

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 10/01/2006 AND ENDING 09/30/2007, 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	286906	-4682	1
2	SUBPROVIDER I	-75605		2
2.01	SUBPROVIDER II	-63715		2.01
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	147586	-4682	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2006 TO: 09/30/2007 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

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

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01
 21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 39300 21.03
 21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04
 21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE(mm/dd/yyyy) 23.01
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.02
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.03
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.04
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE 23.05
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy) 23.06
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERT. DATE (mm/dd/yyyy) 23.07
 24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 24

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 FI/CONTRACTOR'S NUMBER: 00021	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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	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

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		1835	162	4892	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		1835	162	4892	12
13	RPCH VISITS					13
14	SUBPROVIDER I		89	3	108	14
14.01	SUB PROVIDER II		114	105	589	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	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	36499059		36499059	1358219.20	26.87		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	899	-899					8
8.01	EXCLUDED AREA SALARIES	1731977	161696	1893673	62108.80	30.49		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	131056		131056	2040.75	64.22		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	636561		636561	2041.00	311.89		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	4231184		4231184	84506.00	50.07		11
12	HOME OFFICE: PHYSICIAN PART A	539058		539058	2421.25	222.64		12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	9525960		9525960			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	528672		528672			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	495757	-141817	353940	1185.60	298.53		21
22	ADMINISTRATIVE & GENERAL	3599761	-286898	3312863	134576.00	24.62		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	123762	1110	124872	5491.20	22.74		23
24	OPERATION OF PLANT	734449	6589	741038	28163.20	26.31		24
25	LAUNDRY & LINEN SERVICE	67054	602	67656	4284.80	15.79		25
26	HOUSEKEEPING	1136610	10196	1146806	83512.00	13.73		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1098013	-298237	799776	49649.60	16.11		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	50694	308542	359236	18241.60	19.69		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1265030	-323569	941461	26644.80	35.33		30
31	CENTRAL SERVICES AND SUPPLY	275369	-256534	18835	977.60	19.27		31
32	PHARMACY	968521	21133	989654	33155.20	29.85		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	934392	8681	943073	47964.80	19.66		33
34	SOCIAL SERVICE	-54136	209782	155646	5553.60	28.03		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	36499059		36499059	1358219.20	26.87	1
2	EXCLUDED AREA SALARIES	1732876	160797	1893673	62108.80	30.49	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	34766183	-160797	34605386	1296110.40	26.70	3
4	SUBTOTAL OTHER WAGES & REL COSTS	5537859		5537859	91009.00	60.85	4
5	SUBTOTAL WAGE-RELATED COSTS	9525960		9525960		27.53%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	49830002	-160797	49669205	1387119.40	35.81	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	10695276	-740420	9954856	439400.00	22.66	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	11555588	17
17.01	GROSS MEDICAID REVENUES	8237960	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	19793548	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	10111527	23
24	COST TO CHARGE RATIO	0.467924	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	4731426	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	7671942	28
29	TOTAL GROSS MEDICAID COST	3589886	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	11555588	30
31	UNCOMPENSATED CARE COST	5407137	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	8321312	32

