

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 KENT COUNTY MEMORIAL HOSPITAL (41-0009) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	1210210	184743		2
3	SWING BED - SNF	14839			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	1225049	184743		100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID 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: 455 TOLL GATE ROAD  
 1.01 CITY: WARWICK

STATE: RI

P.O.BOX:  
 ZIP CODE: 02886

COUNTY: KENT

1  
 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	KENT COUNTY MEMORIAL HOSPITAL	41-0009	07/01/1966	N	P	O	2
3	SUBPROVIDER I	KENT COUNTY MEMORIAL HOSPITAL	41-T009	10/01/1995	N	P	N	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				17
18	TYPE OF CONTROL		1	2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1					19
20	SUBPROVIDER I		5					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?		YES					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N	39300	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 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
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
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			YES		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

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	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
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
<p style="text-align: center;">V            XVIII        XIX</p> <p style="text-align: center;">1            2            3</p>					
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

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 THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	HB0208						40
40.01	NAME:		FI/CONTRACTOR'S NAME:			FI/CONTRACTOR'S NUMBER:			40.01
40.02	STREET:					P.O.BOX:			40.02
40.03	CITY:					STATE: 02 ZIP CODE:			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES							41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO							42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO							42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO							42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO							43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES							44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO							45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?								45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?								45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?								45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.								46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC			
		1	2	3	4	5			
47	HOSPITAL	N	N	N	N	N		47	
48	SUBPROVIDER I	N	N	N	N	N		48	
49	SKILLED NURSING FACILITY	N	N					49	
50	HOME HEALTH AGENCY	N	N					50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					NO		52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					NO		52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							53	
53.01	MDH PERIOD:		BEGINNING:		ENDING:			53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:							54	
	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:				2645004				
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.					YES		54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					NO		55	
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.				DATE	Y/N	LIMIT	Y/N	FEES
					0	1	2	3	4
					/ /	NO	0.00	NO	
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.								56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					YES			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

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)	NO						60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)							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.	YES						61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS			
	1	2	3	4	5			
62	NAME: MAIN CAMPUS KENT HOSPITAL	KENT	RI	02886	39300	1775.49	62	
62.01	NAME: KENT UNIT AT BUTLER	PROVIDENCE	RI	02906	39300	1.00	62.01	
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		4308	1376	14243	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.10	NEONATAL INTENSIVE CARE UNIT					6.10
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		4308	1376	14243	12
13	RPCH VISITS					13
14	SUBPROVIDER I		176	9	389	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
SALARIES								
1	TOTAL SALARIES	118398586	1091172	119489758	3842980.00	31.09		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	735954		735954	5686.00	129.43		4
4.01	TEACHING PHYSICIAN SALARIES	276231		276231	2999.00	92.11		4.01
5	PHYSICIAN - PART B	4540651		4540651	43753.00	103.78		5
5.01	NON-PHYSICIAN - PART B	1788000		1788000	48629.00	36.77		5.01
6	INTERNS & RESIDENTS (IN APPR PGM)		833929	833929	32563.00	25.61		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3693549	2934610	6628159	116359.00	56.96		8.01
OTHER WAGES & RELATED COSTS								
9	CONTRACT LABOR	1504373		1504373	24708.00	60.89		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	450588		450588	3240.00	139.07		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	394651		394651	4174.00	94.55		10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	8031342		8031342	136901.00	58.67		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS								
13	WAGE RELATED COSTS (CORE)	33850338		33850338			CMS 339	13
14	WAGE RELATED COSTS (OTHER)	2870437		2870437			CMS 339	14
15	EXCLUDED AREAS	1606047		1606047			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	126092		126092			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	843382		843382			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	256003		256003			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES								
21	EMPLOYEE BENEFITS	1421063	-21354	1399709	44535.00	31.43		21
22	ADMINISTRATIVE & GENERAL	18058969	-1524525	16534444	539099.00	30.67		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	849553		849553	4722.00	179.91		22.01
23	MAINTENANCE & REPAIRS	1910699		1910699	69501.00	27.49		23
24	OPERATION OF PLANT	1408762		1408762	68839.00	20.46		24
25	LAUNDRY & LINEN SERVICE	112206		112206	7517.00	14.93		25
26	HOUSEKEEPING	3021469		3021469	187258.00	16.14		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2365754	-1642718	723036	39047.00	18.52		27
27.01	DIETARY UNDER CONTRACT	224527		224527	6448.00	34.82		27.01
28	CAFETERIA		1642718	1642718	104395.00	15.74		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1850512		1850512	42600.00	43.44		30
31	CENTRAL SERVICES AND SUPPLY	967834		967834	49136.00	19.70		31
32	PHARMACY	2938806		2938806	84532.00	34.77		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1780937		1780937	86271.00	20.64		33
34	SOCIAL SERVICE	414973		414973	11477.00	36.16		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	112867784	257243	113125027	3726206.00	30.36	1
2	EXCLUDED AREA SALARIES	3693549	2934610	6628159	116359.00	56.96	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	109174235	-2677367	106496868	3609847.00	29.50	3
4	SUBTOTAL OTHER WAGES & REL COSTS	10380954		10380954	169023.00	61.42	4
5	SUBTOTAL WAGE-RELATED COSTS	36846867		36846867		34.60	5
6	TOTAL (SUM OF LINES 3 THRU 5)	156402056	-2677367	153724689	3778870.00	40.68	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	37326064	-1545879	35780185	1345377.00	26.59	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	30607110	17
17.01	GROSS MEDICAID REVENUES	89345398	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	78428	19
20	RESTRICTED GRANTS	19662	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	120050598	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.313481	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	78428	26
27	TOTAL SCHIP COST	24586	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	89266971	28
29	TOTAL GROSS MEDICAID COST	27983499	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30607110	30
31	UNCOMPENSATED CARE COST	9594747	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	28008085	32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		317580	317580	-317580				88
95		116567345	137492990	254060335	-2173718	251886617	-13002119	238884498	95
NONREIMBURSABLE COST CENTERS									
96	9600	17550	759	18309		18309		18309	96
96.01	9601	117647	63811	181458	-5691	175767		175767	96.01
96.02	9602								96.02
96.03	9603	192059	304578	496637		496637		496637	96.03
96.04	9604								96.04
96.05	9605								96.05
96.06	9606	788199	5598	793797		793797		793797	96.06
96.07	9607		34212	34212		34212		34212	96.07
96.08	9608				40000	40000		40000	96.08
96.09	9609								96.09
96.10	9610		101725	101725		101725	1091172	1192897	96.10
96.11	9611		1740151	1740151		1740151		1740151	96.11
96.12	9612				259992	259992		259992	96.12
96.13	9613	99416	50892	150308	315763	466071		466071	96.13
97	9700				44385	44385		44385	97
98	9800	616370	453049	1069419	65537	1134956		1134956	98
100	7950				1453732	1453732		1453732	100
100.01	7951								100.01
101	TOTAL	118398586	140247765	258646351		258646351	-11910947	246735404	101

RECLASSIFICATIONS

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	-----	DECREASE	-----	WKST A-7	
		1	COST CENTER	LINE #	SALARY	OTHER	REF.
			6	7	8	9	10
1	RECLASS INTEREST EXPENSE TO BUILD A	A					11 1
2	RECLASS INTEREST EXPENSE TO BUILD A	A					11 2
3	RECLASS INTEREST EXPENSE TO BUILD A	A	INTEREST EXPENSE	88		317580	3
4	CHARGEABLE DRUGS	B	PHARMACY	16		10246823	4
5	RECLASS RADIOLOGY ADMIN COSTS	C					5
6	RECLASS RADIOLOGY ADMIN COSTS	C					6
7	RECLASS RADIOLOGY ADMIN COSTS	C					7
8	RECLASS RADIOLOGY ADMIN COSTS	C	RADIOLOGY-DIAGNOSTIC	41	251043		8
9	RECLASS CAFETERIA COSTS	D	DIETARY	11	1642718	2585909	9
10	RECLASS ANESTHESIA COSTS	F	ANESTHESIOLOGY	40		297228	10
11	RECLASS OTHER ANESTHESIA	G	ANESTHESIOLOGY	40		53224	11
12	RECLASS HME DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		102796	9 12
13	RECLASS PHYSICIANS OFFICE DEPREC	I	NEW CAP REL COSTS-BLDG & FIXT	3		24299	9 13
14	RECLASS CNE COSTS	J	ADMINISTRATIVE & GENERAL	6	1410123	22255	14
15	RECLASS CNE COSTS	J	EMPLOYEE BENEFITS	5	21354		15
16	RECLASS INSURANCE COSTS	K	EMPLOYEE BENEFITS	5		2936701	16
17	RECLASS WOUND RECOVERY SUPPLIES	M	CLINIC	60		18645	17
18	RECLASS VASCULAR COSTS	N	ULTRASOUND	41.02	218043	79699	18
19	RECLASS MALPRACTICE INSURANCE FOR O	O					19
20	RECLASS MALPRACTICE INSURANCE FOR O	O	SOCIAL SERVICE	18		1292	20
21	RECLASS MALPRACTICE INSURANCE FOR O	O	ADULTS & PEDIATRICS	25		236043	21
22	RECLASS MALPRACTICE INSURANCE FOR O	O	NURSERY	33		10403	22
23	RECLASS MALPRACTICE INSURANCE FOR O	O	SUBPROVIDER I	31		11525	23
24	RECLASS MALPRACTICE INSURANCE FOR O	O	LABORATORY	44		59345	24
25	RECLASS MALPRACTICE INSURANCE FOR O	O	EMERGENCY	61		33293	25
26	RECLASS MALPRACTICE INSURANCE FOR O	O	PHYSICIANS' PRIVATE OFFICES	98		53501	26
27	RECLASS MALPRACTICE INSURANCE FOR O	O	TRAVEL	96.01		5691	27
28	RECLASS MALPRACTICE INSURANCE FOR O	O	I&R SERVICES-OTHER PRGM COSTS	23		45929	28
29	RECLASS WOMENS DIAGNOSTIC IMAGING P	P	RADIOLOGY-DIAGNOSTIC	41		78099	29
30	RECLASS RENTALS AND LEASES	Q	ADMINISTRATIVE & GENERAL	6		85533	10 30
31	RECLASS RENTALS AND LEASES	Q	MAINTENANCE & REPAIRS	7		429	31
32	RECLASS RENTALS AND LEASES	Q	HOUSEKEEPING	10		750	32
33	RECLASS RENTALS AND LEASES	Q	DIETARY	11		4320	33
34	RECLASS RENTALS AND LEASES	Q	PHARMACY	16		397797	34
35	RECLASS RENTALS AND LEASES	Q	MEDICAL RECORDS & LIBRARY	17		11909	35
36	SUBTOTAL				3543281	17721018	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS RENTALS AND LEASES	Q				1
2 RECLASS RENTALS AND LEASES	Q				2
3 RECLASS RENTALS AND LEASES	Q				3
4 RECLASS RENTALS AND LEASES	Q				4
5 RECLASS RENTALS AND LEASES	Q				5
6 RECLASS RENTALS AND LEASES	Q				6
7 RECLASS RENTALS AND LEASES	Q				7
8 RECLASS RENTALS AND LEASES	Q				8
9 RECLASS RENTALS AND LEASES	Q				9
10 RECLASS RESEARCH	R	RESEARCH	97	32690	11695 10
11 RECLASS PT AND OT SUPPLY COSTS	T				11
12 RECLASS PT AND OT SUPPLY COSTS	T	MEDICAL SUPPLIES CHARGED TO P	55		16407 12
13 CHILDBIRTH CLASSES	U	OUTPT. EDUCATION	96.08	40000	13
14 RECLASS PT AND OT ADMIN COSTS	V	OCCUPATIONAL THERAPY	51		94105 14
15 RECLASS PT AND OT ADMIN COSTS	V	MEDICAL SUPPLIES CHARGED TO P	55		16899 15
16 RECLASS TROWBRIDGE COSTS	W	TROWBRIDGE BUILDING	96.12		259992 16
17 RECLASS TROWBRIDGE COSTS	W				17
18 RECLASS TROWBRIDGE COSTS	W				18
19 RECLASS PENSION FROM EE TO A AND G	X	ADMINISTRATIVE & GENERAL	6		4042121 19
20 RECLASS MEDICAL SUPPLIES TO HME	Y	DURABLE MEDICAL EQUIP-RENTED	66		1773 20
21 RECLASS ORIENTATION DEPT	Z	INTENSIVE CARE UNIT	26	184148	21
22 RECLASS ORIENTATION DEPT	Z	OPERATING ROOM	37	89436	22
23 RECLASS ORIENTATION DEPT	Z	EMERGENCY	61	203879	23
24 RECLASS ORIENTATION DEPT	Z	ADMINISTRATIVE & GENERAL	6	11426	24
25 RECLASS ORIENTATION DEPT	Z	SUBPROVIDER I	31	12935	25
26 RECLASS ORIENTATION DEPT	Z	ONCOLOGY\INFUSION	38.02	3189	26
27 RECLASS ORIENTATION DEPT	Z	ELECTROCARDIOLOGY	53	1905	27
28 RECLASS ORIENTATION DEPT	Z	NON END STAGE RENAL DIALYSIS	59.03	10947	28
29 RECLASS HOME CARE	AA	HOME CARE	96.10	1091172	29
30 RECLASS MD COMPEN TO HOME DEPTS	AB	ADULTS & PEDIATRICS	25	93138	30
31 RECLASS I AND R SALARIES TO LINE 22	AC	I&R SERVICES-SALARY & FRINGES	22	833929	31
32 RECLASS LAB COSTS BASED ON TIME STU	AD	MEDICAL STUDENTS	96.13	10196	32
33 RECLASS LAB COSTS BASED ON TIME STU	AD	PHYSICIANS' PRIVATE OFFICES	98	12091	33
34 RECLASS TEACHING AND NON TEACHING	AE	I&R SERVICES-OTHER PRGM COSTS	23	38058	34
35 RECLASS TEACHING AND NON TEACHING	AE	MEDICAL STUDENTS	96.13	120837	35
36 SUBTOTAL				6333257	22569181 36

