY	.477528	22582	10784	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.605162	1359222	822550	55
56 DRUGS CHARGED TO PATIENTS	.441461	2946710	1300858	56
59 CAT SCAN	.115650	1458888	168720	59
59.01 ULTRASOUND	.327554	65463	21443	59.01
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS	.633351	63588	40274	59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.398028	791495	315037	61
61.01 OCCUPATIONAL HEALTH	1.261225			61.01
61.02 PSYCH PARTIAL HOSPITAL	.537074			61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.946234	156936	148498	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		20726886	7464590	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		20726886		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (41-S006)	<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				31
31.01 SUB PROVIDER II		755606		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.323271			37
38 RECOVERY ROOM	.555747			38
39 DELIVERY ROOM & LABOR ROOM	.583824			39
41 RADIOLOGY-DIAGNOSTIC	.484734	4697	2277	41
41.01 MAGNETIC RESONANCE IMAGING	.125855	1533	193	41.01
43 RADIOISOTOPE	.359981			43
44 LABORATORY	.183790	134520	24723	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.456529			47
49 RESPIRATORY THERAPY	.750306	676	507	49
50 PHYSICAL THERAPY	.716003	1281	917	50
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY	.798809			52
53 ELECTROCARDIOLOGY	.413663	8200	3392	53
54 ELECTROENCEPHALOGRAPHY	.477528	832	397	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.605162	719	435	55
56 DRUGS CHARGED TO PATIENTS	.441461	82710	36513	56
59 CAT SCAN	.115650	9503	1099	59
59.01 ULTRASOUND	.327554			59.01
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS	.633351			59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.394833	40638	16045	61
61.01 OCCUPATIONAL HEALTH	1.261225			61.01
61.02 PSYCH PARTIAL HOSPITAL	.534182			61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.946234			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		285309	86498	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		285309		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	2901305					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	9738613					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	280472					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	101.22					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	0.0754					4
4.01	0.1409					4.01
4.02	0.2163					4.02
4.03	0.0706					4.03
4.04	892378					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	13812768					6
7						7
7.01						7.01
8	13812768					8
9	1147349					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	14960117					16
17	9146					17
18	14950971					18
19	1315744					19
20	73280					20
21	140809					21
21.01	98566					21.01
21.02	58839					21.02
22	13660513					22

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2009.08
02/24/2010 11:18

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	13660513				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	13335820				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	324693				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	461281				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	6723526			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5591934			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.821			1.03
1.04 LINE 1.01 TIMES LINE 1.03	5520015			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	5591934			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	1615665		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	3976269		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	3976269		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3976269		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	258040		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	180628		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	197542		27.02
28 SUBTOTAL	4156897		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	4156897		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4152407		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	4490		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	23974		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)	SUB I (41-T006)	SUB I (41-T006)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER 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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(41-0006)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(41-0006)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(41-0006)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13335820		4152407	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 PROGRAM .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .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		13335820		4152407	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	324693		4490	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		13660513		4156897	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		1385197		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		1385197		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		-46646	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1338551		7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			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			
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		588177		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			3.01
	TO .02			3.02
	PROVIDER .03	NONE		3.03
	TO .04		NONE	3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROVIDER .53		NONE	3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		588177		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1991		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		590168		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	INPATIENT HOSPITAL SERVICES		880516			1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		220129			1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	1117439				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS	230264				1.05
1.06	TOTAL PPS PAYMENTS	1347703				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)		422229			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		11.248634			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		422229			1.19
1.20	STOP LESS PAYMENT FLOOR		616361			1.20
1.21	ADJUSTED NET PAYMENT FLOOR		462271			1.21
1.22	STOP LOSS ADJUSTMENT		40042			1.22
1.23	TOTAL IPF PPS PAYMENTS		682400			1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	5.535519				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1347703	682400			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1347703	682400			6
7	DEDUCTIBLES	5056	83264			7
8	SUBTOTAL	1342647	599136			8
9	COINSURANCE	4096	8968			9
10	SUBTOTAL	1338551	590168			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1338551	590168			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2009.08
02/24/2010 11:18

