

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 BUTLER HOSPITAL (41-4000) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	163191	19365		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	163191	19365		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: 345 BLACKSTONE BOULEVARD  
 1.01 CITY: PROVIDENCE STATE: RI

P.O.BOX: 1  
 ZIP CODE: 02906 COUNTY: PROVIDENCE 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	41-4000	07/01/1966	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2008	TO: 09/30/2009	1	2		17
18	TYPE OF CONTROL			2			18
TYPE OF HOSPITAL/SUBPROVIDER							
19	HOSPITAL		4				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			NO			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		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.	YES		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)	NO	NO	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)	YES	NO	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
<p>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)</p>				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	051500		40
40.01	NAME: CNE		FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 45 WILLARD			P.O. BOX:	40.02
40.03	CITY: PROV.			STATE: RI ZIP CODE: 02905	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			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	Y	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE					53
53.01	MDH PERIOD: BEGINNING: ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 506866 PAID LOSSES: AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	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?		YES			57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		YES	NO		60.01	
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61	
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	12/31/2009		63	





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1790	45	5425	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		1790	45	5425	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28



HOSPITAL WAGE INDEX INFORMATION

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	50542053	-1419181					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)	2053552	-1419182					6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	8803167	2986296					8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR							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							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)					CMS 339		13
14	WAGE RELATED COSTS (OTHER)					CMS 339		14
15	EXCLUDED AREAS	1562144	-30434			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	382087						21
22	ADMINISTRATIVE & GENERAL	5947147	18842					22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	1072290	-46137					23
24	OPERATION OF PLANT	179929	46137					24
25	LAUNDRY & LINEN SERVICE	27212						25
26	HOUSEKEEPING	1483700						26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	808778	-279614					27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		279614					28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION							30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	1008043	12234					32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	371629	116188					33
34	SOCIAL SERVICE							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)	DATA SOURCE	WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	48488501	1	48488502				1
2	EXCLUDED AREA SALARIES	8803167	2986296	11789463				2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	39685334	-2986295	36699039				3
4	SUBTOTAL OTHER WAGES & REL COSTS							4
5	SUBTOTAL WAGE-RELATED COSTS							5
6	TOTAL (SUM OF LINES 3 THRU 5)	39685334	-2986295	36699039				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	11280815	147264	11428079				13

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS								
1 0100 OLD CAP REL COSTS-BLDG & FIXT								1
2 0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3 0300 NEW CAP REL COSTS-BLDG & FIXT		1939785	1939785	363636	2303421	-524832	1778589	3
4 0400 NEW CAP REL COSTS-MVBLE EQUIP		1053281	1053281	13402	1066683	239719	1306402	4
5 0500 EMPLOYEE BENEFITS	382087	12914240	13296327	564883	13861210	-170906	13690304	5
6.01 0610 NONPATIENT TELEPHONES								6.01
6.02 0620 DATA PROCESSING		1448726	1448726	-1398912	49814		49814	6.02
6.03 0630 PURCHASING RECEIVING AND STORES								6.03
6.04 0640 ADMITTING	648964	12725	661689		661689	174	661863	6.04
6.05 0650 CASHIERING/ACCOUNTS RECEIVABLE	455938	22910	478848	-528	478320	260	478580	6.05
6.06 0660 COORDINATED CARE								6.06
6.07 0665 OTHER ADMINISTRATIVE AND GENERA	4842245	2564358	7406603	2305778	9712381	-1003321	8709060	6.07
7 0700 MAINTENANCE & REPAIRS	691674	521036	1212710	-331918	880792	-174304	706488	7
7.01 0710 SECURITY & GROUNDS	380616	120256	500872		500872	-224140	276732	7.01
8 0800 OPERATION OF PLANT	179929	575425	755354	303388	1058742	-286746	771996	8
9 0900 LAUNDRY & LINEN SERVICE	27212	202246	229458		229458		229458	9
10 1000 HOUSEKEEPING	1483700	313999	1797699		1797699	-66696	1731003	10
11 1100 DIETARY	808778	1322482	2131260	-616703	1514557	-6967	1507590	11
12 1200 CAFETERIA				616703	616703	-374930	241773	12
14 1400 NURSING ADMINISTRATION								14
15 1500 CENTRAL SERVICES & SUPPLY								15
16 1600 PHARMACY	1008043	1135524	2143567	-934741	1208826	-24943	1183883	16
17 1700 MEDICAL RECORDS & LIBRARY	371629	51661	423290	116188	539478	-25694	513784	17
18 1800 SOCIAL SERVICE								18
22 2200 I&R SERVICES-SALARY & FRINGES A	2053552		2053552		2053552	-1419182	634370	22
23 2300 I&R SERVICES-OTHER PRGM COSTS A		532744	532744	381380	914124	-172587	741537	23
24 2400 PARAMED ED PRGM-(SPECIFY)	382278	149097	531375	47732	579107	-495983	83124	24
INPATIENT ROUTINE SERV COST CENTERS								
25 2500 ADULTS & PEDIATRICS	24193883	2408999	26602882	-5285864	21317018	-4176305	17140713	25
ANCILLARY SERVICE COST CENTERS								
41 4100 RADIOLOGY-DIAGNOSTIC		85311	85311		85311		85311	41
44 4400 LABORATORY		427006	427006		427006	511682	938688	44
48 4800 INTRAVENOUS THERAPY		1925	1925		1925		1925	48
48.01 3550 DIAGNOSTIC & SCREENING	1667049	125087	1792136	606333	2398469	-741832	1656637	48.01
48.02 3551 PSYCHOLOGICAL TESTING	349364	13781	363145	-74884	288261	-234648	53613	48.02
48.03 3320 ECT	146452	51926	198378	15299	213677	-3167	210510	48.03
49 4900 RESPIRATORY THERAPY								49
50 5000 PHYSICAL THERAPY		21870	21870	-20610	1260		1260	50
51 5100 OCCUPATIONAL THERAPY								51
52 5200 SPEECH PATHOLOGY								52
53 5300 ELECTROCARDIOLOGY		44254	44254		44254	56820	101074	53
54 5400 ELECTROENCEPHALOGRAPHY	15631	3923	19554	-19093	461		461	54
56 5600 DRUGS CHARGED TO PATIENTS				946975	946975		946975	56
OUTPATIENT SERVICE COST CENTERS								
60 6000 CLINIC	310923	64162	375085	220820	595905	-297870	298035	60
60.01 6010 ATP								60.01
60.02 6020 PARTIAL HOSPITAL	1667769	59062	1726831	828266	2555097	-773901	1781196	60.02
60.03 6030 GERIATRIC O/P CLINIC								60.03
60.04 6040 MEMORY DISORDER CLINIC	53448	3041	56489	27755	84244		84244	60.04
61 6100 EMERGENCY				30829	30829		30829	61
62 6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
88 8800 INTEREST EXPENSE		252358	252358	-252358				88
95 9500 SUBTOTALS	42121164	28443200	70564364	-1546244	69018120	-10390299	58627821	95
NONREIMBURSABLE COST CENTERS								
96.01 9610 MARKETING & FUND RAISING	290963	91437	382400	193011	575411	1199	576610	96.01
96.02 9611 GIFT SHOP	23693	63833	87526		87526		87526	96.02
97 9700 RESEARCH	3961234	3924334	7885568	-995258	6890310		6890310	97
97.01 9710 OTHER SPONSORED ACTIVITIES	862114	575354	1437468	620595	2058063		2058063	97.01
97.02 9711 GRANT ADMINISTRATION	24338	467	24805	401311	426116		426116	97.02
97.03 9703 UNFUNDED RESEARCH	29753	-1281	28472	44949	73421	-65599	7822	97.03
97.04 9704 OFF-SITE RESEARCH	171267	86517	257784	-44016	213768		213768	97.04
97.05 9705 ACADEMIC PLAN	1124721	326871	1451592	-1083561	368031		368031	97.05
98.01 9810 NON-PROVIDER PATIENTS				1473642	1473642		1473642	98.01
98.02 9802 PHYSICIAN BILLING								98.02
99.04 9913 OVERAGE	55980	29057	85037	-14387	70650		70650	99.04
99.06 9915 CARRIAGE HOUSE		497474	497474		497474		497474	99.06
100.01 7951 VACANT SPACE				5089	5089	-1	5088	100.01
100.02 7952 RENTAL SPACE		164544	164544	-55087	109457	-109457		100.02
100.04 7954 KENT UNIT	1876826	96366	1973192	876630	2849822	3065	2852887	100.04
100.05 7955 CNE MANAGEMENT				60842	60842		60842	100.05
100.06 7956 MEDICAL STUDENTS AT HOSPITAL				62484	62484		62484	100.06

PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
100.07 7957 PHYSICIAN BILLING OFFICE								100.07
101 TOTAL	50542053	34298173	84840226		84840226	-10561092	74279134	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1 MALPRACTICE INS.	A	EMPLOYEE BENEFITS	5		506866	1
2 AUTO EXPENSE	B	EMPLOYEE BENEFITS	5		2087	2
3 PT ACCTS -- KENT BILLING	C	KENT UNIT	100.04	528		3
4 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		252358	4
5 FINANCING FEES	E	NEW CAP REL COSTS-BLDG & FIXT	3		487	5
6 CAFETERIA	F	CAFETERIA	12	279614		337089
7 RESEARCH FRINGES	G	OTHER ADMINISTRATIVE AND GENE	6.07		1485028	7
8	G					8
9	G					9
10	G					10
11	G					11
12 NURSING ADMIN.	H	MEDICAL RECORDS & LIBRARY	17	116188		12
13	H	DIAGNOSTIC & SCREENING	48.01	26683		13
14	H	ECT	48.03	3971		14
15	H	PARTIAL HOSPITAL	60.02	30000		15
16	H	PHARMACY	16	12234		16
17 GRANTS	I	GRANT ADMINISTRATION	97.02	249097		17
18 RECLASS PHYSICIAN	J	OTHER ADMINISTRATIVE AND GENE	6.07	596119		18
19	J	I&R SERVICES-OTHER PRGM COSTS	23	360845		19
20	J	PARAMED ED PRGM-(SPECIFY)	24	19199		20
21	J	DIAGNOSTIC & SCREENING	48.01	164771		21
22	J	ECT	48.03	10776		22
23	J	CLINIC	60	328286		23
24	J	PARTIAL HOSPITAL	60.02	757552		24
25	J	MEMORY DISORDER CLINIC	60.04	26404		25
26	J	GRANT ADMINISTRATION	97.02	118154		26
27	J	ACADEMIC PLAN	97.05	217076		27
28	J	NON-PROVIDER PATIENTS	98.01	1209785		28
29	J	KENT UNIT	100.04	136958		29
30	J	MEDICAL STUDENTS AT HOSPITAL	100.06	59442		30
31 PSYCH TESTING	K	I&R SERVICES-OTHER PRGM COSTS	23	2066		31
32	K	PARAMED ED PRGM-(SPECIFY)	24	27550		32
33	K	OTHER SPONSORED ACTIVITIES	97.01	15669		33
34	K	GRANT ADMINISTRATION	97.02	16013		34
35 DIAGNOSTIC & SCREENING	L	DIAGNOSTIC & SCREENING	48.01	406446		35
36 SUBTOTAL				5191426		2583915 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 MALPRACTICE INS.	A	OTHER ADMINISTRATIVE AND GENE	6.07		506866	1
2 AUTO EXPENSE	B	NEW CAP REL COSTS-MVBLE EQUIP	4		2087	9 2
3 PT ACCTS -- KENT BILLING	C	CASHIERING/ACCOUNTS RECEIVABL	6.05	528		3
4 INTEREST EXPENSE	D	INTEREST EXPENSE	88		252358	11 4
5 FINANCING FEES	E	OTHER ADMINISTRATIVE AND GENE	6.07		487	11 5
6 CAFETERIA	F	DIETARY	11	279614	337089	6
7 RESEARCH FRINGES	G	RESEARCH	97		1018037	7
8	G	OTHER SPONSORED ACTIVITIES	97.01		221564	8
9	G	ACADEMIC PLAN	97.05		187025	9
10	G	OFF-SITE RESEARCH	97.04		44016	10
11	G	OVERAGE	99.04		14387	11
12 NURSING ADMIN.	H	ADULTS & PEDIATRICS	25	189075		12
13	H					13
14	H					14
15	H					15
16	H					16
17 GRANTS	I	OTHER ADMINISTRATIVE AND GENE	6.07	249097		17
18 RECLASS PHYSICIAN	J	ADULTS & PEDIATRICS	25	4005367		18
19	J					19
20	J					20
21	J					21
22	J					22
23	J					23
24	J					24
25	J					25
26	J					26
27	J					27
28	J					28
29	J					29
30	J					30
31 PSYCH TESTING	K	PSYCHOLOGICAL TESTING	48.02	61298		31
32	K					32
33	K					33
34	K					34
35 DIAGNOSTIC & SCREENING	L	ADULTS & PEDIATRICS	25	406446		35
36 SUBTOTAL				5191425	2583916	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 CNE MANAGEMENT	M	CNE MANAGEMENT	100.05	60842	1
2 GRANT AUDIT FEES	N	GRANT ADMINISTRATION	97.02		12000 2
3 RECLASS A&G TIME	O	NON-PROVIDER PATIENTS	98.01	3431	3
4 DRUGS CHRGD TO PATIENTS	P	DRUGS CHARGED TO PATIENTS	56		946975 4
5 KENT RECLASS	Q	KENT UNIT	100.04	573458	155664 5
6 PHYSICIAN SECRETARY	R	OTHER ADMINISTRATIVE AND GENE	6.07	30511	6
7	R	I&R SERVICES-OTHER PRGM COSTS	23	18469	7
8	R	PARAMED ED PRGM-(SPECIFY)	24	983	8
9	R	DIAGNOSTIC & SCREENING	48.01	8433	9
10	R	ECT	48.03	552	10
11	R	CLINIC	60	16802	11
12	R	PARTIAL HOSPITAL	60.02	38773	12
13	R	MEMORY DISORDER CLINIC	60.04	1351	13
14	R	GRANT ADMINISTRATION	97.02	6047	14
15	R	ACADEMIC PLAN	97.05	11110	15
16	R	NON-PROVIDER PATIENTS	98.01	61919	16
17	R	KENT UNIT	100.04	7010	17
18	R	MEDICAL STUDENTS AT HOSPITAL	100.06	3042	18
19 INSURANCE	S	NEW CAP REL COSTS-BLDG & FIXT	3		51853 19
20	S	NEW CAP REL COSTS-MVBLE EQUIP	4		15489 20
21 MARKETING	T	MARKETING & FUND RAISING	96.01	248941	21
22 NON-PROVIDER EE EXP.	U	NON-PROVIDER PATIENTS	98.01	198507	22
23	U				23
24	U				24
25	U				25
26 GRANT ADMIN. EXPENSE	V	UNFUNDED RESEARCH	97.03	44949	26
27 RENTAL EXP. FOR RESEARCH	W	NEW CAP REL COSTS-BLDG & FIXT	3		58938 27
28 FUND RAISING FRINGE BENE.	X	EMPLOYEE BENEFITS	5		55930 28
29 ELECTRICITY	Y	RESEARCH	97		22779 29
30	Y	OTHER SPONSORED ACTIVITIES	97.01		7648 30
31	Y	VACANT SPACE	100.01		5089 31
32 NEUROLOGY RECLASS	Z	ADULTS & PEDIATRICS	25	11576	2564 32
33	Z	KENT UNIT	100.04	2466	546 33
34	Z	PARTIAL HOSPITAL	60.02	1589	352 34
35 CNE IS TO A&G	AA	OTHER ADMINISTRATIVE AND GENE	6.07		1398912 35
36 SUBTOTAL				6542187	5318654 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CNE MANAGEMENT	M	OTHER ADMINISTRATIVE AND GENE	6.07	60842		1
2 GRANT AUDIT FEES	N	OTHER ADMINISTRATIVE AND GENE	6.07		12000	2
3 RECLASS A&G TIME	O	OTHER ADMINISTRATIVE AND GENE	6.07	3431		3
4 DRUGS CHRGD TO PATIENTS	P	PHARMACY	16		946975	4
5 KENT RECLASS	Q	ADULTS & PEDIATRICS	25	573458	155664	5
6 PHYSICIAN SECRETARY	R	ADULTS & PEDIATRICS	25	205002		6
7	R					7
8	R					8
9	R					9
10	R					10
11	R					11
12	R					12
13	R					13
14	R					14
15	R					15
16	R					16
17	R					17
18	R					18
19 INSURANCE	S	OTHER ADMINISTRATIVE AND GENE	6.07		67342	12 19
20	S					12 20
21 MARKETING	T	OTHER ADMINISTRATIVE AND GENE	6.07	248941		21
22 NON-PROVIDER EE EXP.	U	ADULTS & PEDIATRICS	25	25120		22
23	U	PSYCHOLOGICAL TESTING	48.02	49119		23
24	U	CLINIC	60	124268		24
25	U					25
26 GRANT ADMIN. EXPENSE	V	OTHER ADMINISTRATIVE AND GENE	6.07	44949		26
27 RENTAL EXP. FOR RESEARCH	W	RENTAL SPACE	100.02		58938	10 27
28 FUND RAISING FRINGE BENE.	X	MARKETING & FUND RAISING	96.01		55930	28
29 ELECTRICITY	Y	OPERATION OF PLANT	8		35516	29
30	Y					30
31	Y					31
32 NEUROLOGY RECLASS	Z	ELECTROENCEPHALOGRAPHY	54	15631	3462	32
33	Z					33
34	Z					34
35 CNE IS TO A&G	AA	DATA PROCESSING	6.02		1398912	35
36 SUBTOTAL				6542186	5318655	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1 SPEECH CONSULT COSTS	BB	ADULTS & PEDIATRICS	25		20610	1
2 PHYSICIAN EXPENSE	CC	ADULTS & PEDIATRICS	25	270347		2
3	CC	PSYCHOLOGICAL TESTING	48.02	35533		3
4	CC	OTHER SPONSORED ACTIVITIES	97.01	818842		4
5 ER PURCHASED SERVICE COSTS	DD	EMERGENCY	61		30829	5
6 OUTSIDE REPAIRS	EE	OPERATION OF PLANT	8		285781	6
7 BOILER OPERATOR	FF	OPERATION OF PLANT	8	46137		7
8 OUTSIDE I&R TO AUTOMATE FRINGE BENEF	GG	I&R SERVICES-SALARY & FRINGES	22		1419182	8
9 UTILITIES	II	OPERATION OF PLANT	8		10837	9
10 WATER	JJ	RENTAL SPACE	100.02		3851	10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				7713046	7089744	36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6				
1	BB	PHYSICAL THERAPY	50		20610	1
2	CC	ACADEMIC PLAN	97.05	1124722		2
3	CC					3
4	CC					4
5	DD	ADULTS & PEDIATRICS	25		30829	5
6	EE	MAINTENANCE & REPAIRS	7		285781	6
7	FF	MAINTENANCE & REPAIRS	7	46137		7
8	GG	I&R SERVICES-SALARY & FRINGES	22	1419182		8
9	II	OTHER ADMINISTRATIVE AND GENE	6.07		10837	9
10	JJ	OPERATION OF PLANT	8		3851	10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36				9132227	5670563	36
TOTAL RECLASSIFICATIONS						