RECLASSIFICATIONS

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



RECLASSIFICATIONS

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	----- COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 RECLASS TEACHING AND NON TEACHING AE		ADULTS & PEDIATRICS	25	164020		1
2 RECLASS TEACHING AND NON TEACHING AF		ADULTS & PEDIATRICS	25	1412		2
3 RECLASS TEACHING AND NON TEACHING AG						3
4 RECLASS TEACHING AND NON TEACHING AG		I&R SERVICES-OTHER PRGM COSTS	23	130530		4
5 RECLASS TEACHING AND NON TEACHING AH						5
6 RECLASS TEACHING AND NON TEACHING AH		I&R SERVICES-OTHER PRGM COSTS	23	76715		6
7 RECLASS MD COMPEN PER TIME SHEET AI						7
8 RECLASS MD COMPEN PER TIME SHEETS AI						8
9 RECLASS MD COMPEN PER TIME SHEETS AI		EMERGENCY	61	57409		9
10 RECLASS MD COMPEN PER TIME SHEETS AJ						10
11 RECLASS MD COMPEN PER TIME SHEETS AJ						11
12 RECLASS MD COMPEN PER TIME SHEETS AJ		NURSERY	33		84584	12
13 RECLASS MD COMPEN PER TIME SHEETS AK		CLINIC	60		25000	13
14 RECLASS KEP EXPENSES PER TIME SHE AL						14
15 RECLASS KEP EXPENSE PER TIME SHEE AL		I&R SERVICES-OTHER PRGM COSTS	23		17365	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				5513276	23787302	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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	90165					90165		1
2 LAND IMPROVEMENTS	2682179	39399		39399		2721578		2
3 BUILDINGS AND FIXTURES	84857002	1623335		1623335		86480337		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	3521519	106866		106866		3628385		5
6 MOVABLE EQUIPMENT	104025755	1806501		1806501		105832256		6
7 SUBTOTAL	195176620	3576101		3576101		198752721		7
8 RECONCILING ITEMS								8
9 TOTAL	195176620	3576101		3576101		198752721		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
1.01 OLD CAPITAL RELATED COSTS--BLDG				.000000				1.01
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	90108722		90108722	.459877				3
4 NEW CAP REL COSTS-MVBLE EQUIP	105832256		105832256	.540123				4
5 TOTAL	195940978		195940978	1.000000				5

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
	1 OLD CAP REL COSTS-BLDG & FIXT						
1.01 OLD CAPITAL RELATED COSTS--BLDG.							1.01
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3443517		141419				3584936
4 NEW CAP REL COSTS-MVBLE EQUIP	5995685	905909	169966				7071560
5 TOTAL	9439202	905909	311385				10656496

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

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
	1 OLD CAP REL COSTS-BLDG & FIXT						
1.01 OLD CAPITAL RELATED COSTS--BLDG.							1.01
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3285733						3285733
4 NEW CAP REL COSTS-MVBLE EQUIP	5605012						5605012
5 TOTAL	8890745						8890745

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	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	B	-15973	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-19198	NEW CAP REL COSTS-MVBLE EQUIP	4	9 4
5 INVESTMENT INCOME-OTHER	B	-700	ADMINISTRATIVE & GENERAL	6	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-80609	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES	B	-438598	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-197965	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-7246060			12
13 SALE OF SCRAP, WASTE, ETC.	B	-2385	ADMINISTRATIVE & GENERAL	6	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-3166101			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-80275	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-33231	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES	B	-120647	ADMINISTRATIVE & GENERAL	6	23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT	B	-214	ADMINISTRATIVE & GENERAL	6	24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 RADIOLOGY SCRAP	B	-6625	RADIOLOGY-DIAGNOSTIC	41	37
38 PHYSIATRY SERVICES	B	-10965	PHYSICAL THERAPY	50	38
39 LAB	B	-1710	LABORATORY	44	39
40 PHARMACY	B	-124738	PHARMACY	16	40
41 MD BILLING	B	-195909	ADMINISTRATIVE & GENERAL	6	41
42 POSTAGE, XEROX	B	-19302	ADMINISTRATIVE & GENERAL	6	42
43 PRINTING SERVICES	B	-642096	ADMINISTRATIVE & GENERAL	6	43
44 WOUND CARE	B	-155	CLINIC	60	44
45 RADIOLOGY STUDENTS	B	-900	RADIOLOGY-DIAGNOSTIC	41	45
46 LAB STUDENTS	B	-100	LABORATORY	44	46
46.01 TECH SERVICES STUDENTS	B	-600	RESPIRATORY THERAPY	49	46.01
46.02 MRI STUDENTS	B	-250	MRI	41.01	46.02
47 MED SUPPLIES REBATE	B	-63646	MEDICAL SUPPLIES CHARGED TO PAT	55	47
48					48
49					49
49.01 INDEMNITY MALPRACTICE	A	-457022	EMPLOYEE BENEFITS	5	49.01
49.02 INDEMNITY MALPRACTICE	A	-2645004	ADMINISTRATIVE & GENERAL	6	49.02
49.03 NP'S AND PA'S IN INTERNAL MED	A	-151222	ADULTS & PEDIATRICS	25	49.03
49.04 NP'S AND PA'S IN INTERNAL MED	A	-14874	EMPLOYEE BENEFITS	5	49.04
49.05 NP'S AND PA'S IN HOUSE OFFICERS	A	-691956	ADULTS & PEDIATRICS	25	49.05
49.06 NP'S AND PA'S IN HOUSE OFFICERS	A	-99004	EMPLOYEE BENEFITS	5	49.06
49.07 NP'S AND PA'S IN SPECIAL CARE NUR	A	-147591	NURSERY	33	49.07
49.08 GROSS UP HOME CARE SAL AND BENEFI	A	1091172	HOME CARE	96.10	49.08
49.09 GROSS UP HOME CARE SAL AND BENEFI	A	316682	EMPLOYEE BENEFITS	5	49.09
49.10 REMOVE ALCOHOL COSTS	A	-296	ADMINISTRATIVE & GENERAL	6	49.10
49.12 FAS 106 POST RETIREMENT	A	-37604	EMPLOYEE BENEFITS	5	49.12
49.13 GROSS CNE COSTS FOR PYMNT FROM CN	A	2505705	ADMINISTRATIVE & GENERAL	6	49.13
49.14 OP MEALS ADJUSTMENT	A	-437768	DIETARY	11	49.14
49.15 OP MEALS ADJUSTMENT	A	-74915	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.15
49.16 UNALLOWABLE INTEREST	A	-5496	ADMINISTRATIVE & GENERAL	6	49.16

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

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

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	CARE NEW ENGLAND	13391891	14506506	-1114615	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	CARE NEW ENGLAND	126810		126810	9 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	CARE NEW ENGLAND	128364		128364	9 3
4	33	NURSERY	NEONATOLGY	361000	361000		4
4.01	44	LABORATORY	LABORATORY	6000	6000		4.01
4.03	6	ADMINISTRATIVE & GENERAL	WIH OTHER SERVICES	242000	242000		4.03
4.04	25	ADULTS & PEDIATRICS	BUTLER OTHER SERVICES	669000	669000		4.04
4.05	31	SUBPROVIDER I	NEUROPSYCH	62000	62000		4.05
4.06	96.10	HOME CARE	MANAGEMENT SERVICES VNA	67000	67000		4.06
4.08	25	ADULTS & PEDIATRICS	KENT UNIT AT BUTLER	5441565	9304323	-3862758	4.08
4.09	41	RADIOLOGY-DIAGNOSTIC	KENT UNIT AT BUTLER	18349		18349	4.09
4.10	44	LABORATORY	KENT UNIT AT BUTLER	196015		196015	4.10
4.11	50	PHYSICAL THERAPY	KENT UNIT AT BUTLER	78		78	4.11
4.12	53	ELECTROCARDIOLOGY	KENT UNIT AT BUTLER	8908		8908	4.12
4.15	56	DRUGS CHARGED TO PATIENTS	KENT UNIT AT BUTLER	622029		622029	4.15
4.16	59.01	PSYCH TESTING	KENT UNIT AT BUTLER	405845		405845	4.16
4.17	59.02	ELECTROSHOCK THERAPY	KENT UNIT AT BUTLER	37650		37650	4.17
4.18	3	NEW CAP REL COSTS-BLDG & FIXT	KENT UNIT AT BUTLER	71246		71246	9 4.18
4.19	4	NEW CAP REL COSTS-MVBLE EQUIP	KENT UNIT AT BUTLER	12157		12157	9 4.19
4.20	17	MEDICAL RECORDS & LIBRARY	KENT UNIT AT BUTLER	175253		175253	4.20
4.21	61	EMERGENCY	KENT UNIT AT BUTLER	8386		8386	4.21
4.22	54	ELECTROENCEPHALOGRAPHY	KENT UNIT AT BUTLER	182		182	4.22
5		TOTALS		22051728	25217829	-3166101	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	100.00	CARE NEW ENGLAN		HOLDING COMPANY	1
2	G		CARE NEW ENGLAN		HOLDING COMPANY	2
3	G				HOSPITAL	3
4	G				HOSPITAL	4
5	G				HOSPITAL	5
5.01	G				HOSPITAL	5.01
5.02	G				HOSPITAL	5.02
5.03	G				HOSPITAL	5.03
5.04	G				VNA	5.04
5.05	G				VNA	5.05
5.06	G				HOSPITAL	5.06