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
02/28/2008 08:05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI-	RECLASS.	ADJUST-	NET EXP
		1	2	3	FICATIONS	TRIAL	MENTS	FOR
					4	BALANCE	6	ALLOCATION
						5		7
98	9800 PHYSICIANS' PRIVATE OFFICES	36514	209333	245847	-40295	205552		205552 98
100	7950 VACANT SPACE							100
101	TOTAL	36499059	59087436	95586495		95586495	-9842803	85743692 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	A				1
2 M&S CHARGEABLE	A	MEDICAL SUPPLIES CHARGED TO P	55		2781657 2
3	A	ELECTROCARDIOLOGY	53		1265 3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12	A				12
13	A				13
14	A				14
15	A				15
16	A				16
17	A				17
18	A				18
19					19
20 CS&S TECH TIME	B	OPERATING ROOM	37	252243	63773 20
21	B	PHYSICIANS' PRIVATE OFFICES	98	6766	1706 21
22 NURSING SALARIES	C	NURSERY	33	320264	22
23	C	DELIVERY ROOM & LABOR ROOM	39	904474	23
24	D				24
25 DRUGS & IV CHARGEABLE	D	DRUGS CHARGED TO PATIENTS	56		3342934 25
26	D	RESPIRATORY THERAPY	49		841 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				1483747	6192176 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	A	CENTRAL SERVICES & SUPPLY	15		8779	1
2 M&S CHARGEABLE	A	ADMINISTRATIVE & GENERAL	6		434	2
3	A	ADULTS & PEDIATRICS	25		80586	3
4	A	INTENSIVE CARE UNIT	26		32816	4
5	A	SUBPROVIDER I	31		2630	5
6	A	NURSERY	33		523	6
7	A	SUB PROVIDER II	31.01		91	7
8	A	OPERATING ROOM	37		2517303	8
9	A	RECOVERY ROOM	38		23613	9
10	A	RADIOLOGY-DIAGNOSTIC	41		30678	10
11	A	MAGNETIC RESONANCE IMAGING	41.01		1305	11
12	A	LABORATORY	44		63	12
13	A	RESPIRATORY THERAPY	49		3385	13
14	A	PHYSICAL THERAPY	50		11531	14
15	A	ELECTROENCEPHALOGRAPHY	54		194	15
16	A	CAT SCAN	59		1504	16
17	A	ULTRASOUND	59.01		12350	17
18	A	EMERGENCY	61		55137	18
19						19
20 CS&S TECH TIME	B	CENTRAL SERVICES & SUPPLY	15	259004	65483	20
21	B					21
22 NURSING SALARIES	C	ADULTS & PEDIATRICS	25	1224738		22
23	C					23
24	D	NURSERY	33		446	24
25 DRUGS & IV CHARGEABLE	D	EMPLOYEE BENEFITS	5		19008	25
26	D	ADMINISTRATIVE & GENERAL	6		3102	26
27	D	PHARMACY	16		2862287	27
28	D	ADULTS & PEDIATRICS	25		135515	28
29	D	INTENSIVE CARE UNIT	26		30979	29
30	D	SUBPROVIDER I	31		80	30
31	D	OPERATING ROOM	37		55291	31
32	D	RECOVERY ROOM	38		81219	32
33	D	RADIOLOGY-DIAGNOSTIC	41		187	33
34	D	MAGNETIC RESONANCE IMAGING	41.01		2077	34
35	D	RADIOISOTOPE	43		6105	35
36 SUBTOTAL				1483742	6044701	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 FLOAT SALARIES	E	INTENSIVE CARE UNIT	26	13773	7
8	E	SUBPROVIDER I	31	6317	8
9	E	SUB PROVIDER II	31.01	8657	9
10	E	PSYCH PARTIAL HOSPITAL	61.02	138	10
11	E	NURSERY	33	2491	11
12	E				12
13	E	DELIVERY ROOM & LABOR ROOM	39	7035	13
14	E	EMERGENCY	61	21954	14
15 PHYSIATRIST	F	SUBPROVIDER I	31		50000 15
16 CENTRAL TRANSPORTATION	G	ADULTS & PEDIATRICS	25	69066	536 16
17	G	OPERATING ROOM	37	12807	99 17
18	G	RECOVERY ROOM	38	13355	104 18
19	G	CAT SCAN	59	11112	86 19
20	G	RADIOLOGY-DIAGNOSTIC	41	15946	124 20
21	G	MAGNETIC RESONANCE IMAGING	41.01	5332	41 21
22	G	LABORATORY	44	1894	15 22
23	G	ULTRASOUND	59.01	9667	75 23
24	G	RADIOISOTOPE	43	6677	52 24
25	G	ELECTROCARDIOLOGY	53	8372	65 25
26	G	ELECTROENCEPHALOGRAPHY	54	1644	13 26
27	G	EMERGENCY	61	13106	102 27
28	G	SUBPROVIDER I	31	2790	22 28
29	G	SUB PROVIDER II	31.01	1815	14 29
30	G	PSYCH PARTIAL HOSPITAL	61.02	29	30
31	G	INTENSIVE CARE UNIT	26	7425	58 31
32	G	MEDICAL RECORDS & LIBRARY	17	299	2 32
33 CAFETERIA COSTS	H	CAFETERIA	12	308087	170609 33
34 MGR-THERAPEUTIC SVCS	I	SPEECH PATHOLOGY	52	4220	34
35	I	ELECTROCARDIOLOGY	53	17160	35
36 SUBTOTAL				2054915	6414193 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	D	LABORATORY	44		14843	1
2	D	BLOOD STORING, PROCESSING & T	47		6966	2
3	D	ELECTROCARDIOLOGY	53		42	3
4	D	ELECTROENCEPHALOGRAPHY	54		34	4
5	D	CAT SCAN	59		11944	5
6	D	EMERGENCY	61		113649	6
7	E	ADULTS & PEDIATRICS	25	60366		7
8	E					8
9	E					9
10	E					10
11	E					11
12	E					12
13	E					13
14	E					14
15	F	PHYSICIANS' PRIVATE OFFICES	98		50000	15
16	G	NURSING ADMINISTRATION	14	181335	1407	16
17	G					17
18	G					18
19	G					19
20	G					20
21	G					21
22	G					22
23	G					23
24	G					24
25	G					25
26	G					26
27	G					27
28	G					28
29	G					29
30	G					30
31	G					31
32	G					32
33	H	DIETARY	11	308087	170609	33
34	I	PHYSICAL THERAPY	50	21380		34
35	I					35
36		SUBTOTAL		2054910	6414195	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	I				1
2 LAB ADMIN & PHLEBOTOMY PRGM	J	BLOOD STORING, PROCESSING & T	47	7298	2
3 PROF SVCS DIV	L	PHARMACY	16	12445	3
4	L	SUBPROVIDER I	31	9949	4
5	L	RADIOLOGY-DIAGNOSTIC	41	31694	5
6	L	MAGNETIC RESONANCE IMAGING	41.01	4764	6
7	L	RADIOISOTOPE	43	2065	7
8	L	BLOOD STORING, PROCESSING & T	47	3375	8
9	L	PHYSICAL THERAPY	50	23168	9
10	L	SPEECH PATHOLOGY	52	1986	10
11	L	ELECTROCARDIOLOGY	53	3507	11
12	L	CAT SCAN	59	4087	12
13	L	ULTRASOUND	59.01	4377	13
14	L	OCCUPATIONAL HEALTH	61.01	9185	14
15	L	PHYSICIANS' PRIVATE OFFICES	98	905	15
16 CARDIOPULMONARY SERVICE ADMIN	O	ELECTROCARDIOLOGY	53	37626	2838 16
17	O	ELECTROENCEPHALOGRAPHY	54	12827	968 17
18 RADIOLOGY MANAGER & SUPPORT STAFF	P	MAGNETIC RESONANCE IMAGING	41.01	32924	18
19	P	RADIOISOTOPE	43	12491	19
20	P	CAT SCAN	59	89250	20
21	P	ULTRASOUND	59.01	40786	21
22 FIXED EQUIP	R	NEW CAP REL COSTS-BLDG & FIXT	3		775887 22
23 IV THERAPY	S	INTENSIVE CARE UNIT	26	45683	8036 23
24	S	SUBPROVIDER I	31	47451	8347 24
25	S				25
26 RENAL DIALYSIS	T	RENAL DIALYSIS	59.03		80677 26
27	T				27
28 PSYCH PARTIAL HOSP	U	PSYCH PARTIAL HOSPITAL	61.02	15661	7748 28
29 HOSP WIDE - ADMIN	V	EMPLOYEE BENEFITS	5	4447	29
30	V	ADMINISTRATIVE & GENERAL	6	32293	30
31	V	MAINTENANCE & REPAIRS	7	1110	31
32	V	OPERATION OF PLANT	8	6589	32
33	V	LAUNDRY & LINEN SERVICE	9	602	33
34	V	HOUSEKEEPING	10	10196	34
35	V	DIETARY	11	9850	35
36 SUBTOTAL				2573506	7298694 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	I					1
2 LAB ADMIN & PHLEBOTOMY PRGM	J	LABORATORY	44	7298		2
3 PROF SVCS DIV	L	LABORATORY	44	111508		3
4	L					4
5	L					5
6	L					6
7	L					7
8	L					8
9	L					9
10	L					10
11	L					11
12	L					12
13	L					13
14	L					14
15	L					15
16 CARDIOPULMONARY SERVICE ADMIN	O	RESPIRATORY THERAPY	49	50454	3806	16
17	O					17
18 RADIOLOGY MANAGER & SUPPORT STAFF	P	RADIOLOGY-DIAGNOSTIC	41	175451		18
19	P					19
20	P					20
21	P					21
22 FIXED EQUIP	R	NEW CAP REL COSTS-MVBLE EQUIP	4		775887	9 22
23 IV THERAPY	S	ADULTS & PEDIATRICS	25	93135	16382	23
24	S					24
25	S					25
26 RENAL DIALYSIS	T	ADULTS & PEDIATRICS	25		55330	26
27	T	INTENSIVE CARE UNIT	26		25346	27
28 PSYCH PARTIAL HOSP	U	SUB PROVIDER II	31.01	15661	7748	28
29 HOSP WIDE - ADMIN	V	ADMINISTRATIVE & GENERAL	6	327428		29
30	V					30
31	V					31
32	V					32
33	V					33
34	V					34
35	V					35
36 SUBTOTAL				2835845	7298694	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	V	CAFETERIA	12	455	1
2	V	NURSING ADMINISTRATION	14	11348	2
3	V	CENTRAL SERVICES & SUPPLY	15	2470	3
4	V	PHARMACY	16	8688	4
5	V	MEDICAL RECORDS & LIBRARY	17	8382	5
6	V	PSYCH PARTIAL HOSPITAL	61.02	140	6
7	V	ADULTS & PEDIATRICS	25	74119	7
8	V	INTENSIVE CARE UNIT	26	15466	8
9	V	SUBPROVIDER I	31	6291	9
10	V	SUB PROVIDER II	31.01	8787	10
11	V	OPERATING ROOM	37	17220	11
12	V	RECOVERY ROOM	38	10401	12
13	V	RADIOLOGY-DIAGNOSTIC	41	16686	13
14	V	MAGNETIC RESONANCE IMAGING	41.01	3557	14
15	V	RADIOISOTOPE	43	1787	15
16	V	LABORATORY	44	16139	16
17	V	BLOOD STORING, PROCESSING & T	47	2283	17
18	V	RESPIRATORY THERAPY	49	6359	18
19	V	PHYSICAL THERAPY	50	14127	19
20	V	SPEECH PATHOLOGY	52	1422	20
21	V	ELECTROCARDIOLOGY	53	4177	21
22	V	ELECTROENCEPHALOGRAPHY	54	1627	22
23	V	CAT SCAN	59	2589	23
24	V	ULTRASOUND	59.01	3698	24
25	V	EMERGENCY	61	20220	25
26	V	OCCUPATIONAL HEALTH	61.01	4059	26
27	V	PHYSICIANS' PRIVATE OFFICES	98	328	27
28	W	SUBPROVIDER I	31	899	28
29	W	SKILLED NURSING FACILITY	34		2505 29
30	Y	SOCIAL SERVICE	18	156132	30
31	Z	ADMINISTRATIVE & GENERAL	6	8237	31
32	Z	NURSING ADMINISTRATION	14	2550	32
33	Z	SOCIAL SERVICE	18	54136	33
34	Z	SUBPROVIDER I	31	76402	34
35	Z	PHYSICAL THERAPY	50	4939	35
36		TOTAL RECLASSIFICATIONS		3139626	7301199 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
		COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1	V				1	
2	V				2	
3	V				3	
4	V				4	
5	V				5	
6	V	SOCIAL SERVICE	18	486	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	W	SKILLED NURSING FACILITY	34	899	28	
29	W	SUBPROVIDER I	31		29	
30	Y	NURSING ADMINISTRATION	14	156132	30	
31	Z	EMPLOYEE BENEFITS	5	146264	31	
32	Z				32	
33	Z				33	
34	Z				34	
35	Z				35	
36		TOTAL RECLASSIFICATIONS		3139626	7301199	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	1204759					1204759		2
3 BUILDINGS AND FIXTURES	85407324	479747		479747		85887071		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	11661828	106201		106201		11768029		5
6 MOVABLE EQUIPMENT	34520955	2040337		2040337		36561292		6
7 SUBTOTAL	134201627	2626285		2626285		136827912		7
8 RECONCILING ITEMS								8
9 TOTAL	134201627	2626285		2626285		136827912		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	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				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		3713190				230805	3943995	3
4 NEW CAP REL COSTS-MVBLE EQUIP		2262151				168042	2430193	4
5 TOTAL		5975341				398847	6374188	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		2937303					2937303	3
4 NEW CAP REL COSTS-MVBLE EQUIP		3038038					3038038	4
5 TOTAL		5975341					5975341	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-24048	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)	B	-74119	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	A	-2517	NEW CAP REL COSTS-BLDG & FIXT	3	14
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6118044			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-2216561			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-336165	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3				
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 SPFF	B	-3975	EMPLOYEE BENEFITS	5	37
38 DIRECT REVENUE FROM SPFF	B	-77012	ADMINISTRATIVE & GENERAL	6	38
39 DIRECT REVENUE FROM SPFF	B	-14523	NURSING ADMINISTRATION	14	39
40 DIRECT REVENUE FROM SPFF	B	-3839	ADULTS & PEDIATRICS	25	40
41 DIRECT REVENUE FROM SPFF	B	-3865	DELIVERY ROOM & LABOR ROOM	39	41
42 DIRECT REVENUE FROM SPFF	B	-3175	EMERGENCY	61	42
43					43
44					44
45					45
46					46
47 TELEPHONE REVENUE	B	-76979	OPERATION OF PLANT	8	47
48 INVESTMENT INCOME	B	-5617	ADMINISTRATIVE & GENERAL	6	48
49 INTEREST INCOME	B	-321165	ADMINISTRATIVE & GENERAL	6	49
49.01 SERVICES RENDERED	B	-10972	ADULTS & PEDIATRICS	25	49.01
49.03 MISCELLANEOUS REVENUE	B	-87789	NURSING ADMINISTRATION	14	49.03
49.04 MISCELLANEOUS REVENUE	B	-150	RESPIRATORY THERAPY	49	49.04
49.05 MISCELLANEOUS REVENUE	B	-887	LABORATORY	44	49.05
49.06 MISCELLANEOUS REVENUE	B	-296	LABORATORY	44	49.06
49.07 MISCELLANEOUS REVENUE	B	-875	CAT SCAN	59	49.07
49.08 MISCELLANEOUS REVENUE	B	-50	MAGNETIC RESONANCE IMAGING	41.01	49.08
49.09 MISCELLANEOUS REVENUE	B	-4526	RADIOLOGY-DIAGNOSTIC	41	49.09
49.10 MISCELLANEOUS REVENUE	B	-12686	PHARMACY	16	49.10
49.11 MISCELLANEOUS REVENUE	B	-817	PHYSICAL THERAPY	50	49.11
49.12 MISCELLANEOUS REVENUE	B	-49539	ADULTS & PEDIATRICS	25	49.12
49.13 MISCELLANEOUS REVENUE	B	-1340	ADMINISTRATIVE & GENERAL	6	49.13
49.14 MISCELLANEOUS REVENUE	B	-7935	ADMINISTRATIVE & GENERAL	6	49.14
49.15 MISCELLANEOUS REVENUE	B	-2748	ADMINISTRATIVE & GENERAL	6	49.15
49.16 MISCELLANEOUS REVENUE	B	-810	ADMINISTRATIVE & GENERAL	6	49.16
49.17 MISCELLANEOUS REVENUE	B	-8187	DIETARY	11	49.17
49.18 MISCELLANEOUS REVENUE	B	-69	OPERATION OF PLANT	8	49.18