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								1
2 LAND IMPROVEMENTS	2413970	330034		330034		2744004		2
3 BUILDINGS AND FIXTURES	31325825	816093		816093	1867	32140051		3
4 BUILDING IMPROVEMENTS	6617111	245560		245560	625	6862046		4
5 FIXED EQUIPMENT	1776953	197327		197327		1974280		5
6 MOVABLE EQUIPMENT	11663232	774877		774877	29361	12408748		6
7 SUBTOTAL	53797091	2363891		2363891	31853	56129129		7
8 RECONCILING ITEMS								8
9 TOTAL	53797091	2363891		2363891	31853	56129129		9



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					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-5605776			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	554878			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-374930	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-25694	MEDICAL RECORDS & LIBRARY	17	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
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 A & G - MISC. INCOME	B	-37	OTHER ADMINISTRATIVE AND GENERA	6.07	37
38 GROUNDS - MISC. INCOME	B	-12000	SECURITY & GROUNDS	7.01	38
39 PHARMACY - MISC. INCOME	B	-20000	PHARMACY	16	39
40 SUPPLIES SOLD -- MAINTENANCE	B	-1180	MAINTENANCE & REPAIRS	7	40
41 SUPPLIES SOLD - A&G	B	-16133	OTHER ADMINISTRATIVE AND GENERA	6.07	41
42 SUPPLIES SOLD - HOUSEKEEPING	B	-963	HOUSEKEEPING	10	42
43 INTEREST INCOME	B	-68645	NEW CAP REL COSTS-BLDG & FIXT	3	11 43
44 INTEREST RATE SWAP	B	-118193	NEW CAP REL COSTS-BLDG & FIXT	3	9 44
45 GAIN/LOSS ON SALE OF ASSETS	A	50000	NEW CAP REL COSTS-MVBLE EQUIP	4	11 45
46 INCOME -- RESIDENT SALARIES	B	-1419182	I&R SERVICES-SALARY & FRINGES A	22	46
47 INCOME - RESIDENT FRINGE BENEFITS	B	-399055	EMPLOYEE BENEFITS	5	47
48 INCOME - INTERNS	B	-485345	PARAMED ED PRGM-(SPECIFY)	24	48
49 EMPLOYEE PHARMACY	B	-2228	PHARMACY	16	49
49.01 PURCHASE REBATES	B	-60418	OTHER ADMINISTRATIVE AND GENERA	6.07	49.01
49.02 DIETARY - MISC INCOME	B	-7176	DIETARY	11	49.02
49.03 CLINICAL CARE IN PAS	A	-155522	DIAGNOSTIC & SCREENING	48.01	49.03
49.04 PSYCH TESTING PART B OFFSET	A	-230810	PSYCHOLOGICAL TESTING	48.02	49.04
49.05 CLINICS PART B OFFSET	A	-2887	CLINIC	60	49.05
49.06 A&G NOT RELATED TO RENTAL & VACAN	A	-1	OTHER ADMINISTRATIVE AND GENERA	6.07	49.06
49.07 RENTAL DIRECT	A	-138056	RENTAL SPACE	100.02	49.07
49.08 -RENTAL DEPR BLDG	A	-382081	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.08
49.09 -RENTAL DEPR MME	A	-5363	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.09
49.13 -RENTAL A&G	A	-81238	OTHER ADMINISTRATIVE AND GENERA	6.07	49.13
49.14 -RENTAL MAINTENANCE	A	-173334	MAINTENANCE & REPAIRS	7	49.14
49.15 -RENTAL SECURITY	A	-212139	SECURITY & GROUNDS	7.01	49.15
49.16 -RENTAL OPR OF PLANT	A	-286745	OPERATION OF PLANT	8	49.16
49.17 -RENTAL HOUSEKEEPING	A	-65733	HOUSEKEEPING	10	49.17
49.18 VACANT DIRECT	A	-1	VACANT SPACE	100.01	49.18
49.19 VACANT-DEPR BLDG	A	-1	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.19
49.20 VACANT- ADMIN & GEN	A	-1	OTHER ADMINISTRATIVE AND GENERA	6.07	49.20