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		1338551	590168			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1385197	588177			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-46646	1991			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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	6172000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	11716000			4
5	OTHER RECEIVABLES	4132000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2178000			6
7	INVENTORY	466000			7
8	PREPAID EXPENSES	388000			8
9	OTHER CURRENT ASSETS	498000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	21194000			11
FIXED ASSETS					
12	LAND	1406761			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1209959			13
13.01	ACCUMULATED DEPRECIATION	-1032030			13.01
14	BUILDINGS	90819406			14
14.01	ACCUMULATED DEPRECIATION	-36982021			14.01
15	LEASEHOLD IMPROVEMENTS	17338			15
15.01	ACCUMULATED AMORTIZATION	-11667			15.01
16	FIXED EQUIPMENT	12060993			16
16.01	ACCUMULATED DEPRECIATION	-7362733			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	37527035			18
18.01	ACCUMULATED DEPRECIATION	-24033615			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	73619426			21
OTHER ASSETS					
22	INVESTMENTS	88897574			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	130284000			25
26	TOTAL OTHER ASSETS	219181574			26
27	TOTAL ASSETS	313995000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2693000			28
29	SALARIES, WAGES & FEES PAYABLE	3725000			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	3376000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	9794000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	29255000			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	5239000			41
42	TOTAL LONG TERM LIABILITIES	34494000			42
43	TOTAL LIABILITIES	44288000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	269707000			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	269707000			51
52	TOTAL LIABILITIES AND FUND BALANCES	313995000			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	312719000			1
2 NET INCOME (LOSS)	-941000			2
3 TOTAL	311778000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	4445000			4
5 NET UNREALIZED GAIN ON INVSTMTS	1314000			5
6 NET ASSETS RELEASED FROM RESTR FOR				6
7 INCR IN INT IN NET ASSETS OF NHF	154314			7
8 INCOME FROM RESTR INVSTMTS	642000			8
9 TRANSFERS FROM NHF	215000			9
10 TOTAL ADDITIONS	6770314			10
11 SUBTOTAL	318548314			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	38820000			12
13 DECR IN INT IN NET ASSETS OF NHF	162000			13
14 NET ASSETS RELEASED FROM RESTR FOR	3589000			14
15 CHANGE IN ACCOUNTING PRINCIPLE	3328000			15
16	2942314			16
17				17
18 TOTAL DEDUCTIONS	48841314			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	269707000			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	22868032		22868032	1
2 SUBPROVIDER I	2121222		2121222	2
2.01 SUBPROVIDER II	4166453		4166453	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	29155707		29155707	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	3369439		3369439	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	3369439		3369439	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	32525146		32525146	16
17 ANCILLARY SERVICES	49874029		49874029	17
18 OUTPATIENT SERVICES		120449834	120449834	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	82399175	120449834	202849009	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		99132809	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		103420809	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	202849009	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	99954263	2
3	NET PATIENT REVENUES	102894746	3
4	LESS - TOTAL OPERATING EXPENSES	103420809	4
5	NET INCOME FROM SERVICE TO PATIENTS	-526063	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	197444	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	93564	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	357826	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	407362	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER	-1471133	24
25	TOTAL OTHER INCOME	-414937	25
26	TOTAL	-941000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-941000	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	1078325			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	20715			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
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	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	0.0754			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1409			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2163			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0448			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	48309			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1147349			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 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					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 CO					46.30
47 BLOOD STORING, PROCESSING & TRA					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 PAT					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 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					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 CCRI					96.01
96.02 VRC CONTRACTS					96.02

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2009.08
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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
00 VACANT SPACE						00
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	44.95						44.95 25
26 INTENSIVE CARE UNIT	50.59						50.59 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	10.82	14.24					25.06 37
38 RECOVERY ROOM	8.41	12.66					21.07 38
39 DELIVERY ROOM & LABOR ROOM	0.34	0.05					0.39 39
41 RADIOLOGY-DIAGNOSTIC	10.10	12.04					22.14 41
41.01 MAGNETIC RESONANCE IMAGING	5.70	18.28					23.98 41.01
43 RADIOISOTOPE	14.49	29.92					44.41 43
44 LABORATORY	19.63	2.09					21.72 44
47 BLOOD STORING, PROCESSING & TRA	22.35	12.37					34.72 47
49 RESPIRATORY THERAPY	37.70	1.62					39.32 49
50 PHYSICAL THERAPY	7.32						7.32 50
52 SPEECH PATHOLOGY	15.95						15.95 52
53 ELECTROCARDIOLOGY	31.30	31.74					63.04 53
54 ELECTROENCEPHALOGRAPHY	2.18	1.37					3.55 54
55 MEDICAL SUPPLIES CHARGED TO PAT	22.89	12.80					35.69 55
56 DRUGS CHARGED TO PATIENTS	21.42	14.07					35.49 56
59 CAT SCAN	11.09	20.49					31.58 59
59.01 ULTRASOUND	1.87	5.71					7.58 59.01
59.03 RENAL DIALYSIS	47.12						47.12 59.03
61 EMERGENCY	4.93	12.86					17.79 61
61.02 PSYCH PARTIAL HOSPITAL		3.21					3.21 61.02
62 OBSERVATION BEDS (NON-DISTINCT	8.03	43.54					51.57 62
101 TOTAL CHARGES	10.92	9.98					20.90 101