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.19 MISCELLANEOUS REVENUE	B	-58969	MEDICAL RECORDS & LIBRARY	17	49.19
49.20 MISCELLANEOUS REVENUE	B	-103	ADMINISTRATIVE & GENERAL	6	49.20
49.21 MISCELLANEOUS REVENUE	B	-324	ADMINISTRATIVE & GENERAL	6	49.21
49.22 OTHER MISC. REVENUE	B	-16349	CAFETERIA	12	49.22
49.23 AMORTIZE VANDERBILT DEMOLITION	A	83567	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
49.26 AMORTIZED COST OF VANDERBILT REHA	A	1121	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.26
49.27 NONALLOWABLE EXPENSE	A	-145	NURSING ADMINISTRATION	14	49.27
49.28 NONALLOWABLE EXPENSE	A	-46	LABORATORY	44	49.28
49.29 SRU CONTRACT	B	-12000	ADMINISTRATIVE & GENERAL	6	49.29
49.30 SRU CONTRACT	B	-66175	EMERGENCY	61	49.30
49.31 SRU CONTRACT	B	-94169	LABORATORY	44	49.31
49.32 SRU CONTRACT	B	-83957	RADIOLOGY-DIAGNOSTIC	41	49.32
49.33 SRU CONTRACT	B	-19265	DRUGS CHARGED TO PATIENTS	56	49.33
49.34 SRU CONTRACT	B	-1744	RESPIRATORY THERAPY	49	49.34
49.35 SRU CONTRACT	B	-278	PHYSICAL THERAPY	50	49.35
49.37 RENTAL INCOME	B	-20400	ADMINISTRATIVE & GENERAL	6	49.37
49.38 MISCELLANEOUS REVENUE	B	-89841	ADMINISTRATIVE & GENERAL	6	49.38
49.39 NONALLOWABLE EXPENSE	A	-3	RADIOLOGY-DIAGNOSTIC	41	49.39
49.40 NONALLOWABLE EXPENSE	A	-5059	ADMINISTRATIVE & GENERAL	6	49.40
50 TOTAL		-9842803			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	5942483	8712819	-2770336	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	147598		147598	14 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	156462		156462	14 3
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	688012	688012		4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	510467	510467		9 4.01
4.03	61.01	OCCUPATIONAL HEALTH	LEASE EXPENSE	18916	12230	6686	4.03
4.04	31	SUBPROVIDER I	PHYSIATRY	209561	191036	18525	4.04
4.05	31.01	SUB PROVIDER II	MENTAL HEALTH	516604	374388	142216	4.05
4.07	44	LABORATORY	PATHOLOGY	706031	648393	57638	4.07
4.08	61.01	OCCUPATIONAL HEALTH	OCCUPATIONAL HEALTH	122748	100372	22376	4.08
4.09	6	ADMINISTRATIVE & GENERAL	PSO MGMT FEES	191734	191734		4.09
4.10	61.02	PSYCH PARTIAL HOSPITAL	MENTAL HEALTH	8261	5987	2274	4.10
5		TOTALS		9218877	11435438	-2216561	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	(7)
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		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	2208614	1752053	456561	177200	871	74203	3710
2	31	SUBPROVIDER I	50000		50000	177200	410	34929	1746
3	31.01	SUB PROVIDER II	434249	359379	74870	154100	320	23708	1185
4	37	OPERATING ROOM	250000	220000	30000	200300	449	43238	2162
5	44	LABORATORY	648393	235402	412991	215700	1687	174945	8747
6	49	RESPIRATORY THERAPY	39167		39167	165600	150	11942	597
7	53	ELECTROCARDIOLOGY	165062	165062		165600			
8	54	ELECTROENCEPHALOGRAPHY	24972	24972		165600			
9	59.01	ULTRASOUND	6938	6938		225300			
10	61	EMERGENCY	2589253	2489253	100000	177200	572	48730	2437
11	61.01	OCCUPATIONAL HEALTH	100372	100372		165600			
12	61.02	PSYCH PARTIAL HOSPITAL	6944	5747	1197	154100	5	370	19
101		TOTAL	6523964	5359178	1164786		4464	412065	20603

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2006 TO 09/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2007.06
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE				74203	382358	2134411
2	31	SUBPROVIDER I	AGGREGATE	1716	1716		36645	13355	13355
3	31.01	SUB PROVIDER II	AGGREGATE				23708	51162	410541
4	37	OPERATING ROOM	AGGREGATE				43238		220000
5	44	LABORATORY	AGGREGATE	8442	5377		180322	232669	468071
6	49	RESPIRATORY THERAPY	AGGREGATE				11942	27225	27225
7	53	ELECTROCARDIOLOGY	AGGREGATE						165062
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE						24972
9	59.01	ULTRASOUND	AGGREGATE						6938
10	61	EMERGENCY	AGGREGATE				48730	51270	2540523
11	61.01	OCCUPATIONAL HEALTH	AGGREGATE						100372
12	61.02	PSYCH PARTIAL HOSPITAL	AGGREGATE				370	827	6574
101		TOTAL		10158	7093		419158	758866	6118044

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2006 TO 09/30/2007

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
98	PHYSICIANS' PRIVATE OFFICES	205552	6761	592	12476	225381	57634	615	34083	98
100	VACANT SPACE		94725			94725	24223	13225	732642	100
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	85743692	3943995	2430193	10131435	85743692	17461182	391349	9092818	103

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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
98	PHYSICIANS' PRIVATE OFFICES	4020	10111		1622			11174	98
100	VACANT SPACE		217336						100
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	843860	2552091	2357874	596647	1652294	182556	2036386	2300872 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	255590			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	100302	19882398		19882398
26 INTENSIVE CARE UNIT	4657	4166788		4166788
31 SUBPROVIDER I	1970	2365125		2365125
31.01 SUB PROVIDER II	109973	3139487		3139487
33 NURSERY		870418		870418
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	6448	8152808		8152808
38 RECOVERY ROOM		2476687		2476687
39 DELIVERY ROOM & LABOR ROOM		1738598		1738598
41 RADIOLOGY-DIAGNOSTIC		4480004		4480004
41.01 MAGNETIC RESONANCE IMAGING		1278395		1278395
43 RADIOISOTOPE		857002		857002
44 LABORATORY		5646136		5646136
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA		1197457		1197457
49 RESPIRATORY THERAPY		1651071		1651071
50 PHYSICAL THERAPY		3381962		3381962
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY		448761		448761
53 ELECTROCARDIOLOGY		1499178		1499178
54 ELECTROENCEPHALOGRAPHY		459620		459620
55 MEDICAL SUPPLIES CHARGED TO PAT		3588708		3588708
56 DRUGS CHARGED TO PATIENTS		6173075		6173075
59 CAT SCAN		1209362		1209362
59.01 ULTRASOUND		1087830		1087830
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS		101308		101308
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	30449	6259703		6259703
61.01 OCCUPATIONAL HEALTH		2113850		2113850
61.02 PSYCH PARTIAL HOSPITAL	1791	41416		41416
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
95 SUBTOTALS	255590	84267147		84267147
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		49754		49754
96.01 CCRI				96.01
96.02 VRC CONTRACTS				96.02
96.03 LIFELINE				96.03

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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	
98 PHYSICIANS' PRIVATE OFFICES		344640		344640	98
100 VACANT SPACE		1082151		1082151	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	255590	85743692		85743692	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	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS	
	0	3	4	4A	5	6	7	8
98 PHYSICIANS' PRIVATE OFFICES		6761	592	7353	13	1065	29	7711 98
100 VACANT SPACE		94725		94725		448	633	165755 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	386010	3943995	2430193	6760198	10681	322721	18730	2057181 103