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
49.21 VACANT-MAINTENANCE	A	-1	MAINTENANCE & REPAIRS	7	49.21
49.22 VACANT-REL SECURITY & GROUNDS	A	-1	SECURITY & GROUNDS	7.01	49.22
49.23 VACANT-REL OPERATION OF PLANT	A	-1	OPERATION OF PLANT	8	49.23
49.24 RENT EXPENSE ADJUSTMENT	A	28599	RENTAL SPACE	100.02	49.24
49.25 LAPSING SCHEDULE	A	-2568	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.25
49.27 ADJ DEPR. EXP. - IS SOFTWARE & P	A	153180	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.27
49.28 CNE INCOME - MGMT. ADD BACK CR.	A	107268	OTHER ADMINISTRATIVE AND GENERA	6.07	49.28
49.29 NON-OPERATING CONTRIBUTIONS	A	-411996	OTHER ADMINISTRATIVE AND GENERA	6.07	49.29
49.30 UNALLOWABLE DONATION	A	-26194	OTHER ADMINISTRATIVE AND GENERA	6.07	49.30
49.31 UNALLOWABLE LEGAL & ACCTG.	A	-14084	OTHER ADMINISTRATIVE AND GENERA	6.07	49.31
49.32 LOBBYING PORTION OF DUES	A	-6447	OTHER ADMINISTRATIVE AND GENERA	6.07	49.32
49.33 UNALLOWABLE ADV. & CONTRI.	A	-151561	OTHER ADMINISTRATIVE AND GENERA	6.07	49.33
49.34 UNALLOWABLE CONSULTING AND OTHER	A	-13556	OTHER ADMINISTRATIVE AND GENERA	6.07	49.34
49.35 TAXES & PENALTIES OVERACCRAUAL FRO	A	3611	OTHER ADMINISTRATIVE AND GENERA	6.07	49.35
49.36 UNALLOWABLE MEALS	A	-14334	DIAGNOSTIC & SCREENING	48.01	49.36
49.37 UNALLOWABLE MEALS	A	-27735	PARTIAL HOSPITAL	60.02	49.37
49.38 TRANSPORTATION	A	-1335	DIAGNOSTIC & SCREENING	48.01	49.38
49.39 RESIDENCY TRAINING INCOME	A	-36478	I&R SERVICES-OTHER PRGM COSTS A	23	49.39
49.40 RESIDENTS IN D&S & FRINGE BENE	A	-503993	DIAGNOSTIC & SCREENING	48.01	49.40
49.41 MALPRACTICE FOR NON-HBP	A	-2971	OTHER ADMINISTRATIVE AND GENERA	6.07	49.41
49.42 AMORTIZED PLANNING EXPENSE	A	14115	OTHER ADMINISTRATIVE AND GENERA	6.07	49.42
49.43 UNALLOWABLE DUES & BEVERAGES	A	-5626	OTHER ADMINISTRATIVE AND GENERA	6.07	49.43
49.44 UNALLOWABLE BEVERAGES	A	-628	ADULTS & PEDIATRICS	25	49.44
49.45 UNALLOWABLE BEVERAGES	A	-2694	I&R SERVICES-OTHER PRGM COSTS A	23	49.45
49.46 UNALLOWABLE BEVERAGES	A	-1241	PARAMED ED PRGM-(SPECIFY)	24	49.46
49.47 ADJUST FOR P/R ACCRUALS	A	342	EMPLOYEE BENEFITS	5	49.47
49.48 ADJUST FOR P/R ACCRUALS	A	174	ADMITTING	6.04	49.48
49.49 ADJUST FOR P/R ACCRUALS	A	260	CASHIERING/ACCOUNTS RECEIVABLE	6.05	49.49
49.50 ADJUST FOR P/R ACCRUALS	A	-4777	OTHER ADMINISTRATIVE AND GENERA	6.07	49.50
49.51 ADJUST FOR P/R ACCRUALS	A	211	MAINTENANCE & REPAIRS	7	49.51
49.52 ADJUST FOR P/R ACCRUALS	A	209	DIETARY	11	49.52
49.53 ADJUST FOR P/R ACCRUALS	A	-2715	PHARMACY	16	49.53
49.54 ADJUST FOR P/R ACCRUALS	A	12639	ADULTS & PEDIATRICS	25	49.54
49.55 ADJUST FOR P/R ACCRUALS	A	305	DIAGNOSTIC & SCREENING	48.01	49.55
49.56 ADJUST FOR P/R ACCRUALS	A	-3838	PSYCHOLOGICAL TESTING	48.02	49.56
49.57 ADJUST FOR P/R ACCRUALS	A	168	CLINIC	60	49.57
49.58 ADJUST FOR P/R ACCRUALS	A	-2902	PARTIAL HOSPITAL	60.02	49.58
49.59 ADJUST FOR P/R ACCRUALS	A	1199	MARKETING & FUND RAISING	96.01	49.59
49.60 ADJUST FOR P/R ACCRUALS	A	3065	KENT UNIT	100.04	49.60
49.61 REVERSE GL ADJ. FOR LOSS ON PROGR	A	70668	I&R SERVICES-OTHER PRGM COSTS A	23	49.61
49.70 ALLOWABLE PENSION FUNDING ADJUSTM	A	354171	EMPLOYEE BENEFITS	5	49.70
49.71 UNALLOWABLE RETIREMENT	A	-130429	EMPLOYEE BENEFITS	5	49.71
49.72 UNALLOWABLE DONATION	A	-385	EMPLOYEE BENEFITS	5	49.72
49.73 LOBBYING PORTION OF DUES	A	-125	I&R SERVICES-OTHER PRGM COSTS A	23	49.73
49.74 LOBBYING PORTION OF DUES	A	-1181	ADULTS & PEDIATRICS	25	49.74
49.75 ADD BACK GL CR. DISALLOWED IN PY	A	20318	I&R SERVICES-OTHER PRGM COSTS A	23	49.75
49.76 LOBBYING PORTION OF DUES	A	-136	PARAMED ED PRGM-(SPECIFY)	24	49.76
49.77 UNALLOWABLE OTHER	A	-106674	OTHER ADMINISTRATIVE AND GENERA	6.07	49.77
49.78 UNALLOW OTHER - ASSOC DIRE FY10 E	A	-5000	PARAMED ED PRGM-(SPECIFY)	24	49.78
49.79 CON CONSULTING COSTS	A	-38400	OTHER ADMINISTRATIVE AND GENERA	6.07	49.79
49.80 EMPLOYEE INCOME - UNFUNDED RESEAR	B	-65599	UNFUNDED RESEARCH	97.03	49.80
50 TOTAL		-10561092			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	3	NEW CAP REL COSTS-BLDG & FIXT	CNE HOME OFFICE	46656		9 1
2	4	NEW CAP REL COSTS-MVBLE EQUIP	CNE HOME OFFICE	41902		9 2
3	6.07	OTHER ADMINISTRATIVE AND GENERA	CNE HOME OFFICE	3074244	3180876	-106632 3
4	6.07	OTHER ADMINISTRATIVE AND GENERA	KENT HOSPITAL PRINTING	72805	72805	4
4.01	16	PHARMACY	KENT PHARMACY COVERAGE	79194	79194	4.01
4.02	25	ADULTS & PEDIATRICS	KENT MEDICAL PURCHASED	4214	4214	4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	KENT RADIOLOGY PURCHASED	1459	1459	4.03
4.04	44	LABORATORY	KENT LAB PURCHASED	502	502	4.04
4.05	50	PHYSICAL THERAPY	KENT PT PURCHASED	1260	1260	4.05
4.06	6.07	OTHER ADMINISTRATIVE AND GENERA	W&I INSURANCE	65000	65000	4.06
4.07	25	ADULTS & PEDIATRICS	W&I MEDICAL PURCHASED	2417	2417	4.07
4.08	41	RADIOLOGY-DIAGNOSTIC	W&I RADIOLOGY PURCHASED	10	10	4.08
4.09	44	LABORATORY	W&I LAB PURCHASED	592968	81286	511682 4.09
4.10	53	ELECTROCARDIOLOGY	W&I EKG PURCHASED	65846	9026	56820 4.10
4.11	5	EMPLOYEE BENEFITS	W&I LAB PURCHASES	5157	707	4450 4.11
5		TOTALS		4053634	3498756	554878 5

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

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

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

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

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	B		CARE NEW ENGLAN		HOME OFFICE	1
2	B		KENT COUNTY MEM		CNE NETWK. HOSP	2
3	B		WOMEN'S & INFAN		CNE NETWK. HOSP	3
4						4
5						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2		3	4	5	6	7	8	9
1	6.07	OTHER ADMINISTRATIVE AND	AGGREGATE	225204	7099	218105	154100	1881	139357	6968
2	23	I&R SERVICES-OTHER PRGM	AGGREGATE	674637		674637	154100	5938	439926	21996
3	24	PARAMED ED PRGM-(SPECIFY	AGGREGATE	19837		19837	154100	208	15410	771
4	25	ADULTS & PEDIATRICS	ROUTINE	3925517	2826865	1098652	154100	9247	685078	34254
5	25	ADULTS & PEDIATRICS	MEDICAL SPECIALIST	813331	744758	68573	140600	307	20752	1038
6	25	ADULTS & PEDIATRICS	INTERNAL MEDICINE	240261	88637	151624	165600	760	60508	3025
7	48.01	DIAGNOSTIC & SCREENING	AGGREGATE	177658		177658	154100	1424	105499	5275
8	48.03	ECT	AGGREGATE	11242		11242	154100	109	8075	404
9	60	CLINIC	AGGREGATE	347091	295151	51940	154100	837	62010	3101
10	60.02	PARTIAL HOSPITAL	AGGREGATE	798131	693697	104434	154100	712	52750	2638
11	60.04	MEMORY DISORDER CLINIC	AGGREGATE	29172		29172	154100	441	32672	1634
101		TOTAL		7262081	4656207	2605874		21864	1622037	81104

PROVIDER NO. 41-4000 BUTLER HOSPITAL  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 04/05/2010 14:47

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	6.07 OTHER ADMINISTRATIVE AND	AGGREGATE		4417	4278	143635	74470	81569
2	23 I&R SERVICES-OTHER PRGM	AGGREGATE		10435	10435	450361	224276	224276
3	24 PARAMED ED PRGM-(SPECIFY	AGGREGATE		166	166	15576	4261	4261
4	25 ADULTS & PEDIATRICS	ROUTINE		91597	25636	710714	387938	3214803
5	25 ADULTS & PEDIATRICS	MEDICAL SPECIALIST				20752	47821	792579
6	25 ADULTS & PEDIATRICS	INTERNAL MEDICINE				60508	91116	179753
7	48.01 DIAGNOSTIC & SCREENING	AGGREGATE		5206	5206	110705	66953	66953
8	48.03 ECT	AGGREGATE				8075	3167	3167
9	60 CLINIC	AGGREGATE		8046	1204	63214		295151
10	60.02 PARTIAL HOSPITAL	AGGREGATE		16178	2117	54867	49567	743264
11	60.04 MEMORY DISORDER CLINIC	AGGREGATE		1492	1492	34164		
101	TOTAL			137537	50534	1672571	949569	5605776





PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	DATA PROCE SSING	ADMITTING	PATIENT AC COUNTS	SUBTOTAL
		0	3	4	5	6.02	6.04	6.05	5A
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	74279134	1778589	1306402	13692254	433535	870831	633458	74279134 103



PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	SECURITY & GROUNDS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
		6.07	7	7.01	8	9	10	11	12
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	10454832	1096397	509172	1168141	286046	2816089	2204032	517761 103



PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	16	17	22	23	24	25	26	27
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1931015	1359742	945682	1174547	270225	74279134	-2120229	72158905 103



PROVIDER NO. 41-4000 BUTLER HOSPITAL  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 04/05/2010 14:47

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	DATA PROCE SSING 6.02	ADMITTING 6.04	PATIENT AC COUNTS 6.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1778589	1306402	3084991	1950	383721	25187	25783 103





PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	SECURITY & GROUNDS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
		6.07	7	7.01	8	9	10	11	12
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	373919	59257	56429	151721	5441	132825	116810	57498 103



PROVIDER NO. 41-4000 BUTLER HOSPITAL  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 04/05/2010 14:47