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL							
2	6 ADMINISTRATIVE & GENERAL							
3	6 ADMINISTRATIVE & GENERAL	102349	102349		196400			
4	6 ADMINISTRATIVE & GENERAL			45000	208000	455	45500	2275
5	6 ADMINISTRATIVE & GENERAL	84000		84000	165600	546	43470	2174
6	6 ADMINISTRATIVE & GENERAL	21600		21600	154100	208	15410	771
7	6 ADMINISTRATIVE & GENERAL							
8	25 ADULTS & PEDIATRICS	40000	40000		165600			
9	25 ADULTS & PEDIATRICS	4238312	4148903	89409	165600	949	75555	3778
10	25 ADULTS & PEDIATRICS							
11	25 ADULTS & PEDIATRICS	89541	81400	8141	154100	130	9631	482
12	25 ADULTS & PEDIATRICS	37899	37899		165600			
13	31 SUBPROVIDER I	306074	115056	191018	177200	1277	108791	5440
14	33 NURSERY	183880	3892	179988	140600	1508	101935	5097
15	41 RADIOLOGY-DIAGNOSTIC	300000		300000	225300	2500	270793	13540
16	44 LABORATORY	1000035	565858	434177	215700	3968	411489	20574
17	49 RESPIRATORY THERAPY	43139	43139		165600			
18	53 ELECTROCARDIOLOGY	970745	970745		165600			
19	54 ELECTROENCEPHALOGRAPHY	173238	173238		177200			
20	58.01 VASCULAR LAB	11020	11020		165600			
21	58.03 CARDIAC CATH	20000		20000	165600	520	41400	2070
22	60 CLINIC	1000000		100000	138700	832	55480	2774
23	60.01 DIABETES CLINIC							
24	61 EMERGENCY	290361	35358	255003	177200	1547	131793	6590
25	66 DURABLE MEDICAL EQUIP-RE							
26	23 I&R SERVICES-OTHER PRGM	96375		96375	138700	1152	76818	3841
27	23 I&R SERVICES-OTHER PRGM	42978		42978	165600	475	37817	1891
28	23 I&R SERVICES-OTHER PRGM	495042		495042	177200	4951	421787	21089
29	25 ADULTS & PEDIATRICS							
30	25 ADULTS & PEDIATRICS							
31	49 RESPIRATORY THERAPY	20000	20000		165600			
32	23 I&R SERVICES-OTHER PRGM	75424	63634	11790	177200	179	15249	762
33	23 I&R SERVICES-OTHER PRGM	4897		4897	138700	59	3934	197
34	61 EMERGENCY	16226		16226	177200	186	15846	792
35	25 ADULTS & PEDIATRICS	83946		83946	154100	338	25041	1252
36	33 NURSERY	246563	246563		165600			
101	TOTAL	9138644	6659054	2479590		21780	1907739	95389



PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL							
2 6	COORD CARE							
3 6	ADMINISTRATIVE & GENERAL							102349
4 6	OB COVERAGE							
5 6	ADMINISTRATIVE & GENERAL							
6 6	ONCOLOGY							
7 6	ADMINISTRATIVE & GENERAL					45500		
8 25	NEUROSURGERY					43470	40530	40530
9 25	ADMINISTRATIVE & GENERAL					15410	6190	6190
10 25	INFECTION CONTROL							
11 25	ADMINISTRATIVE & GENERAL							
12 25	STROKE CLINIC							
13 31	ADMINISTRATIVE & GENERAL							
14 33	MEDICAL STAFF							
15 41	ADULTS & PEDIATRICS							40000
16 44	CRITICAL CARE DIREC							
17 49	ADULTS & PEDIATRICS	44121	931			76486	12923	4161826
18 53	HOSPITALISTS							
19 54	ADULTS & PEDIATRICS	3625	330			9961		81400
20 58.01	ADULTS & PEDIATRICS							37899
21 58.03	PSYCHIATRY							197283
22 60	HOUSE OFFICERS					108791	82227	17283
23 60.01	PHYSIATRY					101935	78053	81945
24 61	AGGREGATE					270793	29207	29207
25 66	AGGREGATE					413291	20886	586744
26 23	LABORATORY	4151	1802					43139
27 23	RESPIRATORY THERAPY							970745
28 23	ELECTROCARDIOLOGY							173238
29 25	ELECTROENCEPHALOGRAPHY							11020
30 25	VASCULAR LAB							
31 49	AGGREGATE					41400		
32 23	CARDIAC CATH					55480	44520	44520
33 23	CLINIC							
34 61	DIABETES CLINIC							
35 25	EMERGENCY	2223	1952			133745	121258	156616
36 33	EMERGENCY ROOM							
37 23	DURABLE MEDICAL EQUIP-RE							
38 23	HME							
39 23	I&R SERVICES-OTHER PRGM	3865	3865			80659	15716	15716
40 23	I&R SERVICES-OTHER PRGM	563	563			38380	4598	4598
41 23	I&R SERVICES-OTHER PRGM	2605	2605			424392	70650	70650
42 25	AGGREGATE							
43 25	AGGREGATE							
44 49	RESPIRATORY THERAPY							20000
45 23	RESPIRATORY CARE DI							63634
46 23	I&R SERVICES-OTHER PRGM	1145	179			15428		963
47 23	ED PROGRAM DIRECTOR					3934	963	963
48 61	I&R SERVICES-OTHER PRGM					15846	380	380
49 25	EMERGENCY					25041	58905	58905
50 33	ADULTS & PEDIATRICS							246563
51 33	KEP							7246060
52 33	ADULTS & PEDIATRICS							
53 33	PYSCH							
54 33	AGGREGATE							
55 101	TOTAL	62298	12227			1919942	587006	7246060



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS		
	0	3	4	5	5A	6	7	8	
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	238884498	3543222	6989277	32340006	237404288	52907837	4474113	9559848	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	18309	14095	27803	5008	65215	18981	19714	54897	96
96.01 TRAVEL	175767			33570	209337	60928			96.01
96.02 NEW DIRECTIONS									96.02
96.03 DEVELOPMENT	496637	12383	24426	54803	588249	171212	17320	48230	96.03
96.04 TV STORAGE		1355	2673		4028	1172	1895	5278	96.04
96.05 PRIVATE DUTY NURSING									96.05
96.06 WELLNESS	793797			224907	1018704	296497			96.06
96.07 PEDI GROUP	34212				34212	9958			96.07
96.08 OUTPT. EDUCATION	40000			11414	51414	14964			96.08
96.09 INTEGRATIVE THERAPY									96.09
96.10 HOME CARE	1192897			311358	1504255	437818			96.10
96.11 FOUNDATION DISTRIBUTION	1740151				1740151	506476			96.11
96.12 TROWBRIDGE BUILDING	259992				259992	75671			96.12
96.13 MEDICAL STUDENTS	466071	2737	5399	95119	569326	165704	3828	10660	96.13
97 RESEARCH	44385			9328	53713	15633			97
98 PHYSICIANS' PRIVATE OFFICES	1134956			202244	1337200	389196			98
100 MANAGEMENT SALARIES	1453732	11144	21982	408462	1895320	551639	15586	43404	100
100.01CNE IS AND PURCHASING									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	246735404	3584936	7071560	33696219	246735404	55623686	4532456	9722317	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS NONREIMBURSABLE COST CENTERS	1814793	6145704	2264384	4211592	3677538	3315550	5539819	4116149
96 GIFT, FLOWER, COFFEE SHOP & CAN		35938						96
96.01 TRAVEL						7370		96.01
96.02 NEW DIRECTIONS								96.02
96.03 DEVELOPMENT		31574		11254				96.03
96.04 TV STORAGE		3455						96.04
96.05 PRIVATE DUTY NURSING								96.05
96.06 WELLNESS						677		96.06
96.07 PEDI GROUP								96.07
96.08 OUTPT. EDUCATION				1814				96.08
96.09 INTEGRATIVE THERAPY								96.09
96.10 HOME CARE								96.10
96.11 FOUNDATION DISTRIBUTION								96.11
96.12 TROWBRIDGE BUILDING								96.12
96.13 MEDICAL STUDENTS		6979		7088				96.13
97 RESEARCH				1445				97
98 PHYSICIANS' PRIVATE OFFICES				1814		818	1690	98
100 MANAGEMENT SALARIES		28414						100
100.01CNE IS AND PURCHASING								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1814793	6252064	2264384	4235007	3677538	3324415	5541509	4116149



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	25	26	27	
69.30 OOT							69.30
69.40 OSP							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	1036660	1040358	1143431	233512124	-2183789	231328335	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				194745		194745	96
96.01 TRAVEL				277635		277635	96.01
96.02 NEW DIRECTIONS							96.02
96.03 DEVELOPMENT				867839		867839	96.03
96.04 TV STORAGE				15828		15828	96.04
96.05 PRIVATE DUTY NURSING							96.05
96.06 WELLNESS				1315878		1315878	96.06
96.07 PEDI GROUP				44170		44170	96.07
96.08 OUTPT. EDUCATION				68192		68192	96.08
96.09 INTEGRATIVE THERAPY							96.09
96.10 HOME CARE				1942073		1942073	96.10
96.11 FOUNDATION DISTRIBUTION				2246627		2246627	96.11
96.12 TROWBRIDGE BUILDING				335663		335663	96.12
96.13 MEDICAL STUDENTS				763585		763585	96.13
97 RESEARCH				70791		70791	97
98 PHYSICIANS' PRIVATE OFFICES		388349	426824	2545891	-815173	1730718	98
100 MANAGEMENT SALARIES				2534363		2534363	100
100.01CNE IS AND PURCHASING							100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	1036660	1428707	1570255	246735404	-2998962	243736442	103





ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	TENANCE & REPAIRS 7	OF PLANT 8
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		3543222	6989277	10532499	85612	798270	123004	2234029 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		14095	27803	41898	13	286	542	12829 96
96.01 TRAVEL					89	919		96.01
96.02 NEW DIRECTIONS								96.02
96.03 DEVELOPMENT		12383	24426	36809	145	2583	476	11271 96.03
96.04 TV STORAGE		1355	2673	4028		18	52	1233 96.04
96.05 PRIVATE DUTY NURSING								96.05
96.06 WELLNESS					595	4473		96.06
96.07 PEDI GROUP						150		96.07
96.08 OUTPT. EDUCATION					30	226		96.08
96.09 INTEGRATIVE THERAPY								96.09
96.10 HOME CARE					824	6605		96.10
96.11 FOUNDATION DISTRIBUTION						7641		96.11
96.12 TROWBRIDGE BUILDING						1142		96.12
96.13 MEDICAL STUDENTS		2737	5399	8136	252	2500	105	2491 96.13
97 RESEARCH					25	236		97
98 PHYSICIANS' PRIVATE OFFICES					535	5872		98
100 MANAGEMENT SALARIES		11144	21982	33126	1081	8322	429	10143 100
100.01CNE IS AND PURCHASING								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		3584936	7071560	10656496	89201	839243	124608	2271996 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS NONREIMBURSABLE COST CENTERS	97600	102807	335800	147465	114676	276870	189129	247709 95
96 GIFT, FLOWER, COFFEE SHOP & CAN		601						96
96.01 TRAVEL						615		96.01
96.02 NEW DIRECTIONS								96.02
96.03 DEVELOPMENT		528		394				96.03
96.04 TV STORAGE		58						96.04
96.05 PRIVATE DUTY NURSING								96.05
96.06 WELLNESS						57		96.06
96.07 PEDI GROUP								96.07
96.08 OUTPT. EDUCATION				64				96.08
96.09 INTEGRATIVE THERAPY								96.09
96.10 HOME CARE								96.10
96.11 FOUNDATION DISTRIBUTION								96.11
96.12 TROWBRIDGE BUILDING								96.12
96.13 MEDICAL STUDENTS		117		248				96.13
97 RESEARCH				51				97
98 PHYSICIANS' PRIVATE OFFICES				64		68	58	98
100 MANAGEMENT SALARIES		475						100
100.01CNE IS AND PURCHASING								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	97600	104586	335800	148286	114676	277610	189187	247709 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	25	26	27	
69.30 OOT							69.30
69.40 OSP							69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							71
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	39456			10390785		10390785	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				56169		56169	96
96.01 TRAVEL				1623		1623	96.01
96.02 NEW DIRECTIONS							96.02
96.03 DEVELOPMENT				52206		52206	96.03
96.04 TV STORAGE				5389		5389	96.04
96.05 PRIVATE DUTY NURSING							96.05
96.06 WELLNESS				5125		5125	96.06
96.07 PEDI GROUP				150		150	96.07
96.08 OUTPT. EDUCATION				320		320	96.08
96.09 INTEGRATIVE THERAPY							96.09
96.10 HOME CARE				7429		7429	96.10
96.11 FOUNDATION DISTRIBUTION				7641		7641	96.11
96.12 TROWBRIDGE BUILDING				1142		1142	96.12
96.13 MEDICAL STUDENTS				13849		13849	96.13
97 RESEARCH				312		312	97
98 PHYSICIANS' PRIVATE OFFICES				6597		6597	98
100 MANAGEMENT SALARIES				53576		53576	100
100.01CNE IS AND PURCHASING							100.01
101 CROSS FOOT ADJUSTMENTS		6907	47276	54183		54183	101
102 NEGATIVE COST CENTER							102
103 TOTAL	39456	6907	47276	10656496		10656496	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	OF PLANT SQUARE FEET
	3	4	5	6A	6	7	8
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
1.01 OLD CAPITAL RELATED COSTS--BL							1.01
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	402126						3
4 NEW CAP REL COSTS-MVBLE EQUIP		402126					4
5 EMPLOYEE BENEFITS	3366	3366	118090049				5
6 ADMINISTRATIVE & GENERAL	31198	31198	16534444	-55623686	191111718		6
7 MAINTENANCE & REPAIRS	4066	4066	1910699		3510666	363496	7
8 OPERATION OF PLANT	83500	83500	1408762		6724086	83500	8
9 LAUNDRY & LINEN SERVICE	2625	2625	112206		1309717	2625	9
10 HOUSEKEEPING	2329	2329	3021469		4757476	2329	10
11 DIETARY	9332	9332	723036		1248483	9332	11
12 CAFETERIA	3779	3779	1642718		3075603	3779	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2809	2809	1850512		2643029	2809	14
15 CENTRAL SERVICES & SUPPLY	7379	7379	967834		2051457	7379	15
16 PHARMACY	4658	4658	2938806		3931659	4658	16
17 MEDICAL RECORDS & LIBRARY	6495	6495	1780937		2728920	6495	17
18 SOCIAL SERVICE	998	998	414973		734487	998	18
19 CENTRAL TRANSPORT							19
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES			833929		1071885		22
23 I&R SERVICES-OTHER PRGM COSTS	1168	1168	358183		1137714	1168	23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	78117	78117	28195133		40646924	78117	25
26 INTENSIVE CARE UNIT	5570	5570	3656944		5310049	5570	26
26.10 NEONATAL INTENSIVE CARE UNIT							26.10
31 SUBPROVIDER I	13637	13637	1875243		2674152	13637	31
33 NURSERY	3428	3428	1533737		1977772	3428	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	23627	23627	5279322		10407670	23627	37
38 RECOVERY ROOM	5603	5603	1008739		1525234	5603	38
38.01 ENDOSCOPY	1480	1480	1315737		2259128	1480	38.01
38.02 ONCOLOGY\INFUSION	3766	3766	1195992		1844368	3766	38.02
39 DELIVERY ROOM & LABOR ROOM	7874	7874	1868247		2872405	7874	39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	21457	21457	4027783		8577809	21457	41
41.01 MRI	2780	2780	560919		1105437	2780	41.01
41.02 ULTRASOUND	2488	2488	381701		696070	2488	41.02
41.03 CT SCAN	748	748	926101		1637633	748	41.03
41.04 SPECIAL PROCEDURES							41.04
42 RADIOLOGY-THERAPEUTIC					9568		42
43 RADIOISOTOPE	1280	1280	377733		863727	1280	43
44 LABORATORY	12623	12623	7515444		15409718	12623	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	593	593	474266		2209196	593	47
49 RESPIRATORY THERAPY	4225	4225	2198245		3478408	4225	49
50 PHYSICAL THERAPY	129	129	1922145		2537475	129	50
51 OCCUPATIONAL THERAPY	128	128	730397		1042879	128	51
52 SPEECH PATHOLOGY	128	128	331682		510247	128	52
53 ELECTROCARDIOLOGY	1319	1319	1673546		1336170	1319	53
53.01 ECHOCARDIOGRAPHY							53.01
54 ELECTROENCEPHALOGRAPHY	3554	3554	616593		788478	3554	54
55 MEDICAL SUPPLIES CHARGED TO P					7266052		55
56 DRUGS CHARGED TO PATIENTS					10868852		56
58.01 VASCULAR LAB	328	328	239130		385035	328	58.01
58.02 AIR FLUIDIZED THERAPY					165653		58.02
58.03 CARDIAC CATH	5627	5627	518851		1306750	5627	58.03
59.01 PSYCH TESTING					405845		59.01
59.02 ELECTROSHOCK THERAPY					37650		59.02
59.03 NON END STAGE RENAL DIALYSIS	1370	1370	668188		1107920	1370	59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	6050	6050	985569		1476638	6050	60
60.01 DIABETES CLINIC			18170		5185		60.01
61 EMERGENCY	25816	25816	7945147		11962000	25816	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
66 DURABLE MEDICAL EQUIP-RENTED			797921		2061233		66

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	MAIN-	OPERATION	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		CILATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET	
	3	4	5	6A	6	7	8	
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 OOT								69.30
69.40 OSP								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	397447	397447	113337133	-55623686	181780602	358817	275317	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1581	1581	17550		65215	1581	1581	96
96.01 TRAVEL			117647		209337			96.01
96.02 NEW DIRECTIONS								96.02
96.03 DEVELOPMENT	1389	1389	192059		588249	1389	1389	96.03
96.04 TV STORAGE	152	152			4028	152	152	96.04
96.05 PRIVATE DUTY NURSING								96.05
96.06 WELLNESS			788199		1018704			96.06
96.07 PEDI GROUP					34212			96.07
96.08 OUTPT. EDUCATION			40000		51414			96.08
96.09 INTEGRATIVE THERAPY								96.09
96.10 HOME CARE			1091172		1504255			96.10
96.11 FOUNDATION DISTRIBUTION					1740151			96.11
96.12 TROWBRIDGE BUILDING					259992			96.12
96.13 MEDICAL STUDENTS	307	307	333348		569326	307	307	96.13
97 RESEARCH			32690		53713			97
98 PHYSICIANS' PRIVATE OFFICES			708774		1337200			98
100 MANAGEMENT SALARIES	1250	1250	1431477		1895320	1250	1250	100
100.01 CNE IS AND PURCHASING								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3584936	7071560	33696219		55623686	4532456	9722317	103
104 UNIT COST MULT-WS B PT I		17.585433				12.469067		104
104 UNIT COST MULT-WS B PT I	8.914957		.285343		.291053		34.723057	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			89201		839243	124608	2271996	107
108 UNIT COST MULT-WS B PT III						.342804		108
108 UNIT COST MULT-WS B PT III			.000755		.004391		8.114387	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE LBS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA F. T. E. 'S 12	NURSING ADMINIS-TRATION DIRECT NURSING HR 14	CENTRAL SERVICES & SUPPLY COSTED REQUISITIO 15	PHARMACY COSTED REQUISITIO 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAPITAL RELATED COSTS--BL									1.01
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	2534377								9
10 HOUSEKEEPING		275042							10
11 DIETARY		9332	241880						11
12 CAFETERIA		3779		126068					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2809		2049	1482937				14
15 CENTRAL SERVICES & SUPPLY	112650	7379		2359		12150055			15
16 PHARMACY		4658		4037		15391	9702307		16
17 MEDICAL RECORDS & LIBRARY		6495		4132		35		737933394	17
18 SOCIAL SERVICE		998		554		11			18
19 CENTRAL TRANSPORT									19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES				1335					22
23 I&R SERVICES-OTHER PRGM COSTS	3259	1168		518					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1292434	78117	215567	40566	765952	271410	66520	150301902	25
26 INTENSIVE CARE UNIT	236786	5570	13311	5060	98196	70423	9511	21102372	26
26.10 NEONATAL INTENSIVE CARE UNIT									26.10
31 SUBPROVIDER I	73432	13637	13002	2551	52513	5820	2393	8215260	31
33 NURSERY	8920	3428		1796	37352	24329	981	7335358	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	200152	23627		8672	176793	1334758	159958	65630886	37
38 RECOVERY ROOM		5603		1413	29394	58293	11471	9834061	38
38.01 ENDOSCOPY	19800	1480		1873	38955	400128	1853	8367281	38.01
38.02 ONCOLOGY\INFUSION	36365	3766		1695		15623	21190	1818976	38.02
39 DELIVERY ROOM & LABOR ROOM	31570	7874		2403	49989	95571	202	9071444	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	81903	21457		6245		1743388	313	34531809	41
41.01 MRI	8950	2780		791		11371	19	11796608	41.01
41.02 ULTRASOUND	48568	2488		515		32464	236	6135648	41.02
41.03 CT SCAN	33316	748		1303		91377	125	43085329	41.03
41.04 SPECIAL PROCEDURES									41.04
42 RADIOLOGY-THERAPEUTIC								47825	42
43 RADIOISOTOPE		1280		474		2989	14155	5887618	43
44 LABORATORY		12623		10969		114613	13361	146373288	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		593		753		5385		2685728	47
49 RESPIRATORY THERAPY		4225		3206		238929	2937	19912287	49
50 PHYSICAL THERAPY	12380	129		1445		10551		6567149	50
51 OCCUPATIONAL THERAPY		128		814		5858		3462564	51
52 SPEECH PATHOLOGY		128		341		1911		1430861	52
53 ELECTROCARDIOLOGY	10645	1319		1413		43752	251	15269971	53
53.01 ECHOCARDIOGRAPHY									53.01
54 ELECTROENCEPHALOGRAPHY		3554		787		14065		4380820	54
55 MEDICAL SUPPLIES CHARGED TO P						6982293		25927595	55
56 DRUGS CHARGED TO PATIENTS							9367688	39110993	56
58.01 VASCULAR LAB		328		286		300		2798172	58.01
58.02 AIR FLUIDIZED THERAPY								72969	58.02
58.03 CARDIAC CATH	19600	5627		736		237541	584	3890352	58.03
59.01 PSYCH TESTING								213026	59.01
59.02 ELECTROSHOCK THERAPY								59375	59.02
59.03 NON END STAGE RENAL DIALYSIS		1370		815	16617			1674724	59.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	36365	6050		1244		84868	5310	4642960	60
60.01 DIABETES CLINIC									60.01
61 EMERGENCY	267282	25816		12221	217176	181221	20290	72979066	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
66 DURABLE MEDICAL EQUIP-RENTED						22991		3319117	66