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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
98	PHYSICIANS' PRIVATE OFFICES	354	494		183			677	98
100	VACANT SPACE		10619						100
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	74403	124693	155921	67262	93089	54462	123424	165413 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	1358			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	533	1568641		1568641
26 INTENSIVE CARE UNIT	25	255804		255804
31 SUBPROVIDER I	10	171035		171035
31.01 SUB PROVIDER II	584	194176		194176
33 NURSERY		55455		55455
34 SKILLED NURSING FACILITY		4877		4877
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	34	956561		956561
38 RECOVERY ROOM		112202		112202
39 DELIVERY ROOM & LABOR ROOM		56637		56637
41 RADIOLOGY-DIAGNOSTIC		794351		794351
41.01 MAGNETIC RESONANCE IMAGING		213871		213871
43 RADIOISOTOPE		76469		76469
44 LABORATORY		344156		344156
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA		23236		23236
49 RESPIRATORY THERAPY		128593		128593
50 PHYSICAL THERAPY		203035		203035
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY		46600		46600
53 ELECTROCARDIOLOGY		253430		253430
54 ELECTROENCEPHALOGRAPHY		50048		50048
55 MEDICAL SUPPLIES CHARGED TO PAT		41702		41702
56 DRUGS CHARGED TO PATIENTS		137065		137065
59 CAT SCAN		162892		162892
59.01 ULTRASOUND		127897		127897
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS		381		381
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	162	402139		402139
61.01 OCCUPATIONAL HEALTH		73641		73641
61.02 PSYCH PARTIAL HOSPITAL	10	795		795
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
95 SUBTOTALS	1358	6455689		6455689
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		14450		14450
96.01 CCRI				96.01
96.02 VRC CONTRACTS				96.02
96.03 LIFELINE				96.03

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WORKSHEET B
PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES		17879		17879	98
100 VACANT SPACE		272180		272180	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	1358	6760198		6760198	103

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		CILIAATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEE T	
	3	4	5	6A	6	7	8	
96.02 VRC CONTRACTS								96.02
96.03 LIFELINE								96.03
98 PHYSICIANS' PRIVATE OFFICES	6077	427	44508		225381	587	587	98
100 VACANT SPACE	85141				94725	12618	12618	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3943995	2430193	10131435		17461182	391349	9092818	103
104 UNIT COST MULT-WS B PT I		1.387011				1.048103		104
104 UNIT COST MULT-WS B PT I	1.112561		.280299		.255720		58.063230	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			10681		322721	18730	2057181	107
108 UNIT COST MULT-WS B PT III						.050162		108
108 UNIT COST MULT-WS B PT III			.000296		.004726		13.136365	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FT	DIETARY MEALS SERVED	CAFETERIA SERV FTES	NURSING ADMINISTRATION DIRECT NURSING HOURS	CENTRAL SERVICES * SUPPLY COSTED REQ S	PHARMACY COSTED REQ S	MEDICAL RECORDS & LIBRARY TIME SPENT	
	9	10	11	12	14	15	16	17	
96.02 VRC CONTRACTS									96.02
96.03 LIFELINE									96.03
98 PHYSICIANS' PRIVATE OFFICES	3805	587		135			19295		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	843860	2552091	2357874	596647	1652294	182556	2036386	2300872	103
104 UNIT COST MULT-WS B PT I	1.056374		27.775966		2.874515		.579129		104
104 UNIT COST MULT-WS B PT I		17.224306		12.012463		.039563		48.139426	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	74403	124693	155921	67262	93089	54462	123424	165413	107
108 UNIT COST MULT-WS B PT III	.093140		1.836763		.161948		.035101		108
108 UNIT COST MULT-WS B PT III		.841565		1.354205		.011803		3.460813	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	1427		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	560		25
26 INTENSIVE CARE UNIT	26		26
31 SUBPROVIDER I	11		31
31.01 SUB PROVIDER II	614		31.01
33 NURSERY			33
34 SKILLED NURSING FACILITY			34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	36		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	170		61
61.01 OCCUPATIONAL HEALTH			61.01
61.02 PSYCH PARTIAL HOSPITAL	10		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
95 SUBTOTALS	1427		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
96.01 CCRI			96.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
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	255590		103
104 UNIT COST MULT-WS B PT I	179.110021		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	1358		107
108 UNIT COST MULT-WS B PT III	.951647		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	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19882398		19882398		19882398	25
26 INTENSIVE CARE UNIT	4166788		4166788		4166788	26
31 SUBPROVIDER I	2365125		2365125	13355	2378480	31
31.01 SUB PROVIDER II	3139487		3139487	51162	3190649	31.01
33 NURSERY	870418		870418		870418	33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8152808		8152808		8152808	37
38 RECOVERY ROOM	2476687		2476687		2476687	38
39 DELIVERY ROOM & LABOR ROOM	1738598		1738598		1738598	39
41 RADIOLOGY-DIAGNOSTIC	4480004		4480004		4480004	41
41.01 MAGNETIC RESONANCE IMAGING	1278395		1278395		1278395	41.01
43 RADIOISOTOPE	857002		857002		857002	43
44 LABORATORY	5646136		5646136	232669	5878805	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1197457		1197457		1197457	47
49 RESPIRATORY THERAPY	1651071		1651071	27225	1678296	49
50 PHYSICAL THERAPY	3381962		3381962		3381962	50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	448761		448761		448761	52
53 ELECTROCARDIOLOGY	1499178		1499178		1499178	53
54 ELECTROENCEPHALOGRAPHY	459620		459620		459620	54
55 MEDICAL SUPPLIES CHARGED TO	3588708		3588708		3588708	55
56 DRUGS CHARGED TO PATIENTS	6173075		6173075		6173075	56
59 CAT SCAN	1209362		1209362		1209362	59
59.01 ULTRASOUND	1087830		1087830		1087830	59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	101308		101308		101308	59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	6259703		6259703	51270	6310973	61
61.01 OCCUPATIONAL HEALTH	2113850		2113850		2113850	61.01
61.02 PSYCH PARTIAL HOSPITAL	41416		41416	827	42243	61.02
62 OBSERVATION BEDS (NON-DISTI	1392584		1392584		1392584	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	85659731		85659731	376508	86036239	101
102 LESS OBSERVATION BEDS	1392584		1392584		1392584	102
103 TOTAL	84267147		84267147	376508	84643655	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	20817016		20817016			25
26 INTENSIVE CARE UNIT	4113322		4113322			26
31 SUBPROVIDER I	2033880		2033880			31
31.01 SUB PROVIDER II	3214494		3214494			31.01
33 NURSERY	1174063		1174063			33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8963509	17583636	26547145	.307107	.307107	.307107 37
38 RECOVERY ROOM	1027310	3223236	4250546	.582675	.582675	.582675 38
39 DELIVERY ROOM & LABOR ROOM	2749526	570542	3320068	.523663	.523663	.523663 39
41 RADIOLOGY-DIAGNOSTIC	1789814	6223099	8012913	.559098	.559098	.559098 41
41.01 MAGNETIC RESONANCE IMAGING	1430294	10513932	11944226	.107030	.107030	.107030 41.01
43 RADIOISOTOPE	403034	1830479	2233513	.383701	.383701	.383701 43
44 LABORATORY	9546373	15911164	25457537	.221786	.221786	.230926 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1108564	1298415	2406979	.497494	.497494	.497494 47
49 RESPIRATORY THERAPY	1884926	563257	2448183	.674407	.674407	.685527 49
50 PHYSICAL THERAPY	1701140	2776395	4477535	.755318	.755318	.755318 50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	316316	238998	555314	.808121	.808121	.808121 52
53 ELECTROCARDIOLOGY	1250652	2031067	3281719	.456827	.456827	.456827 53
54 ELECTROENCEPHALOGRAPHY	61181	828882	890063	.516390	.516390	.516390 54
55 MEDICAL SUPPLIES CHARGED TO	2867355	2181569	5048924	.710787	.710787	.710787 55
56 DRUGS CHARGED TO PATIENTS	6085370	7398208	13483578	.457822	.457822	.457822 56
59 CAT SCAN	2501530	10454351	12955881	.093345	.093345	.093345 59
59.01 ULTRASOUND	476155	2799218	3275373	.332124	.332124	.332124 59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	190880	13980	204860	.494523	.494523	.494523 59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1857925	12942966	14800891	.422927	.422927	.426391 61
61.01 OCCUPATIONAL HEALTH		1489211	1489211	1.419443	1.419443	1.419443 61.01
61.02 PSYCH PARTIAL HOSPITAL		83083	83083	.498489	.498489	.508443 61.02
62 OBSERVATION BEDS (NON-DISTI	236612	1330302	1566914	.888743	.888743	.888743 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	77801241	102285990	180087231			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	77801241	102285990	180087231			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				1568641		1568641	25
26 INTENSIVE CARE UNIT				255804		255804	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				171035		171035	31
31.01 SUB PROVIDER II				194176		194176	31.01
33 NURSERY				55455		55455	33
101 TOTAL				2245111		2245111	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	21773	9409			72.05	677918	25
26 INTENSIVE CARE UNIT	1964	1017			130.25	132464	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	2040	1256			83.84	105303	31
31.01 SUB PROVIDER II	3338	725			58.17	42173	31.01
33 NURSERY	1836				30.20		33
101 TOTAL	30951	12407				957858	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 PROGRAM CHARGES	---- 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		956561	26547145	3205252			.036033	115495 37
38 RECOVERY ROOM		112202	4250546	416423			.026397	10992 38
39 DELIVERY ROOM & LABOR ROOM		56637	3320068				.017059	39
41 RADIOLOGY-DIAGNOSTIC		794351	8012913	986527			.099134	97798 41
41.01 MAGNETIC RESONANCE IMAGING		213871	11944226	669665			.017906	11991 41.01
43 RADIOISOTOPE		76469	2233513	249046			.034237	8527 43
44 LABORATORY		344156	25457537	5072214			.013519	68571 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		23236	2406979	652734			.009654	6301 47
49 RESPIRATORY THERAPY		128593	2448183	874224			.052526	45919 49
50 PHYSICAL THERAPY		203035	4477535	367191			.045345	16650 50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY		46600	555314	103346			.083916	8672 52
53 ELECTROCARDIOLOGY		253430	3281719	995957			.077225	76913 53
54 ELECTROENCEPHALOGRAPHY		50048	890063	25307			.056230	1423 54
55 MEDICAL SUPPLIES CHARGED TO P		41702	5048924	1555683			.008260	12850 55
56 DRUGS CHARGED TO PATIENTS		137065	13483578	2790969			.010165	28370 56
59 CAT SCAN		162892	12955881	1323620			.012573	16642 59
59.01 ULTRASOUND		127897	3275373	53499			.039048	2089 59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS		381	204860	133096			.001860	248 59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		402139	14800891	743459			.027170	20200 61
61.01 OCCUPATIONAL HEALTH		73641	1489211				.049450	61.01
61.02 PSYCH PARTIAL HOSPITAL		795	83083				.009569	61.02
62 OBSERVATION BEDS (NON-DISTINC		109869	1566914	161154			.070118	11300 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4315570	148734456	20379366				560951 101