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
		16	17	22	23	24	25	26	27
101	CROSS FOOT ADJUSTMENTS			4786	59997	9969	74752		74752 101
102	NEGATIVE COST CENTER								102
103	TOTAL	153013	463114	4786	59997	9969	3084991		3084991 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	DATA PROCE	ADMITTING	PATIENT AC	RECON- CILIATION
	BLDGS & FIXTURES ACTUAL DEPREC- 3	MOVABLE EQUIPMENT ACTUAL DEPREC- 4	BENEFITS GROSS SALARIES 5	SSING TIME SPENT 6.02	REVENUE- ADMITTING 6.04	COUNTS REVENUE- ADMITTING 6.05	
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	1781839						3
4 NEW CAP REL COSTS-MVBLE EQUIP		1307941					4
5 EMPLOYEE BENEFITS	1011	942	48740785				5
6.01 NONPATIENT TELEPHONES							6.01
6.02 DATA PROCESSING	27760	356432		46500			6.02
6.03 PURCHASING RECEIVING AND STOR							6.03
6.04 ADMITTING	12500	1132	648964	1400	123545241		6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL	14808	1909	455410	1100		108900031	6.05
6.06 COORDINATED CARE							6.06
6.07 OTHER ADMINISTRATIVE AND GENE	188353	137182	4861615	5901			-10454832 6.07
7 MAINTENANCE & REPAIRS	42052	7619	645537	500			7
7.01 SECURITY & GROUNDS	20151	33777	380616				7.01
8 OPERATION OF PLANT	142582	515	226066				8
9 LAUNDRY & LINEN SERVICE	2971	378	27212				9
10 HOUSEKEEPING	70534	23387	1483700	300			10
11 DIETARY	68488	22026	529164	327			11
12 CAFETERIA	35218	11638	279614	173			12
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY	27242	103755	1020277	905			16
17 MEDICAL RECORDS & LIBRARY	21043	411062	487817	2251			17
18 SOCIAL SERVICE							18
22 I&R SERVICES-SALARY & FRINGES			634370				22
23 I&R SERVICES-OTHER PRGM COSTS	15922	999	381380	3184			23
24 PARAMED ED PRGM-(SPECIFY)	2155	209	430010	541			24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	671477	76136	19071338	11029	81199575	81199575	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	1121	54			309800	309800	41
44 LABORATORY	1753	82			3655165	3655165	44
48 INTRAVENOUS THERAPY					2962	2962	48
48.01 DIAGNOSTIC & SCREENING	24610	9362	2273382	1203	3088155	3088155	48.01
48.02 PSYCHOLOGICAL TESTING	2520	117	274480	709	199687	199687	48.02
48.03 ECT	5638	3309	161751	508	625100	625100	48.03
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY					11233	11233	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	1441	74			247189	247189	53
54 ELECTROENCEPHALOGRAPHY					372	372	54
56 DRUGS CHARGED TO PATIENTS					5511581	5511581	56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	8210	3073	531743	796	128796	128796	60
60.01 ATP							60.01
60.02 PARTIAL HOSPITAL	71096	7205	2495683	3480	11142665	11142665	60.02
60.03 GERIATRIC O/P CLINIC							60.03
60.04 MEMORY DISORDER CLINIC	2922	181	81203	716	80170	80170	60.04
61 EMERGENCY					42441	42441	61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	1483578	1212555	37381332	35023	106244891	106244891	-10454832 95
NONREIMBURSABLE COST CENTERS							
96.01 MARKETING & FUND RAISING	28831	4000	539904	768			96.01
96.02 GIFT SHOP	1610	733	23693				96.02
97 RESEARCH	55471	58006	3961234	6590			97
97.01 OTHER SPONSORED ACTIVITIES	17143	17604	1696625	1328			97.01
97.02 GRANT ADMINISTRATION	625	512	413649	361			97.02
97.03 UNFUNDED RESEARCH	467	25	74702	88			97.03
97.04 OFF-SITE RESEARCH	58938		171267				97.04
97.05 ACADEMIC PLAN	1150	272	228185	120			97.05
98.01 NON-PROVIDER PATIENTS	7636	1937	1473642	723			98.01
98.02 PHYSICIAN BILLING						2655140	98.02
99.04 OVERAGE			55980				99.04
99.06 CARRIAGE HOUSE							99.06
100.01 VACANT SPACE	54714						100.01
100.02 RENTAL SPACE							100.02
100.04 KENT UNIT	71376	12171	2597246	1449	17300350		100.04
100.05 CNE MANAGEMENT	36	63	60842	22			100.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	DATA PROCE	ADMITTING	PATIENT AC	RECON-
	BLDGS & FIXTURES ACTUAL DEPREC- 3	MOVABLE EQUIPMENT ACTUAL DEPREC- 4	BENEFITS GROSS SALARIES 5	SSING TIME SPENT 6.02	REVENUE- ADMITTING 6.04	COUNTS REVENUE- ADMITTING 6.05	
100.06 MEDICAL STUDENTS AT HOSPITAL	264	63	62484	28			100.06
100.07 PHYSICIAN BILLING OFFICE							100.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1778589	1306402	13692254	433535	870831	633458	103
104 UNIT COST MULT-WS B PT I		.998823		9.323333		.005817	104
104 UNIT COST MULT-WS B PT I	.998176		.280920		.007049		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			1950	383721	25187	25783	107
108 UNIT COST MULT-WS B PT III				8.252065		.000237	108
108 UNIT COST MULT-WS B PT III			.000040		.000204		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS HOURS OF SERVICE	SECURITY & GROUNDS SQUARE FEET- S&G	OPERATION OF PLANT SQUARE FEET- S&G	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTE'S
	6.07	7	7.01	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING RECEIVING AND STOR								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL								6.05
6.06 COORDINATED CARE								6.06
6.07 OTHER ADMINISTRATIVE AND GENE	63824302							6.07
7 MAINTENANCE & REPAIRS	942079	446876						7
7.01 SECURITY & GROUNDS	437506		251978					7.01
8 OPERATION OF PLANT	978338	940	13480	238498				8
9 LAUNDRY & LINEN SERVICE	240446	497	722	722	374864			9
10 HOUSEKEEPING	2244365	4897	26182	26182	14318	64185		10
11 DIETARY	1749655	17656	9865	9865		1281	208361	11
12 CAFETERIA	368713	9329	5212	5212		677		12
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	1609762	1384	3373	3373		450		16
17 MEDICAL RECORDS & LIBRARY	1103392	3849	3942	3942		624		17
18 SOCIAL SERVICE								18
22 I&R SERVICES-SALARY & FRINGES	812577							22
23 I&R SERVICES-OTHER PRGM COSTS	895250	11309	7742	7742		817		23
24 PARAMED ED PRGM-(SPECIFY)	211326	400	800	800		294		24
25 INPATIENT ROUTINE SERV COST CENTERS								
ADULTS & PEDIATRICS	24392015	245422	86004	86004	280399	41678	170347	22316 25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC	90470	53	365	365		25		41
44 LABORATORY	987547	5121	558	558		93		44
48 INTRAVENOUS THERAPY	1963							48
48.01 DIAGNOSTIC & SCREENING	2380139	16760	5100	5100	13592	2184	2181	48.01
48.02 PSYCHOLOGICAL TESTING	142532	2432	2283	2283		536	343	48.02
48.03 ECT	277660	5507	1240	1240	7499	312	192	48.03
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY	1404							50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	105766	2053	506	506		25		53
54 ELECTROENCEPHALOGRAPHY	466							54
56 DRUGS CHARGED TO PATIENTS	1017887							56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	467754	7607	2994	2994		466		491 60
60.01 ATP								60.01
60.02 PARTIAL HOSPITAL	2736253	32096	12601	12601		2640	2702	60.02
60.03 GERIATRIC O/P CLINIC								60.03
60.04 MEMORY DISORDER CLINIC	117861	2978	1025	1025		225	157	60.04
61 EMERGENCY	31375							61
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	44344501	370290	183994	170514	315808	52327	170347	32106 95
NONREIMBURSABLE COST CENTERS								
96.01 MARKETING & FUND RAISING	768213	1828	3203	3203		344	662	96.01
96.02 GIFT SHOP	96521	2460	818	818		209	55	96.02
97 RESEARCH	8177849	18811	19958	19958		2819	5582	97
97.01 OTHER SPONSORED ACTIVITIES	2581755	6219	6121	6121		915	1661	97.01
97.02 GRANT ADMINISTRATION	546819	534	532	532		82	300	97.02
97.03 UNFUNDED RESEARCH	30118	47	212	212		49	113	97.03
97.04 OFF-SITE RESEARCH	320710							97.04
97.05 ACADEMIC PLAN	434672	454	396	396		56	111	97.05
98.01 NON-PROVIDER PATIENTS	1903916	3983	1884	1884		454	679	98.01
98.02 PHYSICIAN BILLING	15445							98.02
99.04 OVERTIME	86376						27	99.04
99.06 CARRIAGE HOUSE	497474							99.06
100.01 VACANT SPACE	59702		21459	21459				100.01
100.02 RENTAL SPACE								100.02
100.04 KENT UNIT	3801368	42096	13250	13250	59056	6905	38014	3536 100.04
100.05 CNE MANAGEMENT	78238	50	60	60		12	22	100.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL COST	MAINTENANCE & REPAIRS	SECURITY & GROUNDS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
	6.07	7	7.01	8	9	10	11	12
100.06 MEDICAL STUDENTS AT HOSPITAL	80625	104	91	91			13	26
100.07 PHYSICIAN BILLING OFFICE								100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	10454832	1096397	509172	1168141	286046	2816089	2204032	517761
104 UNIT COST MULT-WS B PT I	.163806		2.020700		.763066		10.577949	104
104 UNIT COST MULT-WS B PT I		2.453470		4.897907		43.874566		11.536564
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	373919	59257	56429	151721	5441	132825	116810	57498
108 UNIT COST MULT-WS B PT III	.005859		.223944		.014515		.560614	108
108 UNIT COST MULT-WS B PT III		.132603		.636152		2.069409		1.281150