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE LBS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA F. T. E. 'S 12	NURSING ADMINIS-TRATION DIRECT NURSING HR 14	CENTRAL SERVICES & SUPPLY COSTED REQUISITIO 15	PHARMACY COSTED REQUISITIO 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 OOT									69.30
69.40 OSP									69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2534377	270363	241880	125371	1482937	12117659	9699348	737933394	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		1581							96
96.01 TRAVEL						26935			96.01
96.02 NEW DIRECTIONS									96.02
96.03 DEVELOPMENT		1389		335					96.03
96.04 TV STORAGE		152							96.04
96.05 PRIVATE DUTY NURSING									96.05
96.06 WELLNESS						2473			96.06
96.07 PEDI GROUP									96.07
96.08 OUTPT. EDUCATION				54					96.08
96.09 INTEGRATIVE THERAPY									96.09
96.10 HOME CARE									96.10
96.11 FOUNDATION DISTRIBUTION									96.11
96.12 TROWBRIDGE BUILDING									96.12
96.13 MEDICAL STUDENTS		307		211					96.13
97 RESEARCH				43					97
98 PHYSICIANS' PRIVATE OFFICES				54		2988	2959		98
100 MANAGEMENT SALARIES		1250							100
100.01 CNE IS AND PURCHASING									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1814793	6252064	2264384	4235007	3677538	3324415	5541509	4116149	103
104 UNIT COST MULT-WS B PT I	.716071		9.361601		2.479902		.571154		104
104 UNIT COST MULT-WS B PT I		22.731306		33.593037		.273613		.005578	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	97600	104586	335800	148286	114676	277610	189187	247709	107
108 UNIT COST MULT-WS B PT III	.038510		1.388292		.077330		.019499		108
108 UNIT COST MULT-WS B PT III		.380255		1.176238		.022848		.000336	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I&R	I&R	
	SERVICE	SALARY & FRINGES	PROGRAM COSTS	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	
	18	22	23	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
1.01 OLD CAPITAL RELATED COSTS--BL				1.01
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	11038			18
19 CENTRAL TRANSPORT				19
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES		5901		22
23 I&R SERVICES-OTHER PRGM COSTS			5901	23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	10677	1095	1095	25
26 INTENSIVE CARE UNIT	157	419	419	26
26.10 NEONATAL INTENSIVE CARE UNIT				26.10
31 SUBPROVIDER I	4			31
33 NURSERY		84	84	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		337	337	37
38 RECOVERY ROOM				38
38.01 ENDOSCOPY				38.01
38.02 ONCOLOGY\INFUSION	161			38.02
39 DELIVERY ROOM & LABOR ROOM	39			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC		217	217	41
41.01 MRI				41.01
41.02 ULTRASOUND				41.02
41.03 CT SCAN				41.03
41.04 SPECIAL PROCEDURES				41.04
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE				43
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T				47
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY		128	128	53
53.01 ECHOCARDIOGRAPHY				53.01
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO P				55
56 DRUGS CHARGED TO PATIENTS				56
58.01 VASCULAR LAB				58.01
58.02 AIR FLUIDIZED THERAPY				58.02
58.03 CARDIAC CATH				58.03
59.01 PSYCH TESTING				59.01
59.02 ELECTROSHOCK THERAPY				59.02
59.03 NON END STAGE RENAL DIALYSIS				59.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		31	31	60
60.01 DIABETES CLINIC				60.01
61 EMERGENCY		1986	1986	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
66 DURABLE MEDICAL EQUIP-RENTED				66

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I&R	I&R	
	SERVICE	SALARY & FRINGES	PROGRAM COSTS	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	
	18	22	23	
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 OOT				69.30
69.40 OSP				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	11038	4297	4297	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
96.01 TRAVEL				96.01
96.02 NEW DIRECTIONS				96.02
96.03 DEVELOPMENT				96.03
96.04 TV STORAGE				96.04
96.05 PRIVATE DUTY NURSING				96.05
96.06 WELLNESS				96.06
96.07 PEDI GROUP				96.07
96.08 OUTPT. EDUCATION				96.08
96.09 INTEGRATIVE THERAPY				96.09
96.10 HOME CARE				96.10
96.11 FOUNDATION DISTRIBUTION				96.11
96.12 TROWBRIDGE BUILDING				96.12
96.13 MEDICAL STUDENTS				96.13
97 RESEARCH				97
98 PHYSICIANS' PRIVATE OFFICES		1604	1604	98
100 MANAGEMENT SALARIES				100
100.01 CNE IS AND PURCHASING				100.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	1036660	1428707	1570255	103
104 UNIT COST MULT-WS B PT I	93.917376		266.099814	104
104 UNIT COST MULT-WS B PT I		242.112693		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	39456	6907	47276	107
108 UNIT COST MULT-WS B PT III	3.574561		8.011523	108
108 UNIT COST MULT-WS B PT III		1.170480		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	66098682		66098682	71828	66170510	25
26 INTENSIVE CARE UNIT	8109848		8109848		8109848	26
26.10 NEONATAL INTENSIVE CARE UNI						26.10
31 SUBPROVIDER I	4845404		4845404	82227	4927631	31
33 NURSERY	3000589		3000589	78053	3078642	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16784664		16784664		16784664	37
38 RECOVERY ROOM	2558656		2558656		2558656	38
38.01 ENDOSCOPY	3351054		3351054		3351054	38.01
38.02 ONCOLOGY\INFUSION	2769134		2769134		2769134	38.02
39 DELIVERY ROOM & LABOR ROOM	4566829		4566829		4566829	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	13513002		13513002	29207	13542209	41
41.01 MRI	1723469		1723469		1723469	41.01
41.02 ULTRASOUND	1167953		1167953		1167953	41.02
41.03 CT SCAN	2499606		2499606		2499606	41.03
41.04 SPECIAL PROCEDURES						41.04
42 RADIOLOGY-THERAPEUTIC	123767		123767		123767	42
43 RADIOISOTOPE	1262286		1262286		1262286	43
44 LABORATORY	22001349		22001349	20886	22022235	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2935404		2935404		2935404	47
49 RESPIRATORY THERAPY	5072057		5072057		5072057	49
50 PHYSICAL THERAPY	3381961		3381961		3381961	50
51 OCCUPATIONAL THERAPY	1403625		1403625		1403625	51
52 SPEECH PATHOLOGY	687666		687666		687666	52
53 ELECTROCARDIOLOGY	1969676		1969676		1969676	53
53.01 ECHOCARDIOGRAPHY						53.01
54 ELECTROENCEPHALOGRAPHY	1321197		1321197		1321197	54
55 MEDICAL SUPPLIES CHARGED TO	11435929		11435929		11435929	55
56 DRUGS CHARGED TO PATIENTS	19600815		19600815		19600815	56
58.01 VASCULAR LAB	545334		545334		545334	58.01
58.02 AIR FLUIDIZED THERAPY	214274		214274		214274	58.02
58.03 CARDIAC CATH	2206330		2206330		2206330	58.03
59.01 PSYCH TESTING	525155		525155		525155	59.01
59.02 ELECTROSHOCK THERAPY	48939		48939		48939	59.02
59.03 NON END STAGE RENAL DIALYSI	1604108		1604108		1604108	59.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2449436		2449436	44520	2493956	60
60.01 DIABETES CLINIC	6694		6694		6694	60.01
61 EMERGENCY	18857477		18857477	121638	18979115	61
62 OBSERVATION BEDS (NON-DISTI	2080695		2080695		2080695	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
66 DURABLE MEDICAL EQUIP-RENTE	2685966		2685966		2685966	66
101 SUBTOTAL	233409030		233409030	448359	233857389	101
102 LESS OBSERVATION BEDS	2080695		2080695		2080695	102
103 TOTAL	231328335		231328335	448359	231776694	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	144548148		144548148			25
26 INTENSIVE CARE UNIT	21102372		21102372			26
26.10 NEONATAL INTENSIVE CARE UNI						26.10
31 SUBPROVIDER I	8215260		8215260			31
33 NURSERY	7335358		7335358			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	25584003	40046883	65630886	.255743	.255743	.255743 37
38 RECOVERY ROOM	2945553	6888508	9834061	.260183	.260183	.260183 38
38.01 ENDOSCOPY	1864458	6502823	8367281	.400495	.400495	.400495 38.01
38.02 ONCOLOGY\INFUSION	82032	1736944	1818976	1.522359	1.522359	1.522359 38.02
39 DELIVERY ROOM & LABOR ROOM	6542199	2529245	9071444	.503429	.503429	.503429 39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	10476951	24054858	34531809	.391320	.391320	.392166 41
41.01 MRI	3605618	8190990	11796608	.146099	.146099	.146099 41.01
41.02 ULTRASOUND	2313547	3822101	6135648	.190355	.190355	.190355 41.02
41.03 CT SCAN	15009338	28075991	43085329	.058015	.058015	.058015 41.03
41.04 SPECIAL PROCEDURES						41.04
42 RADIOLOGY-THERAPEUTIC	38857	8968	47825	2.587914	2.587914	2.587914 42
43 RADIOISOTOPE	2447986	3439632	5887618	.214397	.214397	.214397 43
44 LABORATORY	69389179	76984109	146373288	.150310	.150310	.150453 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2126738	558990	2685728	1.092964	1.092964	1.092964 47
49 RESPIRATORY THERAPY	14328844	5583443	19912287	.254720	.254720	.254720 49
50 PHYSICAL THERAPY	3591102	2976047	6567149	.514982	.514982	.514982 50
51 OCCUPATIONAL THERAPY	2704307	758257	3462564	.405372	.405372	.405372 51
52 SPEECH PATHOLOGY	1097324	333537	1430861	.480596	.480596	.480596 52
53 ELECTROCARDIOLOGY	10356409	4913562	15269971	.128990	.128990	.128990 53
53.01 ECHOCARDIOGRAPHY						53.01
54 ELECTROENCEPHALOGRAPHY	283608	4097212	4380820	.301587	.301587	.301587 54
55 MEDICAL SUPPLIES CHARGED TO	14405034	11522561	25927595	.441072	.441072	.441072 55
56 DRUGS CHARGED TO PATIENTS	23129751	15981242	39110993	.501159	.501159	.501159 56
58.01 VASCULAR LAB	1452668	1345504	2798172	.194889	.194889	.194889 58.01
58.02 AIR FLUIDIZED THERAPY	72747	222	72969	2.936507	2.936507	2.936507 58.02
58.03 CARDIAC CATH	2321000	1569352	3890352	.567129	.567129	.567129 58.03
59.01 PSYCH TESTING	211628	1398	213026	2.465216	2.465216	2.465216 59.01
59.02 ELECTROSHOCK THERAPY	59375		59375	.824236	.824236	.824236 59.02
59.03 NON END STAGE RENAL DIALYSI	1640260	34464	1674724	.957834	.957834	.957834 59.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	27423	4615537	4642960	.527559	.527559	.537148 60
60.01 DIABETES CLINIC						60.01
61 EMERGENCY	20953809	52025257	72979066	.258396	.258396	.260062 61
62 OBSERVATION BEDS (NON-DISTI	1852894	3900860	5753754	.361624	.361624	.361624 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
66 DURABLE MEDICAL EQUIP-RENTE		3319117	3319117	.809241	.809241	.809241 66
101 SUBTOTAL	422115780	315817614	737933394			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	422115780	315817614	737933394			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				3512278		3512278	25
26 INTENSIVE CARE UNIT				273497		273497	26
26.10 NEONATAL INTENSIVE CARE UNIT							26.10
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				525956		525956	31
33 NURSERY				139365		139365	33
101 TOTAL				4451096		4451096	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	73145	24085			48.02	1156562	25
26 INTENSIVE CARE UNIT	4437	1625			61.64	100165	26
26.10 NEONATAL INTENSIVE CARE UNIT							26.10
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4334	1990			121.36	241506	31
33 NURSERY	3998				34.86		33
101 TOTAL	85914	27700				1498233	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		971860	65630886	8003914			.014808	118522	37
38 RECOVERY ROOM		214253	9834061				.021787		38
38.01 ENDOSCOPY		81178	8367281	725011			.009702	7034	38.01
38.02 ONCOLOGY\INFUSION		147436	1818976	25991			.081054	2107	38.02
39 DELIVERY ROOM & LABOR ROOM		305557	9071444	77316			.033683	2604	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		860892	34531809	4226287			.024930	105361	41
41.01 MRI		109016	11796608	1116292			.009241	10316	41.01
41.02 ULTRASOUND		96550	6135648	857277			.015736	13490	41.02
41.03 CT SCAN		53705	43085329	5460495			.001246	6804	41.03
41.04 SPECIAL PROCEDURES									41.04
42 RADIOLOGY-THERAPEUTIC		436	47825	33023			.009117	301	42
43 RADIOISOTOPE		52190	5887618	952311			.008864	8441	43
44 LABORATORY		584371	146373288	26057435			.003992	104021	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		32925	2685728	943409			.012259	11565	47
49 RESPIRATORY THERAPY		182214	19912287	5541246			.009151	50708	49
50 PHYSICAL THERAPY		21777	6567149	935402			.003316	3102	50
51 OCCUPATIONAL THERAPY		11908	3462564	487513			.003439	1677	51
52 SPEECH PATHOLOGY		7940	1430861	378244			.005549	2099	52
53 ELECTROCARDIOLOGY		61950	15269971	4279009			.004057	17360	53
53.01 ECHOCARDIOGRAPHY									53.01
54 ELECTROENCEPHALOGRAPHY		132238	4380820	105839			.030186	3195	54
55 MEDICAL SUPPLIES CHARGED TO P		200152	25927595	4458299			.007720	34418	55
56 DRUGS CHARGED TO PATIENTS		243528	39110993	8313320			.006227	51767	56
58.01 VASCULAR LAB		14746	2798172	587565			.005270	3096	58.01
58.02 AIR FLUIDIZED THERAPY		752	72969	27315			.010306	282	58.02
58.03 CARDIAC CATH		213342	3890352	729194			.054839	39988	58.03
59.01 PSYCH TESTING		1854	213026				.008703		59.01
59.02 ELECTROSHOCK THERAPY		185	59375				.003116		59.02
59.03 NON END STAGE RENAL DIALYSIS		56589	1674724	911615			.033790	30803	59.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		227488	4642960	18829			.048996	923	60
60.01 DIABETES CLINIC		37							60.01
61 EMERGENCY		1041327	72979066	7706117			.014269	109959	61
62 OBSERVATION BEDS (NON-DISTINC		110441	5753754	640736			.019195	12299	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
66 DURABLE MEDICAL EQUIP-RENTED		11293	3319117				.003402		66
101 TOTAL		6050130	556732256	83599004				752242	101