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
 PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
 02/28/2008 08:05

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	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					21773		9409	25
26 INTENSIVE CARE UNIT					1964		1017	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					2040		1256	31
31.01 SUB PROVIDER II					3338		725	31.01
33 NURSERY					1836			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					30951		12407	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 COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CAT SCAN							59
59.01 ULTRASOUND							59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
61.01 OCCUPATIONAL HEALTH							61.01
61.02 PSYCH PARTIAL HOSPITAL							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26547145			3205252		3765323 37
38 RECOVERY ROOM		4250546			416423		534604 38
39 DELIVERY ROOM & LABOR ROOM		3320068				603	603 39
41 RADIOLOGY-DIAGNOSTIC		8012913			986527		1068317 41
41.01 MAGNETIC RESONANCE IMAGING		11944226			669665		2285383 41.01
43 RADIOISOTOPE		2233513			249046		618297 43
44 LABORATORY		25457537			5072214		505457 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		2406979			652734		275476 47
49 RESPIRATORY THERAPY		2448183			874224		28416 49
50 PHYSICAL THERAPY		4477535			367191		
50.01 PSYCHOLOGY							
52 SPEECH PATHOLOGY		555314			103346		
53 ELECTROCARDIOLOGY		3281719			995957		1110268 53
54 ELECTROENCEPHALOGRAPHY		890063			25307		120963 54
55 MEDICAL SUPPLIES CHARGED TO P		5048924			1555683		708254 55
56 DRUGS CHARGED TO PATIENTS		13483578			2790969		1721143 56
59 CAT SCAN		12955881			1323620		2763310 59
59.01 ULTRASOUND		3275373			53499		186160 59.01
59.02 VRC CONTRACT							
59.03 RENAL DIALYSIS		204860			133096		
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		14800891			743459		1829929 61
61.01 OCCUPATIONAL HEALTH		1489211					
61.02 PSYCH PARTIAL HOSPITAL		83083					12965 61.02
62 OBSERVATION BEDS (NON-DISTINC		1566914			161154		576852 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		148734456			20379366		18111720 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							37
38 OPERATING ROOM	.307107	.307107	.307107				38
39 RECOVERY ROOM	.582675	.582675	.582675				39
41 DELIVERY ROOM & LABOR ROOM	.523663	.523663	.523663				41
41.01 RADIOLOGY-DIAGNOSTIC	.559098	.559098	.559098				41.01
43 MAGNETIC RESONANCE IMAGING	.107030	.107030	.107030				43
44 RADIOISOTOPE	.383701	.383701	.383701				44
46.30 LABORATORY	.221786	.221786	.221786				46.30
47 BLOOD CLOTTING FACTORS ADMIN CO							47
49 BLOOD STORING, PROCESSING & TRA	.497494	.497494	.497494				49
50 RESPIRATORY THERAPY	.674407	.674407	.674407				50
50.01 PHYSICAL THERAPY	.755318	.755318	.755318				50.01
52 PSYCHOLOGY							52
53 SPEECH PATHOLOGY	.808121	.808121	.808121				53
54 ELECTROCARDIOLOGY	.456827	.456827	.456827				54
55 ELECTROENCEPHALOGRAPHY	.516390	.516390	.516390				55
56 MEDICAL SUPPLIES CHARGED TO PAT	.710787	.710787	.710787				56
59 DRUGS CHARGED TO PATIENTS	.457822	.457822	.457822				59
59.01 CAT SCAN	.093345	.093345	.093345				59.01
59.02 ULTRASOUND	.332124	.332124	.332124				59.02
59.03 VRC CONTRACT							59.03
61 RENAL DIALYSIS	.494523	.494523	.494523				61
61.01 OUTPATIENT SERVICE COST CENTERS							61.01
61.02 EMERGENCY	.422927	.422927	.422927				61.02
62 OCCUPATIONAL HEALTH	1.419443	1.419443	1.419443				62
63.50 PSYCH PARTIAL HOSPITAL	.498489	.498489	.498489				63.50
63.60 OBSERVATION BEDS (NON-DISTINCT)	.888743	.888743	.888743				63.60
65.01 RHC							65.01
65.02 FQHC							65.02
65.03 OTHER REIMBURSABLE COST CENTERS							65.03
101 AMBULANCE SERVICES (2ND PERIOD)							101
102 AMBULANCE SERVICES (3RD PERIOD)							102
103 AMBULANCE SERVICES (4TH PERIOD)							103
104 SUBTOTAL							104
105 CRNA CHARGES							105
106 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							106
107 NET CHARGES							107