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	I&R	I&R	PARAMED
	REQUIS- PH	RECORDS & LIBRARY REVENUE- ADMITTING	SALARY & FRINGES ASSIGNED TIME- S&F	PROGRAM COSTS ASSIGNED TIME- PC	EDUCATION ASSIGNED TIME- P/E
	16	17	22	23	24
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.02					6.02
6.03					6.03
6.04					6.04
6.05					6.05
6.06					6.06
6.07					6.07
7					7
7.01					7.01
8					8
9					9
10					10
11					11
12					12
14					14
15					15
16	1062497				16
17		134165802			17
18					18
22			24413		22
23				24413	23
24					8320
24					24
25	10020	81199575	12888	12888	2080
25					25
ANCILLARY SERVICE COST CENTERS					
41		309800			41
44		3655165			44
48		2962			48
48.01	1907	3088155			48.01
48.02		199687			48.02
48.03	12662	625100			48.03
49					49
50		11233			50
51					51
52					52
53		247189			53
54		372			54
56	1035608	5511581			56
OUTPATIENT SERVICE COST CENTERS					
60		128796	10300	10300	60
60.01					60.01
60.02	408	11142665	1225	1225	6240
60.03					60.03
60.04		80170			60.04
61		42441			61
62					62
OTHER REIMBURSABLE COST CENTERS					
71					71
SPECIAL PURPOSE COST CENTERS					
95	1060605	106244891	24413	24413	8320
95					95
NONREIMBURSABLE COST CENTERS					
96.01					96.01
96.02					96.02
97					97
97.01					97.01
97.02					97.02
97.03					97.03
97.04					97.04
97.05					97.05
98.01					98.01
98.02		10620561			98.02
99.04					99.04
99.06					99.06
100.01					100.01
100.02					100.02
100.04	1892	17300350			100.04
100.05					100.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	I&R	I&R	PARAMED	
	COSTED	RECORDS & LIBRARY REVENUE- REQUIS- PH ADMITTING	SALARY & FRINGES ASSIGNED TIME- S&F	PROGRAM COSTS ASSIGNED TIME- PC	EDUCATION ASSIGNED TIME- P/E	
	16	17	22	23	24	
100.06 MEDICAL STUDENTS AT HOSPITAL						100.06
100.07 PHYSICIAN BILLING OFFICE						100.07
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	1931015	1359742	945682	1174547	270225	103
104 UNIT COST MULT-WS B PT I	1.817431		38.736821		32.478966	104
104 UNIT COST MULT-WS B PT I		.010135		48.111539		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	153013	463114	4786	59997	9969	107
108 UNIT COST MULT-WS B PT III	.144013		.196043		1.198197	108
108 UNIT COST MULT-WS B PT III		.003452		2.457584		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	34595403		34595403	526875	35122278	25
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	112183		112183		112183	41
44 LABORATORY	1206863		1206863		1206863	44
48 INTRAVENOUS THERAPY	2315		2315		2315	48
48.01 DIAGNOSTIC & SCREENING	3012544		3012544	66953	3079497	48.01
48.02 PSYCHOLOGICAL TESTING	217140		217140		217140	48.02
48.03 ECT	396205		396205	3167	399372	48.03
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY	1748		1748		1748	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	135230		135230		135230	53
54 ELECTROENCEPHALOGRAPHY	546		546		546	54
56 DRUGS CHARGED TO PATIENTS	3122628		3122628		3122628	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	611168		611168		611168	60
60.01 ATP						60.01
60.02 PARTIAL HOSPITAL	3813740		3813740	49567	3863307	60.02
60.03 GERIATRIC O/P CLINIC						60.03
60.04 MEMORY DISORDER CLINIC	164060		164060		164060	60.04
61 EMERGENCY	36944		36944		36944	61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS						62
101 SUBTOTAL	47428717		47428717	646562	48075279	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	47428717		47428717	646562	48075279	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			
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	81199575		81199575			25
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	306220	3580	309800	.362114	.362114	.362114 41
44 LABORATORY	3057002	598163	3655165	.330180	.330180	.330180 44
48 INTRAVENOUS THERAPY	2962		2962	.781567	.781567	.781567 48
48.01 DIAGNOSTIC & SCREENING	2314550	773605	3088155	.975516	.975516	.997196 48.01
48.02 PSYCHOLOGICAL TESTING	159742	39945	199687	1.087402	1.087402	1.087402 48.02
48.03 ECT	437950	187150	625100	.633827	.633827	.638893 48.03
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY	11091	142	11233	.155613	.155613	.155613 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	238180	9009	247189	.547071	.547071	.547071 53
54 ELECTROENCEPHALOGRAPHY	372		372	1.467742	1.467742	1.467742 54
56 DRUGS CHARGED TO PATIENTS	4986294	525287	5511581	.566558	.566558	.566558 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		531446	531446	1.150010	1.150010	1.150010 60
60.01 ATP						60.01
60.02 PARTIAL HOSPITAL		11142665	11142665	.342265	.342265	.346713 60.02
60.03 GERIATRIC O/P CLINIC						60.03
60.04 MEMORY DISORDER CLINIC		80170	80170	2.046401	2.046401	2.046401 60.04
61 EMERGENCY	42441		42441	.870479	.870479	.870479 61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS						62
101 SUBTOTAL	92756379	13891162	106647541			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	92756379	13891162	106647541			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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1619372		1619372
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				1619372		1619372

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	43316	15962			37.39	596819
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	43316	15962				596819

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (41-4000) [ ] 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 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								
41 RADIOLOGY-DIAGNOSTIC		3281	309800	113425			.010591	1201 41
44 LABORATORY		23199	3655165	945317			.006347	6000 44
48 INTRAVENOUS THERAPY		24	2962	118			.008103	1 48
48.01 DIAGNOSTIC & SCREENING		84295	3088155	625493			.027296	17073 48.01
48.02 PSYCHOLOGICAL TESTING		13939	199687	45131			.069804	3150 48.02
48.03 ECT		21813	625100	132337			.034895	4618 48.03
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY		52	11233	1647			.004629	8 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		3853	247189	91585			.015587	1428 53
54 ELECTROENCEPHALOGRAPHY		4	372	124			.010753	1 54
56 DRUGS CHARGED TO PATIENTS		176561	5511581	1682664			.032035	53904 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		26274	531446				.049439	60
60.01 ATP								60.01
60.02 PARTIAL HOSPITAL		190468	11142665				.017094	60.02
60.03 GERIATRIC O/P CLINIC								60.03
60.04 MEMORY DISORDER CLINIC		11956	80170				.149133	60.04
61 EMERGENCY		350	42441	19514			.008247	161 61
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		556069	25447966	3657355				87545 101

PROVIDER NO. 41-4000 BUTLER HOSPITAL  
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2010.02  
 04/05/2010 14:47

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			67556			67556	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			67556			67556	101

PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

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	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
25	INPAT ROUTINE SERV COST CTRS					25
26	ADULTS & PEDIATRICS	43316	1.56	15962	24901	26
27	INTENSIVE CARE UNIT					27
28	CORONARY CARE UNIT					28
29	BURN INTENSIVE CARE UNIT					29
30	SURGICAL INTENSIVE CARE UNIT					30
31	OTHER SPECIAL CARE (SPECIFY)					31
33	SUBPROVIDER I					33
33	NURSERY					33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	43316		15962	24901	101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-4000) [ ] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
48.01 DIAGNOSTIC & SCREENING							48.01
48.02 PSYCHOLOGICAL TESTING							48.02
48.03 ECT							48.03
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ATP							60.01
60.02 PARTIAL HOSPITAL				202669			202669 60.02
60.03 GERIATRIC O/P CLINIC							60.03
60.04 MEMORY DISORDER CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				202669			202669 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-4000) [ ] 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	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC		309800			113425		41
44 LABORATORY		3655165			945317		44
48 INTRAVENOUS THERAPY		2962			118		48
48.01 DIAGNOSTIC & SCREENING		3088155			625493		62560 48.01
48.02 PSYCHOLOGICAL TESTING		199687			45131		11025 48.02
48.03 ECT		625100			132337		83125 48.03
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY		11233			1647		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		247189			91585		1755 53
54 ELECTROENCEPHALOGRAPHY		372			124		54
56 DRUGS CHARGED TO PATIENTS		5511581			1682664		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		531446					60
60.01 ATP							60.01
60.02 PARTIAL HOSPITAL	202669	11142665	.018189	.018189			924036 60.02
60.03 GERIATRIC O/P CLINIC							60.03
60.04 MEMORY DISORDER CLINIC		80170					44424 60.04
61 EMERGENCY		42441			19514		61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	202669	25447966			3657355		1126925 101