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

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

VERSION: 2009.08  
 02/24/2010 17:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					73145		24085	25
26 INTENSIVE CARE UNIT					4437		1625	26
26.10 NEONATAL INTENSIVE CARE UNIT								26.10
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4334		1990	31
33 NURSERY					3998			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					85914		27700	101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
38.01 ENDOSCOPY							38.01
38.02 ONCOLOGY\INFUSION							38.02
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 ULTRASOUND							41.02
41.03 CT SCAN							41.03
41.04 SPECIAL PROCEDURES							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 ECHOCARDIOGRAPHY							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 VASCULAR LAB							58.01
58.02 AIR FLUIDIZED THERAPY							58.02
58.03 CARDIAC CATH							58.03
59.01 PSYCH TESTING							59.01
59.02 ELECTROSHOCK THERAPY							59.02
59.03 NON END STAGE RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES CLINIC							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
66 DURABLE MEDICAL EQUIP-RENTED							66
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		65630886			8003914		6197844 37
38 RECOVERY ROOM		9834061				1034	38
38.01 ENDOSCOPY		8367281			725011		1276914 38.01
38.02 ONCOLOGY\INFUSION		1818976			25991		573373 38.02
39 DELIVERY ROOM & LABOR ROOM		9071444			77316		99873 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		34531809			4226287		3462442 41
41.01 MRI		11796608			1116292		1252508 41.01
41.02 ULTRASOUND		6135648			857277		523621 41.02
41.03 CT SCAN		43085329			5460495		5828933 41.03
41.04 SPECIAL PROCEDURES							41.04
42 RADIOLOGY-THERAPEUTIC		47825			33023		42
43 RADIOISOTOPE		5887618			952311		803774 43
44 LABORATORY		146373288			26057435		1055394 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2685728			943409		278739 47
49 RESPIRATORY THERAPY		19912287			5541246		1185610 49
50 PHYSICAL THERAPY		6567149			935402		50
51 OCCUPATIONAL THERAPY		3462564			487513		51
52 SPEECH PATHOLOGY		1430861			378244	1131	52
53 ELECTROCARDIOLOGY		15269971			4279009		1226073 53
53.01 ECHOCARDIOGRAPHY							53.01
54 ELECTROENCEPHALOGRAPHY		4380820			105839		520227 54
55 MEDICAL SUPPLIES CHARGED TO P		25927595			4458299		1752100 55
56 DRUGS CHARGED TO PATIENTS		39110993			8313320		4512974 56
58.01 VASCULAR LAB		2798172			587565		386216 58.01
58.02 AIR FLUIDIZED THERAPY		72969			27315		58.02
58.03 CARDIAC CATH		3890352			729194		608350 58.03
59.01 PSYCH TESTING		213026					59.01
59.02 ELECTROSHOCK THERAPY		59375					59.02
59.03 NON END STAGE RENAL DIALYSIS		1674724			911615		24886 59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4642960			18829		1892567 60
60.01 DIABETES CLINIC							60.01
61 EMERGENCY		72979066			7706117		9194375 61
62 OBSERVATION BEDS (NON-DISTINC		5753754			640736		1133154 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
66 DURABLE MEDICAL EQUIP-RENTED		3319117					66
101 TOTAL		556732256			83599004		43792112 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
38.01 ENDOSCOPY					38.01
38.02 ONCOLOGY\INFUSION					38.02
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 ULTRASOUND					41.02
41.03 CT SCAN					41.03
41.04 SPECIAL PROCEDURES					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 ECHOCARDIOGRAPHY					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 VASCULAR LAB					58.01
58.02 AIR FLUIDIZED THERAPY					58.02
58.03 CARDIAC CATH					58.03
59.01 PSYCH TESTING					59.01
59.02 ELECTROSHOCK THERAPY					59.02
59.03 NON END STAGE RENAL DIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
66 DURABLE MEDICAL EQUIP-RENTED					66
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-0009) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.255743	.255743	.255743			37
38 RECOVERY ROOM	.260183	.260183	.260183			38
38.01 ENDOSCOPY	.400495	.400495	.400495			38.01
38.02 ONCOLOGY/INFUSION	1.522359	1.522359	1.522359			38.02
39 DELIVERY ROOM & LABOR ROOM	.503429	.503429	.503429			39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.391320	.391320	.391320			41
41.01 MRI	.146099	.146099	.146099			41.01
41.02 ULTRASOUND	.190355	.190355	.190355			41.02
41.03 CT SCAN	.058015	.058015	.058015			41.03
41.04 SPECIAL PROCEDURES						41.04
42 RADIOLOGY-THERAPEUTIC	2.587914	2.587914	2.587914			42
43 RADIOISOTOPE	.214397	.214397	.214397			43
44 LABORATORY	.150310	.150310	.150310			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	1.092964	1.092964	1.092964			47
49 RESPIRATORY THERAPY	.254720	.254720	.254720			49
50 PHYSICAL THERAPY	.514982	.514982	.514982			50
51 OCCUPATIONAL THERAPY	.405372	.405372	.405372			51
52 SPEECH PATHOLOGY	.480596	.480596	.480596			52
53 ELECTROCARDIOLOGY	.128990	.128990	.128990			53
53.01 ECHOCARDIOGRAPHY						53.01
54 ELECTROENCEPHALOGRAPHY	.301587	.301587	.301587			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.441072	.441072	.441072			55
56 DRUGS CHARGED TO PATIENTS	.501159	.501159	.501159			56
58.01 VASCULAR LAB	.194889	.194889	.194889			58.01
58.02 AIR FLUIDIZED THERAPY	2.936507	2.936507	2.936507			58.02
58.03 CARDIAC CATH	.567129	.567129	.567129			58.03
59.01 PSYCH TESTING	2.465216	2.465216	2.465216			59.01
59.02 ELECTROSHOCK THERAPY	.824236	.824236	.824236			59.02
59.03 NON END STAGE RENAL DIALYSIS	.957834	.957834	.957834			59.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.527559	.527559	.527559			60
60.01 DIABETES CLINIC						60.01
61 EMERGENCY	.258396	.258396	.258396			61
62 OBSERVATION BEDS (NON-DISTINCT	.361624	.361624	.361624			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
66 DURABLE MEDICAL EQUIP-RENTED	.809241	.809241	.809241			66
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	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.501159	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 (41-0009) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6197844						37
38 RECOVERY ROOM		1034						38
38.01 ENDOSCOPY		1276914						38.01
38.02 ONCOLOGY\INFUSION		573373						38.02
39 DELIVERY ROOM & LABOR ROOM		99873						39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		3462442						41
41.01 MRI		1252508						41.01
41.02 ULTRASOUND		523621						41.02
41.03 CT SCAN		5828933						41.03
41.04 SPECIAL PROCEDURES								41.04
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		803774						43
44 LABORATORY		1055394	20011					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		278739						47
49 RESPIRATORY THERAPY		1185610						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1131						52
53 ELECTROCARDIOLOGY		1226073						53
53.01 ECHOCARDIOGRAPHY								53.01
54 ELECTROENCEPHALOGRAPHY		520227						54
55 MEDICAL SUPPLIES CHARGED TO PA		1752100						55
56 DRUGS CHARGED TO PATIENTS		4512974	610					56
58.01 VASCULAR LAB		386216						58.01
58.02 AIR FLUIDIZED THERAPY								58.02
58.03 CARDIAC CATH		608350						58.03
59.01 PSYCH TESTING								59.01
59.02 ELECTROSHOCK THERAPY								59.02
59.03 NON END STAGE RENAL DIALYSIS		24886						59.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1892567						60
60.01 DIABETES CLINIC								60.01
61 EMERGENCY		9194375						61
62 OBSERVATION BEDS (NON-DISTINCT		1133154						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST 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
66 DURABLE MEDICAL EQUIP-RENTED								66
101 SUBTOTAL		43792112	20621					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		43792112	20621					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-0009) [ ] 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 I/P PART B CHARGES (INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS (SEE (COLUMNS	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)			PPS SERVICES (COLUMNS 1.01x5.04)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1585055					37
38 RECOVERY ROOM		269					38
38.01 ENDOSCOPY		511398					38.01
38.02 ONCOLOGY\INFUSION		872880					38.02
39 DELIVERY ROOM & LABOR ROOM		50279					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		1354923					41
41.01 MRI		182990					41.01
41.02 ULTRASOUND		99674					41.02
41.03 CT SCAN		338166					41.03
41.04 SPECIAL PROCEDURES							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		172327					43
44 LABORATORY		158636	3008				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		304652					47
49 RESPIRATORY THERAPY		301999					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		544					52
53 ELECTROCARDIOLOGY		158151					53
53.01 ECHOCARDIOGRAPHY							53.01
54 ELECTROENCEPHALOGRAPHY		156894					54
55 MEDICAL SUPPLIES CHARGED TO PAT		772802					55
56 DRUGS CHARGED TO PATIENTS		2261718	306				56
58.01 VASCULAR LAB		75269					58.01
58.02 AIR FLUIDIZED THERAPY							58.02
58.03 CARDIAC CATH		345013					58.03
59.01 PSYCH TESTING							59.01
59.02 ELECTROSHOCK THERAPY							59.02
59.03 NON END STAGE RENAL DIALYSIS		23837					59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		998441					60
60.01 DIABETES CLINIC							60.01
61 EMERGENCY		2375790					61
62 OBSERVATION BEDS (NON-DISTINCT		409776					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
66 DURABLE MEDICAL EQUIP-RENTED							66
101 SUBTOTAL		13511483	3314				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		13511483	3314				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		971860	65630886	20950			.014808	310	37
38 RECOVERY ROOM		214253	9834061				.021787		38
38.01 ENDOSCOPY		81178	8367281				.009702		38.01
38.02 ONCOLOGY\INFUSION		147436	1818976				.081054		38.02
39 DELIVERY ROOM & LABOR ROOM		305557	9071444				.033683		39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		860892	34531809	45515			.024930	1135	41
41.01 MRI		109016	11796608	17413			.009241	161	41.01
41.02 ULTRASOUND		96550	6135648	8943			.015736	141	41.02
41.03 CT SCAN		53705	43085329	35099			.001246	44	41.03
41.04 SPECIAL PROCEDURES									41.04
42 RADIOLOGY-THERAPEUTIC		436	47825				.009117		42
43 RADIOISOTOPE		52190	5887618	1005			.008864	9	43
44 LABORATORY		584371	146373288	463482			.003992	1850	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		32925	2685728	3647			.012259	45	47
49 RESPIRATORY THERAPY		182214	19912287	53820			.009151	493	49
50 PHYSICAL THERAPY		21777	6567149	615571			.003316	2041	50
51 OCCUPATIONAL THERAPY		11908	3462564	626497			.003439	2155	51
52 SPEECH PATHOLOGY		7940	1430861	116672			.005549	647	52
53 ELECTROCARDIOLOGY		61950	15269971	10419			.004057	42	53
53.01 ECHOCARDIOGRAPHY									53.01
54 ELECTROENCEPHALOGRAPHY		132238	4380820				.030186		54
55 MEDICAL SUPPLIES CHARGED TO P		200152	25927595	32419			.007720	250	55
56 DRUGS CHARGED TO PATIENTS		243528	39110993	159644			.006227	994	56
58.01 VASCULAR LAB		14746	2798172	10352			.005270	55	58.01
58.02 AIR FLUIDIZED THERAPY		752	72969				.010306		58.02
58.03 CARDIAC CATH		213342	3890352				.054839		58.03
59.01 PSYCH TESTING		1854	213026				.008703		59.01
59.02 ELECTROSHOCK THERAPY		185	59375				.003116		59.02
59.03 NON END STAGE RENAL DIALYSIS		56589	1674724	25118			.033790	849	59.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		227488	4642960				.048996		60
60.01 DIABETES CLINIC		37							60.01
61 EMERGENCY		1041327	72979066				.014269		61
62 OBSERVATION BEDS (NON-DISTINC		110441	5753754				.019195		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
66 DURABLE MEDICAL EQUIP-RENTED		11293	3319117				.003402		66
101 TOTAL		6050130	556732256	2246566				11221	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
38.01 ENDOSCOPY							38.01
38.02 ONCOLOGY\INFUSION							38.02
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 ULTRASOUND							41.02
41.03 CT SCAN							41.03
41.04 SPECIAL PROCEDURES							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 ECHOCARDIOGRAPHY							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 VASCULAR LAB							58.01
58.02 AIR FLUIDIZED THERAPY							58.02
58.03 CARDIAC CATH							58.03
59.01 PSYCH TESTING							59.01
59.02 ELECTROSHOCK THERAPY							59.02
59.03 NON END STAGE RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES CLINIC							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
66 DURABLE MEDICAL EQUIP-RENTED							66
101 TOTAL							101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		65630886			20950		37
38 RECOVERY ROOM		9834061					38
38.01 ENDOSCOPY		8367281					38.01
38.02 ONCOLOGY\INFUSION		1818976					38.02
39 DELIVERY ROOM & LABOR ROOM		9071444					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		34531809			45515		41
41.01 MRI		11796608			17413		41.01
41.02 ULTRASOUND		6135648			8943		41.02
41.03 CT SCAN		43085329			35099		41.03
41.04 SPECIAL PROCEDURES							41.04
42 RADIOLOGY-THERAPEUTIC		47825					42
43 RADIOISOTOPE		5887618			1005		43
44 LABORATORY		146373288			463482		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2685728			3647		47
49 RESPIRATORY THERAPY		19912287			53820		49
50 PHYSICAL THERAPY		6567149			615571		50
51 OCCUPATIONAL THERAPY		3462564			626497		51
52 SPEECH PATHOLOGY		1430861			116672		52
53 ELECTROCARDIOLOGY		15269971			10419		53
53.01 ECHOCARDIOGRAPHY							53.01
54 ELECTROENCEPHALOGRAPHY		4380820					54
55 MEDICAL SUPPLIES CHARGED TO P		25927595			32419		55
56 DRUGS CHARGED TO PATIENTS		39110993			159644		56
58.01 VASCULAR LAB		2798172			10352		58.01
58.02 AIR FLUIDIZED THERAPY		72969					58.02
58.03 CARDIAC CATH		3890352					58.03
59.01 PSYCH TESTING		213026					59.01
59.02 ELECTROSHOCK THERAPY		59375					59.02
59.03 NON END STAGE RENAL DIALYSIS		1674724			25118		59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4642960					60
60.01 DIABETES CLINIC							60.01
61 EMERGENCY		72979066					61
62 OBSERVATION BEDS (NON-DISTINC		5753754					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
66 DURABLE MEDICAL EQUIP-RENTED		3319117					66
101 TOTAL		556732256			2246566		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
38.01 ENDOSCOPY					38.01
38.02 ONCOLOGY\INFUSION					38.02
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 ULTRASOUND					41.02
41.03 CT SCAN					41.03
41.04 SPECIAL PROCEDURES					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 ECHOCARDIOGRAPHY					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 VASCULAR LAB					58.01
58.02 AIR FLUIDIZED THERAPY					58.02
58.03 CARDIAC CATH					58.03
59.01 PSYCH TESTING					59.01
59.02 ELECTROSHOCK THERAPY					59.02
59.03 NON END STAGE RENAL DIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
66 DURABLE MEDICAL EQUIP-RENTED					66
101 TOTAL					101