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.457822	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		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)	PPS SER-VICES	ALL OTHER (SEE)	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3765323						37
38 RECOVERY ROOM		534604						38
39 DELIVERY ROOM & LABOR ROOM		603						39
41 RADIOLOGY-DIAGNOSTIC		1068317						41
41.01 MAGNETIC RESONANCE IMAGING		2285383						41.01
43 RADIOISOTOPE		618297						43
44 LABORATORY		505457						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		275476						47
49 RESPIRATORY THERAPY		28416						49
50 PHYSICAL THERAPY								50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1110268						53
54 ELECTROENCEPHALOGRAPHY		120963						54
55 MEDICAL SUPPLIES CHARGED TO PA		708254						55
56 DRUGS CHARGED TO PATIENTS		1721143						56
59 CAT SCAN		2763310						59
59.01 ULTRASOUND		186160						59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS								59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1829929						61
61.01 OCCUPATIONAL HEALTH								61.01
61.02 PSYCH PARTIAL HOSPITAL		12965						61.02
62 OBSERVATION BEDS (NON-DISTINCT)		576852						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		18111720						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		18111720						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) 9	PPS SERVICES (COLUMNS 1.01x5.01) 1.01	ALL OTHER (COLUMNS 1.01x5.02) 1.02	PPS SERVICES (COLUMNS 1.01x5.03) 1.03	PPS SERVICES (COLUMNS 1.01x5.04) 1.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1156357					37
38 RECOVERY ROOM		311500					38
39 DELIVERY ROOM & LABOR ROOM		316					39
41 RADIOLOGY-DIAGNOSTIC		597294					41
41.01 MAGNETIC RESONANCE IMAGING		244605					41.01
43 RADIOISOTOPE		237241					43
44 LABORATORY		112103					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		137048					47
49 RESPIRATORY THERAPY		19164					49
50 PHYSICAL THERAPY							50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		507200					53
54 ELECTROENCEPHALOGRAPHY		62464					54
55 MEDICAL SUPPLIES CHARGED TO PAT		503418					55
56 DRUGS CHARGED TO PATIENTS		787977					56
59 CAT SCAN		257941					59
59.01 ULTRASOUND		61828					59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		773926					61
61.01 OCCUPATIONAL HEALTH							61.01
61.02 PSYCH PARTIAL HOSPITAL		6463					61.02
62 OBSERVATION BEDS (NON-DISTINCT)		512673					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		6289518					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		6289518					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 PROGRAM CHARGES	---- 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		956561	26547145	4282			.036033	154 37
38 RECOVERY ROOM		112202	4250546				.026397	38
39 DELIVERY ROOM & LABOR ROOM		56637	3320068				.017059	39
41 RADIOLOGY-DIAGNOSTIC		794351	8012913	26472			.099134	2624 41
41.01 MAGNETIC RESONANCE IMAGING		213871	11944226	11658			.017906	209 41.01
43 RADIOISOTOPE		76469	2233513				.034237	43
44 LABORATORY		344156	25457537	127762			.013519	1727 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		23236	2406979	4846			.009654	47 47
49 RESPIRATORY THERAPY		128593	2448183	5890			.052526	309 49
50 PHYSICAL THERAPY		203035	4477535	666986			.045345	30244 50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY		46600	555314	83173			.083916	6980 52
53 ELECTROCARDIOLOGY		253430	3281719	11982			.077225	925 53
54 ELECTROENCEPHALOGRAPHY		50048	890063				.056230	54
55 MEDICAL SUPPLIES CHARGED TO P		41702	5048924	3146			.008260	26 55
56 DRUGS CHARGED TO PATIENTS		137065	13483578	174898			.010165	1778 56
59 CAT SCAN		162892	12955881	15215			.012573	191 59
59.01 ULTRASOUND		127897	3275373	245			.039048	10 59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS		381	204860	932			.001860	2 59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		402139	14800891				.027170	61
61.01 OCCUPATIONAL HEALTH		73641	1489211				.049450	61.01
61.02 PSYCH PARTIAL HOSPITAL		795	83083				.009569	61.02
62 OBSERVATION BEDS (NON-DISTINC		109869	1566914				.070118	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4315570	148734456	1137487				45226 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 COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION 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	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26547145			4282		37
38 RECOVERY ROOM		4250546					38
39 DELIVERY ROOM & LABOR ROOM		3320068					39
41 RADIOLOGY-DIAGNOSTIC		8012913			26472		41
41.01 MAGNETIC RESONANCE IMAGING		11944226			11658		41.01
43 RADIOISOTOPE		2233513					43
44 LABORATORY		25457537			127762		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2406979			4846		47
49 RESPIRATORY THERAPY		2448183			5890		49
50 PHYSICAL THERAPY		4477535			666986		50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY		555314			83173		52
53 ELECTROCARDIOLOGY		3281719			11982		53
54 ELECTROENCEPHALOGRAPHY		890063					54
55 MEDICAL SUPPLIES CHARGED TO P		5048924			3146		55
56 DRUGS CHARGED TO PATIENTS		13483578			174898		56
59 CAT SCAN		12955881			15215		59
59.01 ULTRASOUND		3275373			245		59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		204860			932		59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		14800891					61
61.01 OCCUPATIONAL HEALTH		1489211					61.01
61.02 PSYCH PARTIAL HOSPITAL		83083					61.02
62 OBSERVATION BEDS (NON-DISTINC		1566914					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		148734456			1137487		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] 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 CHARGES	INPATIENT PROGRAM CHARGES	---- 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		956561	26547145				.036033	37
38 RECOVERY ROOM		112202	4250546				.026397	38
39 DELIVERY ROOM & LABOR ROOM		56637	3320068				.017059	39
41 RADIOLOGY-DIAGNOSTIC		794351	8012913	2409			.099134	239 41
41.01 MAGNETIC RESONANCE IMAGING		213871	11944226	8706			.017906	156 41.01
43 RADIOISOTOPE		76469	2233513				.034237	43
44 LABORATORY		344156	25457537	117944			.013519	1594 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		23236	2406979				.009654	47
49 RESPIRATORY THERAPY		128593	2448183	1531			.052526	80 49
50 PHYSICAL THERAPY		203035	4477535	1701			.045345	77 50
50.01 PSYCHOLOGY								50.01
52 SPEECH PATHOLOGY		46600	555314				.083916	52
53 ELECTROCARDIOLOGY		253430	3281719	6307			.077225	487 53
54 ELECTROENCEPHALOGRAPHY		50048	890063	2200			.056230	124 54
55 MEDICAL SUPPLIES CHARGED TO P		41702	5048924	642			.008260	5 55
56 DRUGS CHARGED TO PATIENTS		137065	13483578	79922			.010165	812 56
59 CAT SCAN		162892	12955881	7397			.012573	93 59
59.01 ULTRASOUND		127897	3275373	831			.039048	32 59.01
59.02 VRC CONTRACT								59.02
59.03 RENAL DIALYSIS		381	204860				.001860	59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		402139	14800891	35408			.027170	962 61
61.01 OCCUPATIONAL HEALTH		73641	1489211				.049450	61.01
61.02 PSYCH PARTIAL HOSPITAL		795	83083				.009569	61.02
62 OBSERVATION BEDS (NON-DISTINC		109869	1566914				.070118	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4315570	148734456	264998				4661 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 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				2.01	2.02	2.03	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		26547145					37
38 RECOVERY ROOM		4250546					38
39 DELIVERY ROOM & LABOR ROOM		3320068					39
41 RADIOLOGY-DIAGNOSTIC		8012913			2409		41
41.01 MAGNETIC RESONANCE IMAGING		11944226			8706		41.01
43 RADIOISOTOPE		2233513					43
44 LABORATORY		25457537			117944		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2406979					47
49 RESPIRATORY THERAPY		2448183			1531		49
50 PHYSICAL THERAPY		4477535			1701		50
50.01 PSYCHOLOGY							50.01
52 SPEECH PATHOLOGY		555314					52
53 ELECTROCARDIOLOGY		3281719			6307		53
54 ELECTROENCEPHALOGRAPHY		890063			2200		54
55 MEDICAL SUPPLIES CHARGED TO P		5048924			642		55
56 DRUGS CHARGED TO PATIENTS		13483578			79922		56
59 CAT SCAN		12955881			7397		59
59.01 ULTRASOUND		3275373			831		59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS		204860					59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		14800891			35408		61
61.01 OCCUPATIONAL HEALTH		1489211					61.01
61.02 PSYCH PARTIAL HOSPITAL		83083					61.02
62 OBSERVATION BEDS (NON-DISTINC		1566914					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		148734456			264998		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 PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
41.01 MAGNETIC RESONANCE IMAGING						41.01
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 CAT SCAN						59
59.01 ULTRASOUND						59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS						59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
61.01 OCCUPATIONAL HEALTH						61.01
61.02 PSYCH PARTIAL HOSPITAL						61.02
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (41-0006)	(PPS) (41-T006)	(TEFRA) (41-S006)				
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	21773	2040	3338				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	21773	2040	3338				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14045						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7728	2040	3338				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)	9409	1256	725				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	19882398	2378480	3139487				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	19882398	2378480	3139487				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	22257368	2033880	3214494				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14437182						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7820186	2033880	3214494				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.893295	1.169430	.976666				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1027.92						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1011.93	997.00	963.00				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	15.99						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	14.28						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	200563						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19681835	2378480	3139487				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	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	913.17	1165.92	940.53		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8592017	1464396	681884		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8592017	1464396	681884		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
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	4166788	1964	2121.58	1017	2157647
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	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
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7920937	714061	87759		48
49	TOTAL PROGRAM INPATIENT COSTS	18670601	2178457	769643		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	810382	105303	42173		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	560951	45226	4661		51
52	TOTAL PROGRAM EXCLUDABLE COST	1371333	150529	46834		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	17299268	2027928	722809		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			114			54
55			8058.96			55
56			918721			56
57			195912			57
58			18374			58
58.01			5919.33			58.01
58.02			5919.33			58.02
58.03						58.03
58.04						58.04
59			788017			59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
02/28/2008 08:05