***** 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	50.00						50.00 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.19						0.19 41
41.01 MAGNETIC RESONANCE IMAGING	0.11						0.11 41.01
44 LABORATORY	0.33						0.33 44
49 RESPIRATORY THERAPY	0.60						0.60 49
50 PHYSICAL THERAPY	10.49						10.49 50
52 SPEECH PATHOLOGY	11.54						11.54 52
53 ELECTROCARDIOLOGY	0.31						0.31 53
54 ELECTROENCEPHALOGRAPHY	0.04						0.04 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.04						0.04 55
56 DRUGS CHARGED TO PATIENTS	0.91						0.91 56
59 CAT SCAN	0.08						0.08 59
59.01 ULTRASOUND	0.01						0.01 59.01
59.03 RENAL DIALYSIS	0.49						0.49 59.03
101 TOTAL CHARGES	0.47						0.47 101

***** 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	18.14						18.14 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.05						0.05 41
41.01 MAGNETIC RESONANCE IMAGING	0.01						0.01 41.01
44 LABORATORY	0.48						0.48 44
49 RESPIRATORY THERAPY	0.03						0.03 49
50 PHYSICAL THERAPY	0.02						0.02 50
53 ELECTROCARDIOLOGY	0.22						0.22 53
54 ELECTROENCEPHALOGRAPHY	0.08						0.08 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.60						0.60 56
59 CAT SCAN	0.07						0.07 59
61 EMERGENCY	0.25						0.25 61
101 TOTAL CHARGES	0.15						0.15 101

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	4094032	4.60	-4094032	-8.99		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	2780868	3.12	-2780868	-6.11		4	
5	EMPLOYEE BENEFITS	8869959	9.96	-8869959	-19.47		5	
6	ADMINISTRATIVE & GENERAL	16711256	18.77	-16711256	-36.69		6	
7	MAINTENANCE & REPAIRS	321046	.36	-321046	-.70		7	
8	OPERATION OF PLANT	5264422	5.91	-5264422	-11.56		8	
9	LAUNDRY & LINEN SERVICE	480288	.54	-480288	-1.05		9	
10	HOUSEKEEPING	1633652	1.83	-1633652	-3.59		10	
11	DIETARY	1291944	1.45	-1291944	-2.84		11	
12	CAFETERIA	200580	.23	-200580	-.44		12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	1167175	1.31	-1167175	-2.56		14	
15	CENTRAL SERVICES & SUPPLY	30700	.03	-30700	-.07		15	
16	PHARMACY	1336993	1.50	-1336993	-2.94		16	
17	MEDICAL RECORDS & LIBRARY	1204453	1.35	-1204453	-2.64		17	
18	SOCIAL SERVICE	161252	.18	-161252	-.35		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	8171854	9.18	12701306	27.89	20873160	23.44	25
26	INTENSIVE CARE UNIT	2041828	2.29	2181701	4.79	4223529	4.74	26
31	SUBPROVIDER I	1228600	1.38	1456376	3.20	2684976	3.02	31
31.01	SUB PROVIDER II	2026920	2.28	2237258	4.91	4264178	4.79	31.01
33	NURSERY	392410	.44	504099	1.11	896509	1.01	33
34	SKILLED NURSING FACILITY							34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	4929555	5.54	3782663	8.30	8712218	9.79	37
38	RECOVERY ROOM	1301870	1.46	1176473	2.58	2478343	2.78	38
39	DELIVERY ROOM & LABOR ROOM	980671	1.10	826896	1.82	1807567	2.03	39
41	RADIOLOGY-DIAGNOSTIC	1960784	2.20	2655716	5.83	4616500	5.19	41
41.01	MAGNETIC RESONANCE IMAGING	600775	.67	791004	1.74	1391779	1.56	41.01
43	RADIOISOTOPE	410651	.46	412724	.91	823375	.92	43
44	LABORATORY	2991835	3.36	2150385	4.72	5142220	5.78	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	962623	1.08	418955	.92	1381578	1.55	47
49	RESPIRATORY THERAPY	930573	1.05	729442	1.60	1660015	1.86	49
50	PHYSICAL THERAPY	1890524	2.12	1811379	3.98	3701903	4.16	50
50.01	PSYCHOLOGY							50.01
52	SPEECH PATHOLOGY	185313	.21	287608	.63	472921	.53	52
53	ELECTROCARDIOLOGY	600780	.67	932115	2.05	1532895	1.72	53
54	ELECTROENCEPHALOGRAPHY	236121	.27	259513	.57	495634	.56	54