PROVIDER NO. 41-4000 BUTLER HOSPITAL  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (41-4000)	[ ]	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					
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
48.01 DIAGNOSTIC & SCREENING					48.01
48.02 PSYCHOLOGICAL TESTING					48.02
48.03 ECT					48.03
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ATP					60.01
60.02 PARTIAL HOSPITAL			16807		60.02
60.03 GERIATRIC O/P CLINIC					60.03
60.04 MEMORY DISORDER CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			16807		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-4000) [ ] 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
41 ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	.362114	.362114	.362114			41
44 LABORATORY	.330180	.330180	.330180			44
48 INTRAVENOUS THERAPY	.781567	.781567	.781567			48
48.01 DIAGNOSTIC & SCREENING	.975516	.975516	.975516			48.01
48.02 PSYCHOLOGICAL TESTING	1.087402	1.087402	1.087402			48.02
48.03 ECT	.633827	.633827	.633827			48.03
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY	.155613	.155613	.155613			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.547071	.547071	.547071			53
54 ELECTROENCEPHALOGRAPHY	1.467742	1.467742	1.467742			54
56 DRUGS CHARGED TO PATIENTS	.566558	.566558	.566558			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.150010	1.150010	1.150010			60
60.01 ATP						60.01
60.02 PARTIAL HOSPITAL	.342265	.342265	.342265			60.02
60.03 GERIATRIC O/P CLINIC						60.03
60.04 MEMORY DISORDER CLINIC	2.046401	2.046401	2.046401			60.04
61 EMERGENCY	.870479	.870479	.870479			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.566558	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-4000) [ ] 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	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
41 ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC								41
44 LABORATORY								44
48 INTRAVENOUS THERAPY								48
48.01 DIAGNOSTIC & SCREENING		62560						48.01
48.02 PSYCHOLOGICAL TESTING		11025						48.02
48.03 ECT		83125						48.03
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1755						53
54 ELECTROENCEPHALOGRAPHY								54
56 DRUGS CHARGED TO PATIENTS								56
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ATP								60.01
60.02 PARTIAL HOSPITAL		924036						60.02
60.03 GERIATRIC O/P CLINIC								60.03
60.04 MEMORY DISORDER CLINIC		44424						60.04
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
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		1126925						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		1126925						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-4000) [ ] 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) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
48.01 DIAGNOSTIC & SCREENING		61028					48.01
48.02 PSYCHOLOGICAL TESTING		11989					48.02
48.03 ECT		52687					48.03
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		960					53
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ATP							60.01
60.02 PARTIAL HOSPITAL		316265					60.02
60.03 GERIATRIC O/P CLINIC							60.03
60.04 MEMORY DISORDER CLINIC		90909					60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
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		533838					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		533838					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1619372		1619372
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				1619372		1619372

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	43316	683			37.39	25537
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	43316	683				25537

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (41-4000) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

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								
41 RADIOLOGY-DIAGNOSTIC		3281	309800				.010591	41
44 LABORATORY		23199	3655165				.006347	44
48 INTRAVENOUS THERAPY		24	2962				.008103	48
48.01 DIAGNOSTIC & SCREENING		84295	3088155				.027296	48.01
48.02 PSYCHOLOGICAL TESTING		13939	199687				.069804	48.02
48.03 ECT		21813	625100				.034895	48.03
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY		52	11233				.004629	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		3853	247189				.015587	53
54 ELECTROENCEPHALOGRAPHY		4	372				.010753	54
56 DRUGS CHARGED TO PATIENTS		176561	5511581				.032035	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		26274	531446				.049439	60
60.01 ATP								60.01
60.02 PARTIAL HOSPITAL		190468	11142665				.017094	60.02
60.03 GERIATRIC O/P CLINIC								60.03
60.04 MEMORY DISORDER CLINIC		11956	80170				.149133	60.04
61 EMERGENCY		350	42441				.008247	61
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		556069	25447966					101



PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT		
	COST	COST	COSTS	COSTS	AMOUNT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			67556			67556	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			67556			67556	101

PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
25	INPAT ROUTINE SERV COST CTRS					25
	ADULTS & PEDIATRICS	43316	1.56	683	1065	
26	INTENSIVE CARE UNIT					26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I					31
33	NURSERY					33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	43316		683	1065	101

PROVIDER NO. 41-4000 BUTLER HOSPITAL  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 04/05/2010 14:47

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (41-4000)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
48.01 DIAGNOSTIC & SCREENING							48.01
48.02 PSYCHOLOGICAL TESTING							48.02
48.03 ECT							48.03
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ATP							60.01
60.02 PARTIAL HOSPITAL				202669			202669 60.02
60.03 GERIATRIC O/P CLINIC							60.03
60.04 MEMORY DISORDER CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				202669			202669 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-4000) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] 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							
41 RADIOLOGY-DIAGNOSTIC		309800					41
44 LABORATORY		3655165					44
48 INTRAVENOUS THERAPY		2962					48
48.01 DIAGNOSTIC & SCREENING		3088155					48.01
48.02 PSYCHOLOGICAL TESTING		199687					48.02
48.03 ECT		625100					48.03
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY		11233					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		247189					53
54 ELECTROENCEPHALOGRAPHY		372					54
56 DRUGS CHARGED TO PATIENTS		5511581					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		531446					60
60.01 ATP							60.01
60.02 PARTIAL HOSPITAL	202669	11142665	.018189	.018189			60.02
60.03 GERIATRIC O/P CLINIC							60.03
60.04 MEMORY DISORDER CLINIC		80170					60.04
61 EMERGENCY		42441					61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	202669	25447966					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (41-4000)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
48.01 DIAGNOSTIC & SCREENING					48.01
48.02 PSYCHOLOGICAL TESTING					48.02
48.03 ECT					48.03
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ATP					60.01
60.02 PARTIAL HOSPITAL					60.02
60.03 GERIATRIC O/P CLINIC					60.03
60.04 MEMORY DISORDER CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-4000)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	43316						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	43316						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43316						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)	15962						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) (41-4000)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35122278						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	35122278						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	81199575						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	81199575						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.432543						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1874.59						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	35122278						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) (41-4000)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	810.84					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12942628					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12942628					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					43
44 INTENSIVE CARE UNIT					44
45 CORONARY CARE UNIT					45
46 BURN INTENSIVE CARE UNIT					46
47 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (PPS) (41-4000)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	2131509					48
49 TOTAL PROGRAM INPATIENT COSTS	15074137					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	621720					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	87545					51
52 TOTAL PROGRAM EXCLUDABLE COST	709265					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	14364872					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) (41-4000)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS)  
 (41-4000)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	810.84	84
85 OBSERVATION BED COST		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		35122278			86
87 NEW CAPITAL-RELATED COST	1619372	35122278	.046107		87
88 NON PHYSICIAN ANESTHETIST		35122278			88
89 NURSING SCHOOL		35122278			89
89.01 ALLIED HEALTH	67556	35122278	.001923		89.01
89.02 ALL OTHER		35122278			89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (41-4000)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	43316					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	43316					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43316					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)	683					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 [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (41-4000)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	34595403						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	34595403						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	81199575						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	81199575						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.426054						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1874.59						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	34595403						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (41-4000)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	798.67					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	545492					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	545492					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (41-4000)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	545492					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	26602					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	26602					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (41-4000)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54	45					54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						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. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/05/2010 14:47

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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



PROVIDER NO. 41-4000 BUTLER HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
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04/05/2010 14:47

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (41-4000)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS