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1525	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	913.17	84
85 OBSERVATION BED COST	1392584	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		19882398		1392584		86
87 NEW CAPITAL-RELATED COST	1568641	19882398	.078896	1392584	109869	87
88 NON PHYSICIAN ANESTHETIST		19882398		1392584		88
89 MEDICAL EDUCATION		19882398		1392584		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (41-0006)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		9656358		25
26 INTENSIVE CARE UNIT		2149525		26
31 SUBPROVIDER I				31
31.01 SUB PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.307107	3205252	984355	37
38 RECOVERY ROOM	.582675	416423	242639	38
39 DELIVERY ROOM & LABOR ROOM	.523663			39
41 RADIOLOGY-DIAGNOSTIC	.559098	986527	551565	41
41.01 MAGNETIC RESONANCE IMAGING	.107030	669665	71674	41.01
43 RADIOISOTOPE	.383701	249046	95559	43
44 LABORATORY	.230926	5072214	1171306	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.497494	652734	324731	47
49 RESPIRATORY THERAPY	.685527	874224	599304	49
50 PHYSICAL THERAPY	.755318	367191	277346	50
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY	.808121	103346	83516	52
53 ELECTROCARDIOLOGY	.456827	995957	454980	53
54 ELECTROENCEPHALOGRAPHY	.516390	25307	13068	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.710787	1555683	1105759	55
56 DRUGS CHARGED TO PATIENTS	.457822	2790969	1277767	56
59 CAT SCAN	.093345	1323620	123553	59
59.01 ULTRASOUND	.332124	53499	17768	59.01
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS	.494523	133096	65819	59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.426391	743459	317004	61
61.01 OCCUPATIONAL HEALTH	1.419443			61.01
61.02 PSYCH PARTIAL HOSPITAL	.508443			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.888743	161154	143224	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		20379366	7920937	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		20379366		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		1251944		31
31.01 SUB PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.307107	4282	1315	37
38 RECOVERY ROOM	.582675			38
39 DELIVERY ROOM & LABOR ROOM	.523663			39
41 RADIOLOGY-DIAGNOSTIC	.559098	26472	14800	41
41.01 MAGNETIC RESONANCE IMAGING	.107030	11658	1248	41.01
43 RADIOISOTOPE	.383701			43
44 LABORATORY	.230926	127762	29504	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.497494	4846	2411	47
49 RESPIRATORY THERAPY	.685527	5890	4038	49
50 PHYSICAL THERAPY	.755318	666986	503787	50
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY	.808121	83173	67214	52
53 ELECTROCARDIOLOGY	.456827	11982	5474	53
54 ELECTROENCEPHALOGRAPHY	.516390			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.710787	3146	2236	55
56 DRUGS CHARGED TO PATIENTS	.457822	174898	80072	56
59 CAT SCAN	.093345	15215	1420	59
59.01 ULTRASOUND	.332124	245	81	59.01
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS	.494523	932	461	59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.426391			61
61.01 OCCUPATIONAL HEALTH	1.419443			61.01
61.02 PSYCH PARTIAL HOSPITAL	.508443			61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.888743			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1137487	714061	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1137487		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		698175		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.307107			37
38 RECOVERY ROOM	.582675			38
39 DELIVERY ROOM & LABOR ROOM	.523663			39
41 RADIOLOGY-DIAGNOSTIC	.559098	2409	1347	41
41.01 MAGNETIC RESONANCE IMAGING	.107030	8706	932	41.01
43 RADIOISOTOPE	.383701			43
44 LABORATORY	.221786	117944	26158	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.497494			47
49 RESPIRATORY THERAPY	.674407	1531	1033	49
50 PHYSICAL THERAPY	.755318	1701	1285	50
50.01 PSYCHOLOGY				50.01
52 SPEECH PATHOLOGY	.808121			52
53 ELECTROCARDIOLOGY	.456827	6307	2881	53
54 ELECTROENCEPHALOGRAPHY	.516390	2200	1136	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.710787	642	456	55
56 DRUGS CHARGED TO PATIENTS	.457822	79922	36590	56
59 CAT SCAN	.093345	7397	690	59
59.01 ULTRASOUND	.332124	831	276	59.01
59.02 VRC CONTRACT				59.02
59.03 RENAL DIALYSIS	.494523			59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.422927	35408	14975	61
61.01 OCCUPATIONAL HEALTH	1.419443			61.01
61.02 PSYCH PARTIAL HOSPITAL	.498489			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.888743			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		264998	87759	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		264998		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	3472792					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	9260088					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	277369					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	102.47					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	0.0623					4
4.01	0.1452					4.01
4.02	0.2075					4.02
4.03	0.0634					4.03
4.04	807265					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	13817514					6
7						7
7.01						7.01
8	13817514					8
9	1216089					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	15033603					16
17	6401					17
18	15027202					18
19	1291904					19
20	43130					20
21	111486					21
21.01	78040					21.01
21.02	53118					21.02
22	13770208					22

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	13770208				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	13483302				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	286906				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	118416				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 INSTRUCTIO					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	6289518			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5541079			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.821			1.03
1.04 LINE 1.01 TIMES LINE 1.03	5163694			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	5541079			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	1710336		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	3830743		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	3830743		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3830743		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	253116		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	177181		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	186747		27.02
28 SUBTOTAL	4007924		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	4007924		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4012606		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-4682		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

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 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

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				18
18.01				18.01
				19
19				20
20				21
21				22
22				23
23				24
24				25
25				26
26				27
27				27.01
27.01				27.02
27.02				28
28				29
29				30
30				30.99
30.99				31
31				32
32				33
33				34
34				34.01
34.01				35
35				36
36				

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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13483302		4012606	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		13483302		4012606	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	286906			6.01
	PROVIDER TO .02			-4682	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		13770208		4007924	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1761457		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1761457		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01			5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-75605		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1685852		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		655010		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		655010		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01			5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-63715		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		591295		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 SUB II SUB III SUB IV
 (41-T006) (41-S006)

1	INPATIENT HOSPITAL SERVICES		788017		1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		394009		1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	1424402			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	31110			1.04
1.05	OUTLIER PAYMENTS	252788			1.05
1.06	TOTAL PPS PAYMENTS	1708300			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)		268299		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)		9.145205		1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		268299		1.19
1.20	STOP LESS PAYMENT FLOOR		551612		1.20
1.21	ADJUSTED NET PAYMENT FLOOR		275806		1.21
1.22	STOP LOSS ADJUSTMENT		7507		1.22
1.23	TOTAL IPF PPS PAYMENTS		669815		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)	5.589041			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	1708300	669815		4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL	1708300	669815		6
7	DEDUCTIBLES	7816	65664		7
8	SUBTOTAL	1700484	604151		8
9	COINSURANCE	14632	12856		9
10	SUBTOTAL	1685852	591295		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	1685852	591295		12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				13

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
02/28/2008 08:05

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		1685852	591295			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1761457	655010			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-75605	-63715			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 FROM WKST E-3, PART I, LINE 1.05 (IRF) OR 1.09 (IPF)						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)						52
53 TIME VALUE OF MONEY						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	9158000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	12452000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2654000			6
7	INVENTORY	405000			7
8	PREPAID EXPENSES	363000			8
9	OTHER CURRENT ASSETS	2905000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	22629000			11
FIXED ASSETS					
12	LAND	1407000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1205000			13
13.01	ACCUMULATED DEPRECIATION	-988000			13.01
14	BUILDINGS	89667000			14
14.01	ACCUMULATED DEPRECIATION	-33975000			14.01
15	LEASEHOLD IMPROVEMENTS	17000			15
15.01	ACCUMULATED AMORTIZATION	-12000			15.01
16	FIXED EQUIPMENT	11751000			16
16.01	ACCUMULATED DEPRECIATION	-6687000			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	36561000			18
18.01	ACCUMULATED DEPRECIATION	-27460000			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	71486000			21
OTHER ASSETS					
22	INVESTMENTS	156054000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	107758000			25
26	TOTAL OTHER ASSETS	263812000			26
27	TOTAL ASSETS	357927000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2875000			28
29	SALARIES, WAGES & FEES PAYABLE	3437000			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	2754000			35
36	TOTAL CURRENT LIABILITIES	9066000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	30945000			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	5197000			41
42	TOTAL LONG TERM LIABILITIES	36142000			42
43	TOTAL LIABILITIES	45208000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	312719000			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	312719000			51
52	TOTAL LIABILITIES AND FUND BALANCES	357927000			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	263725000			1
2 NET INCOME (LOSS)	-260000			2
3 TOTAL	263465000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	16241000			4
5 NET UNREALIZED GAIN ON INVSTMTS	2936000			5
6 NET ASSETS RELEASED FROM RESTR FOR	700000			6
7 INCR IN INT IN NET ASSETS OF NHF	25615000			7
8 INCOME FROM RESTR INVSTMTS	650000			8
9 TRANSFERS FROM NHF	1141000			9
10 TOTAL ADDITIONS	47283000			10
11 SUBTOTAL	310748000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 DECR IN INT IN NET ASSETS OF NHF	-32000			13
14 NET ASSETS RELEASED FROM RESTR FOR	-1939000			14
15 CHANGE IN ACCOUNTING PRINCIPLE				15
16				16
17				17
18 TOTAL DEDUCTIONS	-1971000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	312719000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	21879065		21879065	2
2.01 SUBPROVIDER I	2033880		2033880	2
4 SUBPROVIDER II	3214494		3214494	2.01
5 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	27127439		27127439	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT	4083074		4083074	11
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	4083074		4083074	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	31210513		31210513	16
17 ANCILLARY SERVICES	48538361		48538361	17
18 OUTPATIENT SERVICES		111931870	111931870	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	79748874	111931870	191680744	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		95586495	26
27 PROVISION FOR BAD DEBTS	6591000		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		6591000	33
34 RETIREMENT			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		102177495	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	191680744	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	92948744	2
3	NET PATIENT REVENUES	98732000	3
4	LESS - TOTAL OPERATING EXPENSES	102177495	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3445495	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	326782	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	76979	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	336165	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	358700	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER	2086869	24
25	TOTAL OTHER INCOME	3185495	25
26	TOTAL	-260000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-260000	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (41-0006)	SUB I (41-T006)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	1147332				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5	0.0623				5
5.01	0.1452				5.01
5.02	0.2075				5.02
5.03	0.0429				5.03
5.04	49221				5.04
6	1216089				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 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
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 CCRI					96.01
96.02 VRC CONTRACTS					96.02
96.03 LIFELINE					96.03

PROVIDER NO. 41-0006 NEWPORT HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
02/28/2008 08:05