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	2786076	3.13	808123	1.77	3594199	4.04	55
56 DRUGS CHARGED TO PATIENTS	3081899	3.46	2990900	6.57	6072799	6.82	56
59 CAT SCAN	788223	.89	732959	1.61	1521182	1.71	59
59.01 ULTRASOUND	553804	.62	592300	1.30	1146104	1.29	59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS	68215	.08	17262	.04	85477	.10	59.03
61 EMERGENCY	3122949	3.51	3213074	7.05	6336023	7.12	61
61.01 OCCUPATIONAL HEALTH	1182397	1.33	663102	1.46	1845499	2.07	61.01
61.02 PSYCH PARTIAL HOSPITAL	24660	.03	19675	.04	44335	.05	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			52667	.12	52667	.06	96
96.01 CCRI			458		458		96.01
96.02 VRC CONTRACTS							96.02
96.03 LIFELINE							96.03
98 PHYSICIANS' PRIVATE OFFICES	30459	.03	84849	.19	115308	.13	98
100 VACANT SPACE			1057638	2.32	1057638	1.19	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	89030989	100.00	0	.00	89030989	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	1007473	26950217	.037383	2916887	109042	37
38 RECOVERY ROOM	109476	4459484	.024549	375194	9211	38
39 DELIVERY ROOM & LABOR ROOM	58477	3096083	.018887	10410	197	39
41 RADIOLOGY-DIAGNOSTIC	877188	9523774	.092105	961656	88573	41
41.01 MAGNETIC RESONANCE IMAGING	289603	11058609	.026188	630191	16503	41.01
43 RADIOISOTOPE	77157	2287272	.033733	331325	11177	43
44 LABORATORY	348215	27978836	.012446	5493114	68367	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	24351	3026266	.008047	676466	5444	47
49 RESPIRATORY THERAPY	134260	2212451	.060684	834058	50614	49
50 PHYSICAL THERAPY	210435	5170237	.040701	378541	15407	50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	48671	592033	.082210	94434	7763	52
53 ELECTROCARDIOLOGY	250883	3705660	.067703	1159726	78517	53
54 ELECTROENCEPHALOGRAPHY	50549	1037917	.048702	22582	1100	54
55 MEDICAL SUPPLIES CHARGED TO PAT	39478	5939231	.006647	1359222	9035	55
56 DRUGS CHARGED TO PATIENTS	137116	13756150	.009968	2946710	29373	56
59 CAT SCAN	209466	13153279	.015925	1458888	23233	59
59.01 ULTRASOUND	129344	3498973	.036966	65463	2420	59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	302	134960	.002238	63588	142	59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	409229	16047336	.025501	791495	20184	61
61.01 OCCUPATIONAL HEALTH	64718	1463259	.044229			61.01
61.02 PSYCH PARTIAL HOSPITAL	841	82996	.010133			61.02
62 OBSERVATION BEDS (NON-DISTINCT	160218	1954996	.081953	156936	12861	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4637450	157130019		20726886	559163	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	DAYS	COSTS
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1807834		1807834	22285	81.12	10018	812660 25
26 INTENSIVE CARE UNIT	278833		278833	1528	182.48	773	141057 26
101 TOTAL	2086667		2086667			10791	953717 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						953717	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						559163	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						1512880	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)							
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)							
PER DISCHARGE CAPITAL COSTS							
PER DIEM CAPITAL COSTS							

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)	17471712
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	33251833
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.525

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))	1886898
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	1957985
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.964

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))	860203
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1040915
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.826

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)	1512880
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.045

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)	6723526
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)	18948200
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.355