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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3512278		3512278
26 INTENSIVE CARE UNIT				273497		273497
26.10 NEONATAL 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				525956		525956
33 NURSERY				139365		139365
101 TOTAL				4451096		4451096

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	73145	7532			48.02	361687
26 INTENSIVE CARE UNIT	4437	171			61.64	10540
26.10 NEONATAL 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	4334	169			121.36	20510
33 NURSERY	3998	133			34.86	4636
101 TOTAL	85914	8005				397373

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		971860	65630886				.014808		37
38 RECOVERY ROOM		214253	9834061				.021787		38
38.01 ENDOSCOPY		81178	8367281				.009702		38.01
38.02 ONCOLOGY\INFUSION		147436	1818976				.081054		38.02
39 DELIVERY ROOM & LABOR ROOM		305557	9071444				.033683		39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		860892	34531809				.024930		41
41.01 MRI		109016	11796608				.009241		41.01
41.02 ULTRASOUND		96550	6135648				.015736		41.02
41.03 CT SCAN		53705	43085329				.001246		41.03
41.04 SPECIAL PROCEDURES									41.04
42 RADIOLOGY-THERAPEUTIC		436	47825				.009117		42
43 RADIOISOTOPE		52190	5887618				.008864		43
44 LABORATORY		584371	146373288				.003992		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		32925	2685728				.012259		47
49 RESPIRATORY THERAPY		182214	19912287				.009151		49
50 PHYSICAL THERAPY		21777	6567149				.003316		50
51 OCCUPATIONAL THERAPY		11908	3462564				.003439		51
52 SPEECH PATHOLOGY		7940	1430861				.005549		52
53 ELECTROCARDIOLOGY		61950	15269971				.004057		53
53.01 ECHOCARDIOGRAPHY									53.01
54 ELECTROENCEPHALOGRAPHY		132238	4380820				.030186		54
55 MEDICAL SUPPLIES CHARGED TO P		200152	25927595				.007720		55
56 DRUGS CHARGED TO PATIENTS		243528	39110993				.006227		56
58.01 VASCULAR LAB		14746	2798172				.005270		58.01
58.02 AIR FLUIDIZED THERAPY		752	72969				.010306		58.02
58.03 CARDIAC CATH		213342	3890352				.054839		58.03
59.01 PSYCH TESTING		1854	213026				.008703		59.01
59.02 ELECTROSHOCK THERAPY		185	59375				.003116		59.02
59.03 NON END STAGE RENAL DIALYSIS		56589	1674724				.033790		59.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		227488	4642960				.048996		60
60.01 DIABETES CLINIC		37							60.01
61 EMERGENCY		1041327	72979066				.014269		61
62 OBSERVATION BEDS (NON-DISTINC		110441	5753754				.019195		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
66 DURABLE MEDICAL EQUIP-RENTED		11293	3319117				.003402		66
101 TOTAL		6050130	556732256						101

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

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2009.08  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					73145		7532	25
26 INTENSIVE CARE UNIT					4437		171	26
26.10 NEONATAL INTENSIVE CARE UNIT								26.10
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4334		169	31
33 NURSERY					3998		133	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					85914		8005	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
38.01 ENDOSCOPY							38.01
38.02 ONCOLOGY\INFUSION							38.02
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 ULTRASOUND							41.02
41.03 CT SCAN							41.03
41.04 SPECIAL PROCEDURES							41.04
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 ECHOCARDIOGRAPHY							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 VASCULAR LAB							58.01
58.02 AIR FLUIDIZED THERAPY							58.02
58.03 CARDIAC CATH							58.03
59.01 PSYCH TESTING							59.01
59.02 ELECTROSHOCK THERAPY							59.02
59.03 NON END STAGE RENAL DIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES CLINIC							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
66 DURABLE MEDICAL EQUIP-RENTED							66
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		65630886					37
38 RECOVERY ROOM		9834061					38
38.01 ENDOSCOPY		8367281					38.01
38.02 ONCOLOGY\INFUSION		1818976					38.02
39 DELIVERY ROOM & LABOR ROOM		9071444					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		34531809					41
41.01 MRI		11796608					41.01
41.02 ULTRASOUND		6135648					41.02
41.03 CT SCAN		43085329					41.03
41.04 SPECIAL PROCEDURES							41.04
42 RADIOLOGY-THERAPEUTIC		47825					42
43 RADIOISOTOPE		5887618					43
44 LABORATORY		146373288					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2685728					47
49 RESPIRATORY THERAPY		19912287					49
50 PHYSICAL THERAPY		6567149					50
51 OCCUPATIONAL THERAPY		3462564					51
52 SPEECH PATHOLOGY		1430861					52
53 ELECTROCARDIOLOGY		15269971					53
53.01 ECHOCARDIOGRAPHY							53.01
54 ELECTROENCEPHALOGRAPHY		4380820					54
55 MEDICAL SUPPLIES CHARGED TO P		25927595					55
56 DRUGS CHARGED TO PATIENTS		39110993					56
58.01 VASCULAR LAB		2798172					58.01
58.02 AIR FLUIDIZED THERAPY		72969					58.02
58.03 CARDIAC CATH		3890352					58.03
59.01 PSYCH TESTING		213026					59.01
59.02 ELECTROSHOCK THERAPY		59375					59.02
59.03 NON END STAGE RENAL DIALYSIS		1674724					59.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4642960					60
60.01 DIABETES CLINIC							60.01
61 EMERGENCY		72979066					61
62 OBSERVATION BEDS (NON-DISTINC		5753754					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
66 DURABLE MEDICAL EQUIP-RENTED		3319117					66
101 TOTAL		556732256					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
38.01 ENDOSCOPY					38.01
38.02 ONCOLOGY\INFUSION					38.02
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 ULTRASOUND					41.02
41.03 CT SCAN					41.03
41.04 SPECIAL PROCEDURES					41.04
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 ECHOCARDIOGRAPHY					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 VASCULAR LAB					58.01
58.02 AIR FLUIDIZED THERAPY					58.02
58.03 CARDIAC CATH					58.03
59.01 PSYCH TESTING					59.01
59.02 ELECTROSHOCK THERAPY					59.02
59.03 NON END STAGE RENAL DIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
66 DURABLE MEDICAL EQUIP-RENTED					66
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) (41-0009)	SUB I (PPS) (41-T009)	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)	73145	4334					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	73145	4334					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11243	980					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61902	3354					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)	24085	1990					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)	5055	473					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) (41-0009)	SUB I (PPS) (41-T009)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE 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	66170510	4927631					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	66170510	4927631					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	144548148	8215260					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23085340	2029580					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	121462808	6185680					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.457775	.599814					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	2053.31	2071.00					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1962.18	1844.27					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	91.13	226.73					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	41.72	136.00					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	469058	133280					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	65701452	4794351					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (41-0009)	SUB I (PPS) (41-T009)	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	904.65	1136.97				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21788495	2262570				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21788495	2262570				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	8109848	4437	1827.78	1625	2970143	43
43.10 NEONATAL INTENSIVE CARE UNIT						43.10
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (41-0009)	SUB I (PPS) (41-T009)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	22673952	865901				48
49 TOTAL PROGRAM INPATIENT COSTS	47432590	3128471				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1256727	241506				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	752242	11221				51
52 TOTAL PROGRAM EXCLUDABLE COST	2008969	252727				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	45423621	2875744				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) (41-0009)	SUB I (PPS) (41-T009)	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

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

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

VERSION: 2009.08  
02/24/2010 17:10

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (41-0009) (41-T009)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2300	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	904.65	84
85 OBSERVATION BED COST	2080695	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		66170510		2080695		86
87 NEW CAPITAL-RELATED COST	3512278	66170510	.053079	2080695	110441	87
88 NON PHYSICIAN ANESTHETIST		66170510		2080695		88
89 MEDICAL EDUCATION		66170510		2080695		89