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	
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	43.21						43.21 25
26 INTENSIVE CARE UNIT	51.78						51.78 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	12.07	14.18					26.25 37
38 RECOVERY ROOM	9.80	12.58					22.38 38
39 DELIVERY ROOM & LABOR ROOM		0.02					0.02 39
41 RADIOLOGY-DIAGNOSTIC	12.31	13.33					25.64 41
41.01 MAGNETIC RESONANCE IMAGING	5.61	19.13					24.74 41.01
43 RADIOISOTOPE	11.15	27.68					38.83 43
44 LABORATORY	19.92	1.99					21.91 44
47 BLOOD STORING, PROCESSING & TRA	27.12	11.44					38.56 47
49 RESPIRATORY THERAPY	35.71	1.16					36.87 49
50 PHYSICAL THERAPY	8.20						8.20 50
52 SPEECH PATHOLOGY	18.61						18.61 52
53 ELECTROCARDIOLOGY	30.35	33.83					64.18 53
54 ELECTROENCEPHALOGRAPHY	2.84	13.59					16.43 54
55 MEDICAL SUPPLIES CHARGED TO PAT	30.81	14.03					44.84 55
56 DRUGS CHARGED TO PATIENTS	20.70	12.76					33.46 56
59 CAT SCAN	10.22	21.33					31.55 59
59.01 ULTRASOUND	1.63	5.68					7.31 59.01
59.03 RENAL DIALYSIS	64.97						64.97 59.03
61 EMERGENCY	5.02	12.36					17.38 61
61.02 PSYCH PARTIAL HOSPITAL		15.60					15.60 61.02
62 OBSERVATION BEDS (NON-DISTINCT	10.28	36.81					47.09 62
101 TOTAL CHARGES	11.32	10.06					21.38 101

***** 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	61.57						61.57 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
41 RADIOLOGY-DIAGNOSTIC	0.33						0.33 41
41.01 MAGNETIC RESONANCE IMAGING	0.10						0.10 41.01
44 LABORATORY	0.50						0.50 44
47 BLOOD STORING, PROCESSING & TRA	0.20						0.20 47
49 RESPIRATORY THERAPY	0.24						0.24 49
50 PHYSICAL THERAPY	14.90						14.90 50
52 SPEECH PATHOLOGY	14.98						14.98 52
53 ELECTROCARDIOLOGY	0.37						0.37 53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.06						0.06 55
56 DRUGS CHARGED TO PATIENTS	1.30						1.30 56
59 CAT SCAN	0.12						0.12 59
59.01 ULTRASOUND	0.01						0.01 59.01
59.03 RENAL DIALYSIS	0.45						0.45 59.03
101 TOTAL CHARGES	0.63						0.63 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUB PROVIDER II	21.72						21.72 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.03						0.03 41
41.01 MAGNETIC RESONANCE IMAGING	0.07						0.07 41.01
44 LABORATORY	0.46						0.46 44
49 RESPIRATORY THERAPY	0.06						0.06 49
50 PHYSICAL THERAPY	0.04						0.04 50
53 ELECTROCARDIOLOGY	0.19						0.19 53
54 ELECTROENCEPHALOGRAPHY	0.25						0.25 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.59						0.59 56
59 CAT SCAN	0.06						0.06 59
59.01 ULTRASOUND	0.03						0.03 59.01
61 EMERGENCY	0.24						0.24 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	3943995	4.60	-3943995	-8.86		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2430193	2.83	-2430193	-5.46		4
5	EMPLOYEE BENEFITS	10120754	11.80	-10120754	-22.73		5
6	ADMINISTRATIVE & GENERAL	16210849	18.91	-16210849	-36.41		6
7	MAINTENANCE & REPAIRS	259432	.30	-259432	-.58		7
8	OPERATION OF PLANT	4839743	5.64	-4839743	-10.87		8
9	LAUNDRY & LINEN SERVICE	475590	.55	-475590	-1.07		9
10	HOUSEKEEPING	1414746	1.65	-1414746	-3.18		10
11	DIETARY	1229026	1.43	-1229026	-2.76		11
12	CAFETERIA	177331	.21	-177331	-.40		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	919374	1.07	-919374	-2.06		14
15	CENTRAL SERVICES & SUPPLY	14193	.02	-14193	-.03		15
16	PHARMACY	1145074	1.34	-1145074	-2.57		16
17	MEDICAL RECORDS & LIBRARY	1188572	1.39	-1188572	-2.67		17
18	SOCIAL SERVICE	157360	.18	-157360	-.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	7618696	8.89	12263702	27.54	19882398	23.19
26	INTENSIVE CARE UNIT	1977146	2.31	2189642	4.92	4166788	4.86
31	SUBPROVIDER I	967121	1.13	1398004	3.14	2365125	2.76
31.01	SUB PROVIDER II	1215021	1.42	1924466	4.32	3139487	3.66
33	NURSERY	370896	.43	499522	1.12	870418	1.02
34	SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	4452660	5.19	3700148	8.31	8152808	9.51
38	RECOVERY ROOM	1270498	1.48	1206189	2.71	2476687	2.89
39	DELIVERY ROOM & LABOR ROOM	912289	1.06	826309	1.86	1738598	2.03
41	RADIOLOGY-DIAGNOSTIC	1874703	2.19	2605301	5.85	4480004	5.22
41.01	MAGNETIC RESONANCE IMAGING	577003	.67	701392	1.58	1278395	1.49
43	RADIOISOTOPE	433111	.51	423891	.95	857002	1.00
44	LABORATORY	3345054	3.90	2301082	5.17	5646136	6.58
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	804806	.94	392651	.88	1197457	1.40
49	RESPIRATORY THERAPY	917791	1.07	733280	1.65	1651071	1.93
50	PHYSICAL THERAPY	1622779	1.89	1759183	3.95	3381962	3.94
50.01	PSYCHOLOGY						50.01
52	SPEECH PATHOLOGY	168325	.20	280436	.63	448761	.52
53	ELECTROCARDIOLOGY	571339	.67	927839	2.08	1499178	1.75
54	ELECTROENCEPHALOGRAPHY	205557	.24	254063	.57	459620	.54

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	2781657	3.24	807051	1.81	3588708	4.19	55
56 DRUGS CHARGED TO PATIENTS	3323669	3.88	2849406	6.40	6173075	7.20	56
59 CAT SCAN	614676	.72	594686	1.34	1209362	1.41	59
59.01 ULTRASOUND	505977	.59	581853	1.31	1087830	1.27	59.01
59.02 VRC CONTRACT							59.02
59.03 RENAL DIALYSIS	80677	.09	20631	.05	101308	.12	59.03
61 EMERGENCY	3026380	3.53	3233323	7.26	6259703	7.30	61
61.01 OCCUPATIONAL HEALTH	1354661	1.58	759189	1.71	2113850	2.47	61.01
61.02 PSYCH PARTIAL HOSPITAL	19416	.02	22000	.05	41416	.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
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			49754	.11	49754	.06	96
96.01 CCRI							96.01
96.02 VRC CONTRACTS							96.02
96.03 LIFELINE							96.03
98 PHYSICIANS' PRIVATE OFFICES	205552	.24	139088	.31	344640	.40	98
100 VACANT SPACE			1082151	2.43	1082151	1.26	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	85743692	100.00	0	.00	85743692	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	956561	26547145	.036033	3205252	115495	37
38 RECOVERY ROOM	112202	4250546	.026397	416423	10992	38
39 DELIVERY ROOM & LABOR ROOM	56637	3320068	.017059			39
41 RADIOLOGY-DIAGNOSTIC	794351	8012913	.099134	986527	97798	41
41.01 MAGNETIC RESONANCE IMAGING	213871	11944226	.017906	669665	11991	41.01
43 RADIOISOTOPE	76469	2233513	.034237	249046	8527	43
44 LABORATORY	344156	25457537	.013519	5072214	68571	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	23236	2406979	.009654	652734	6301	47
49 RESPIRATORY THERAPY	128593	2448183	.052526	874224	45919	49
50 PHYSICAL THERAPY	203035	4477535	.045345	367191	16650	50
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY	46600	555314	.083916	103346	8672	52
53 ELECTROCARDIOLOGY	253430	3281719	.077225	995957	76913	53
54 ELECTROENCEPHALOGRAPHY	50048	890063	.056230	25307	1423	54
55 MEDICAL SUPPLIES CHARGED TO PAT	41702	5048924	.008260	1555683	12850	55
56 DRUGS CHARGED TO PATIENTS	137065	13483578	.010165	2790969	28370	56
59 CAT SCAN	162892	12955881	.012573	1323620	16642	59
59.01 ULTRASOUND	127897	3275373	.039048	53499	2089	59.01
59.02 VRC CONTRACT						59.02
59.03 RENAL DIALYSIS	381	204860	.001860	133096	248	59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	402139	14800891	.027170	743459	20200	61
61.01 OCCUPATIONAL HEALTH	73641	1489211	.049450			61.01
61.02 PSYCH PARTIAL HOSPITAL	795	83083	.009569			61.02
62 OBSERVATION BEDS (NON-DISTINCT	109869	1566914	.070118	161154	11300	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4315570	148734456		20379366	560951	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1568641		1568641	21773	72.05	9409	677918 25
26	INTENSIVE CARE UNIT	255804		255804	1964	130.25	1017	132464 26
101	TOTAL	1824445		1824445			10426	810382 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							810382	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							560951	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1371333	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						1835		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						10426		
PER DISCHARGE CAPITAL COSTS							747.32	
PER DIEM CAPITAL COSTS							131.53	

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)	17299268
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	32185249
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.537

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))	2178457
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	2396788
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.909

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))	769643
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	963173
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.799

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)	1371333
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.043

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	6289518
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	18111720
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.347