83

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

810.84

84

85 OBSERVATION BED COST

85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (41-4000) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		29137855		25
ANCILLARY SERVICE COST CENTERS				
41 RADIOLOGY-DIAGNOSTIC	.362114	113425	41073	41
44 LABORATORY	.330180	945317	312125	44
48 INTRAVENOUS THERAPY	.781567	118	92	48
48.01 DIAGNOSTIC & SCREENING	.997196	625493	623739	48.01
48.02 PSYCHOLOGICAL TESTING	1.087402	45131	49076	48.02
48.03 ECT	.638893	132337	84549	48.03
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY	.155613	1647	256	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.547071	91585	50103	53
54 ELECTROENCEPHALOGRAPHY	1.467742	124	182	54
56 DRUGS CHARGED TO PATIENTS	.566558	1682664	953327	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.150010			60
60.01 ATP				60.01
60.02 PARTIAL HOSPITAL	.346713			60.02
60.03 GERIATRIC O/P CLINIC				60.03
60.04 MEMORY DISORDER CLINIC	2.046401			60.04
61 EMERGENCY	.870479	19514	16987	61
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		3657355	2131509	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3657355		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (41-4000)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" 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
ANCILLARY SERVICE COST CENTERS			
41 RADIOLOGY-DIAGNOSTIC	.362114		41
44 LABORATORY	.330180		44
48 INTRAVENOUS THERAPY	.781567		48
48.01 DIAGNOSTIC & SCREENING	.975516		48.01
48.02 PSYCHOLOGICAL TESTING	1.087402		48.02
48.03 ECT	.633827		48.03
49 RESPIRATORY THERAPY			49
50 PHYSICAL THERAPY	.155613		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.547071		53
54 ELECTROENCEPHALOGRAPHY	1.467742		54
56 DRUGS CHARGED TO PATIENTS	.566558		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.150010		60
60.01 ATP			60.01
60.02 PARTIAL HOSPITAL	.342265		60.02
60.03 GERIATRIC O/P CLINIC			60.03
60.04 MEMORY DISORDER CLINIC	2.046401		60.04
61 EMERGENCY	.870479		61
62 OBSERVATION BEDS (NON-DISTINCT			62
OTHER REIMBURSABLE COST CENTERS			
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-4000) 1	HOSPITAL (41-4000) 1.01	HOSPITAL (41-4000) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	517031			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	357133			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.493			1.03
1.04 LINE 1.01 TIMES LINE 1.03	254896			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	16807			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	373940			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-4000) 1	HOSPITAL (41-4000) 1.01	HOSPITAL (41-4000) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	73782		18.01
19 SUBTOTAL	300158		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	22626		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	322784		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	322784		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	4103		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	2872		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	325656		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	325656		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	306291		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	19365		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (41-4000)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		12156037		306291	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	09/30/2006			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		12156037		306291	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM		163191	19365	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		12319228		325656	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 (41-4000)	SUB I	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08	11766096					1.08
1.09	66363					1.09
1.10	80978					1.10
1.11	11.74					1.11
1.12						1.12
1.13	11.74					1.13
1.14						1.14
1.15	11.74					1.15
1.16	118.673973					1.16
1.17	0.049781					1.17
1.18	585728					1.18
1.19	12499165					1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23	12499165					1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4	12499165					4
5	1688					5
6	12497477					6
7	996596					7
8	11500881					8
9	416435					9
10	11084446					10
11	815822					11
11.01	571075					11.01
11.02	45407					11.02
12	11655521					12
13	638806					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (41-4000)	SUB I	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	24901					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	12319228					17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS	12156037					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM	163191					20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
50 TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53



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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (41-4000) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	545492			1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL	545492			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
10	SUBTOTAL	545492			9
11	COMPUTATION OF LESSER OF COST OR CHARGES				
12	ROUTINE SERVICE CHARGES				10
13	ANCILLARY SERVICE CHARGES				11
14	INTERNS AND RESIDENTS SERVICE CHARGES				12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
16	TEACHING PHYSICIANS				14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
18	TOTAL REASONABLE CHARGES				16
19	CUSTOMARY CHARGES				
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
23	ACCORDANCE WITH 42 CFR 413.13(E)				
24	RATIO OF LINE 17 TO LINE 18				19
25	TOTAL CUSTOMARY CHARGES				20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	545492			22
28	COST OF COVERED SERVICES	545492			23
29	PROSPECTIVE PAYMENT AMOUNT				
30	OTHER THAN OUTLIER PAYMENTS				24
31	OUTLIER PAYMENTS				25
32	PROGRAM CAPITAL PAYMENTS				26
33	CAPITAL EXCEPTION PAYMENTS				27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
36	SUBTOTAL	545492			30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED				31
38	LESSER OF LINES 30 OR 31	545492			32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (41-4000) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	545492				34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	10.96 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	0.73 3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	11.69 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	11.74 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	11.69 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	0.48 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	11.26 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	11.74 3.09
3.10	SEE INSTRUCTIONS	11.69 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	11.21 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	11.54 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	10.80 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	11.18 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	11.18 3.16
3.17	SEE INSTRUCTIONS	128737.92 3.17
3.18	SEE INSTRUCTIONS	1439290 3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS		0.15	3.19
3.20	SEE INSTRUCTIONS		0.61	3.20
3.21	SEE INSTRUCTIONS		0.41	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.41	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		135795.30	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		55676	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		1494966	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		15962	4
5	TOTAL INPATIENT DAYS		43316	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.368501	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 550896 1801		552697	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		3657	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		43316	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		108380	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 355 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD		355	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	15074137	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	1688	15
16	TOTAL PART A REASONABLE COST	15072449	16
PART B REASONABLE COST			
17	REASONABLE COST	533838	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	533838	19
20	TOTAL REASONABLE COST	15606287	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.965793	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.034207	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	661432	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	638806	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	22626	25

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

WORKSHEET E-3  
PART IV

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI, LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	683	4
5	TOTAL INPATIENT DAYS	43316	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x ] [E-3,PART 6] [LINE 3.25] [ LINE 11 ]	.015768	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	43316	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [ PRIOR TO ] [E-3,PART 6] [ 422 ] [ LINE 12 ]	0 0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25



CALCULATION OF GME AND IME PAYMENTS FOR  
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3  
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	1.93	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	.05	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	.05	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	97753.66	8
9	LINE 7 TIMES LINE 8	4888	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.368501	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	1801	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	355	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

CALCULATION OF GME AND IME PAYMENTS FOR  
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3  
PART VI

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
5	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
13	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
16	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

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	16031186			1
2	TEMPORARY INVESTMENTS	1689850			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6411256			4
5	OTHER RECEIVABLES	1905490			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1716000			6
7	INVENTORY	218603			7
8	PREPAID EXPENSES	475435			8
9	OTHER CURRENT ASSETS	3539813			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	28555633			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2744004			13
13.01	ACCUMULATED DEPRECIATION	-2011856			13.01
14	BUILDINGS	32370634			14
14.01	ACCUMULATED DEPRECIATION	-21222593			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	8836325			16
16.01	ACCUMULATED DEPRECIATION	-5804679			16.01
17	AUTOMOBILES AND TRUCKS	309527			17
17.01	ACCUMULATED DEPRECIATION	-186149			17.01
18	MAJOR MOVABLE EQUIPMENT	12099221			18
18.01	ACCUMULATED DEPRECIATION	-8604559			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	18529875			21
OTHER ASSETS					
22	INVESTMENTS	23528985			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	235697			25
26	TOTAL OTHER ASSETS	23764682			26
27	TOTAL ASSETS	70850190			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3437524			28
29	SALARIES, WAGES & FEES PAYABLE	8125062			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	480593			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	3006164			35
36	TOTAL CURRENT LIABILITIES	15049343			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	9746190			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	8319665			41
42	TOTAL LONG TERM LIABILITIES	18065855			42
43	TOTAL LIABILITIES	33115198			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	37734992			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	37734992			51
52	TOTAL LIABILITIES AND FUND BALANCES	70850190			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	41168961			1
2 NET INCOME (LOSS)	1730857			2
3 TOTAL	42899818			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED FROM REST.	967113			5
6 INCR. IN TEMP. RESTRICTED NETASSETS	11306974			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	12274087			10
11 SUBTOTAL	55173905			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 DECR. IN TEMP. RESTRICTED NET ASSET				13
14 DECR. IN PERMANENTLY RESTRICTED NET	12044608			14
15 PENSION ADJUSTMENT	5394305			15
16				16
17				17
18 TOTAL DEDUCTIONS	17438913			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	37734992			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	81199575		81199575	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	81199575		81199575	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	81199575		81199575	18
19 ANCILLARY SERVICES	9352209		9352209	19
20 OUTPATIENT SERVICES		13488399	13488399	20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 PROFESSIONAL	8040223	2580338	10620561	26
27 TOTAL PATIENT REVENUES	98592007	16068737	114660744	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		84840226	26
27 PROVISSION FOR BAD DEBTS	1789361		27
28 INTEREST RATE SWAP			28
29 GAIN ON DISPOSAL	50000		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		1839361	33
34 LOSS ON DISPOSAL OF ASSETS			34
35 INTEREST RATE SWAP	-118193		35
36 CAPITAL CAMPAIGN	-308111		36
37 CARRIAGE HOUSE	-497474		37
38 ROUNDING			38
39 TOTAL DEDUCTIONS	-923778		39
40 TOTAL OPERATING EXPENSES		85755809	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	114660744	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	56931837	2
3	NET PATIENT REVENUES	57728907	3
4	LESS - TOTAL OPERATING EXPENSES	85755809	4
5	NET INCOME FROM SERVICE TO PATIENTS	-28026902	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER INCOME	29691628	24
24.01	SEE SEPARATE SCHEDULE FOR DETAIL		24.01
24.02	NET NON OPERATING GAINS	66131	24.02
25	TOTAL OTHER INCOME	29757759	25
26	TOTAL	1730857	26
27	NET NON-OPERATING LOSSES		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1730857	31