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) (41-0009)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	73145					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	73145					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11243					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61902					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)	7532					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	3998					15
16 TITLE V OR XIX NURSERY DAYS	133					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) (41-0009)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	66098682						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	66098682						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	144548148						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23085340						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	121462808						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.457278						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	2053.31						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1962.18						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	91.13						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	41.67						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	468496						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	65630186						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) (41-0009)	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	897.26					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6758162					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6758162					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)	3000589	3998	750.52	133	99819	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	8109848	4437	1827.78	171	312550	43
43.10 NEONATAL INTENSIVE CARE UNIT						43.10
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (41-0009)	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	7170531					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	376863					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	376863					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) (41-0009)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		9				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. 41-0009 KENT COUNTY MEMORIAL HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08  
02/24/2010 17:10

COMPUTATION OF INPATIENT OPERATING COST

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. 41-0009 KENT COUNTY MEMORIAL HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08  
02/24/2010 17:10

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (41-0009)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2300	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	904.65	84
85 OBSERVATION BED COST	2080695	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		48366988		25
26 INTENSIVE CARE UNIT		7581064		26
26.10 NEONATAL INTENSIVE CARE UNIT				26.10
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.255743	8003914	2046945	37
38 RECOVERY ROOM	.260183			38
38.01 ENDOSCOPY	.400495	725011	290363	38.01
38.02 ONCOLOGY\INFUSION	1.522359	25991	39568	38.02
39 DELIVERY ROOM & LABOR ROOM	.503429	77316	38923	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.392166	4226287	1657406	41
41.01 MRI	.146099	1116292	163089	41.01
41.02 ULTRASOUND	.190355	857277	163187	41.02
41.03 CT SCAN	.058015	5460495	316791	41.03
41.04 SPECIAL PROCEDURES				41.04
42 RADIOLOGY-THERAPEUTIC	2.587914	33023	85461	42
43 RADIOISOTOPE	.214397	952311	204173	43
44 LABORATORY	.150453	26057435	3920419	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.092964	943409	1031112	47
49 RESPIRATORY THERAPY	.254720	5541246	1411466	49
50 PHYSICAL THERAPY	.514982	935402	481715	50
51 OCCUPATIONAL THERAPY	.405372	487513	197624	51
52 SPEECH PATHOLOGY	.480596	378244	181783	52
53 ELECTROCARDIOLOGY	.128990	4279009	551949	53
53.01 ECHOCARDIOGRAPHY				53.01
54 ELECTROENCEPHALOGRAPHY	.301587	105839	31920	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.441072	4458299	1966431	55
56 DRUGS CHARGED TO PATIENTS	.501159	8313320	4166295	56
58.01 VASCULAR LAB	.194889	587565	114510	58.01
58.02 AIR FLUIDIZED THERAPY	2.936507	27315	80211	58.02
58.03 CARDIAC CATH	.567129	729194	413547	58.03
59.01 PSYCH TESTING	2.465216			59.01
59.02 ELECTROSHOCK THERAPY	.824236			59.02
59.03 NON END STAGE RENAL DIALYSIS	.957834	911615	873176	59.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.537148	18829	10114	60
60.01 DIABETES CLINIC				60.01
61 EMERGENCY	.260062	7706117	2004068	61
62 OBSERVATION BEDS (NON-DISTINCT	.361624	640736	231706	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
66 DURABLE MEDICAL EQUIP-RENTED	.809241			66
101 TOTAL		83599004	22673952	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		83599004		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.10 NEONATAL INTENSIVE CARE UNIT				26.10
31 SUBPROVIDER I		3834072		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.255743	20950	5358	37
38 RECOVERY ROOM	.260183			38
38.01 ENDOSCOPY	.400495			38.01
38.02 ONCOLOGY\INFUSION	1.522359			38.02
39 DELIVERY ROOM & LABOR ROOM	.503429			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.392166	45515	17849	41
41.01 MRI	.146099	17413	2544	41.01
41.02 ULTRASOUND	.190355	8943	1702	41.02
41.03 CT SCAN	.058015	35099	2036	41.03
41.04 SPECIAL PROCEDURES				41.04
42 RADIOLOGY-THERAPEUTIC	2.587914			42
43 RADIOISOTOPE	.214397	1005	215	43
44 LABORATORY	.150453	463482	69732	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.092964	3647	3986	47
49 RESPIRATORY THERAPY	.254720	53820	13709	49
50 PHYSICAL THERAPY	.514982	615571	317008	50
51 OCCUPATIONAL THERAPY	.405372	626497	253964	51
52 SPEECH PATHOLOGY	.480596	116672	56072	52
53 ELECTROCARDIOLOGY	.128990	10419	1344	53
53.01 ECHOCARDIOGRAPHY				53.01
54 ELECTROENCEPHALOGRAPHY	.301587			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.441072	32419	14299	55
56 DRUGS CHARGED TO PATIENTS	.501159	159644	80007	56
58.01 VASCULAR LAB	.194889	10352	2017	58.01
58.02 AIR FLUIDIZED THERAPY	2.936507			58.02
58.03 CARDIAC CATH	.567129			58.03
59.01 PSYCH TESTING	2.465216			59.01
59.02 ELECTROSHOCK THERAPY	.824236			59.02
59.03 NON END STAGE RENAL DIALYSIS	.957834	25118	24059	59.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.537148			60
60.01 DIABETES CLINIC				60.01
61 EMERGENCY	.260062			61
62 OBSERVATION BEDS (NON-DISTINCT	.361624			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
66 DURABLE MEDICAL EQUIP-RENTED	.809241			66
101 TOTAL		2246566	865901	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2246566		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.10 NEONATAL INTENSIVE CARE UNIT			26.10
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.255743		37
38 RECOVERY ROOM	.260183		38
38.01 ENDOSCOPY	.400495		38.01
38.02 ONCOLOGY\INFUSION	1.522359		38.02
39 DELIVERY ROOM & LABOR ROOM	.503429		39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	.391320		41
41.01 MRI	.146099		41.01
41.02 ULTRASOUND	.190355		41.02
41.03 CT SCAN	.058015		41.03
41.04 SPECIAL PROCEDURES			41.04
42 RADIOLOGY-THERAPEUTIC	2.587914		42
43 RADIOISOTOPE	.214397		43
44 LABORATORY	.150310		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	1.092964		47
49 RESPIRATORY THERAPY	.254720		49
50 PHYSICAL THERAPY	.514982		50
51 OCCUPATIONAL THERAPY	.405372		51
52 SPEECH PATHOLOGY	.480596		52
53 ELECTROCARDIOLOGY	.128990		53
53.01 ECHOCARDIOGRAPHY			53.01
54 ELECTROENCEPHALOGRAPHY	.301587		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.441072		55
56 DRUGS CHARGED TO PATIENTS	.501159		56
58.01 VASCULAR LAB	.194889		58.01
58.02 AIR FLUIDIZED THERAPY	2.936507		58.02
58.03 CARDIAC CATH	.567129		58.03
59.01 PSYCH TESTING	2.465216		59.01
59.02 ELECTROSHOCK THERAPY	.824236		59.02
59.03 NON END STAGE RENAL DIALYSIS	.957834		59.03
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.527559		60
60.01 DIABETES CLINIC			60.01
61 EMERGENCY	.258396		61
62 OBSERVATION BEDS (NON-DISTINCT	.361624		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
66 DURABLE MEDICAL EQUIP-RENTED	.809241		66
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (41-0009)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7569869					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	22709606					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	5478884					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	16436653					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1669824					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	266.72					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	13.10					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	13.10					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	13.10					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	8.73	13.10				3.17



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0009)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.049115				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.049115				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.049115				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	345414				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	1036241				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	1381655	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0877				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1951				4.01
4.02	SUM OF 4 AND 4.01	0.2828				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1269				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	3842465				4.04
5	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	37173419				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	37173419				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2742463				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	489609				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	40405491				16
17	PRIMARY PAYER PAYMENTS	76172				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	40329319				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3019488				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	425840				20
21	REIMBURSABLE BAD DEBTS	768070				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	537649				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	446221				21.02
22	SUBTOTAL	37421640				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0009)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	37421640					26
27						27
28	36211430					28
28.01						28.01
29	1210210					29
30	395220					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0009) 1	HOSPITAL (41-0009) 1.01	HOSPITAL (41-0009) 1.02	
1 MEDICAL AND OTHER SERVICES	3314			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	13511483			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2625112	7875337		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.886	0.886		1.03
1.04 LINE 1.01 TIMES LINE 1.03	11971174			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	21.93			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3314			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	20621			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	20621			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	20621			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	17307			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3314			17
17.01 TOTAL PPS PAYMENTS	10500449			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0009) 1	HOSPITAL (41-0009) 1.01	HOSPITAL (41-0009) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	79549		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2491696		18.01
19 SUBTOTAL	7932518		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	130968		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	8063486		23
24 PRIMARY PAYER PAYMENTS	10374		24
25 SUBTOTAL	8053112		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	637861		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	446503		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	438000		27.02
28 SUBTOTAL	8499615		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	8499615		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8314872		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	184743		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	26138		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

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

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		34857388		7918830	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.		396042		396042	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01	350000			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02	608000			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03			NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99	958000			3.99
4 TOTAL INTERIM PAYMENTS		36211430		8314872	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1210210		184743	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		37421640		8499615	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2599294		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE		3.03
	TO .04		NONE	3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROVIDER .53		NONE	3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2599294		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	14839		6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2614133		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

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

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 (41-0009) (OTHER)	SUB I (41-T009)	SUB II	SUB III	SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	7170531					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	7170531					6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
	SUBTOTAL	7170531					9
10	COMPUTATION OF LESSER OF COST OR CHARGES						
11	ROUTINE SERVICE CHARGES						10
12	ANCILLARY SERVICE CHARGES						11
13	INTERNS AND RESIDENTS SERVICE CHARGES						12
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
15	TEACHING PHYSICIANS						14
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
	TOTAL REASONABLE CHARGES						16
17	CUSTOMARY CHARGES						
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						18
20	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
21	ACCORDANCE WITH 42 CFR 413.13(E)						
22	RATIO OF LINE 17 TO LINE 18						19
23	TOTAL CUSTOMARY CHARGES						20
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	7170531					22
26	COST OF COVERED SERVICES	7170531					23
27	PROSPECTIVE PAYMENT AMOUNT						
28	OTHER THAN OUTLIER PAYMENTS						24
29	OUTLIER PAYMENTS						25
30	PROGRAM CAPITAL PAYMENTS						26
31	CAPITAL EXCEPTION PAYMENTS						27
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
	SUBTOTAL	7170531					30
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
35	LESSER OF LINES 30 OR 31	7170531					32
36	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 (41-0009) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST	7170531					34
35	SUBTOTAL						35
36	COINSURANCE						36
37	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 BENEFICIARIES (SEE INSTRUCTIONS)						38.02
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	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 10.67]	10.67 3.16
3.17	SEE INSTRUCTIONS	83347.00 3.17
3.18	SEE INSTRUCTIONS	889312 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			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 2.43]		2.43	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		95635.00	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		232393	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		1121705	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		27700	4
5	TOTAL INPATIENT DAYS		79616	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.347920	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 390264	0	390264	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		19037	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		79616	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		230313	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 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	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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DIRECT GRADUATE MEDICAL EDUCATION (GME)  
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

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	50561061	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	76172	15
16	TOTAL PART A REASONABLE COST	50484889	16
PART B REASONABLE COST			
17	REASONABLE COST	13514797	17
18	PRIMARY PAYER PAYMENTS	10374	18
19	TOTAL PART B REASONABLE COST	13504423	19
20	TOTAL REASONABLE COST	63989312	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.788958	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.211042	22

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

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	620577	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	489609	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	130968	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	7872	4
5	TOTAL INPATIENT DAYS	79616	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x ] [E-3,PART 6] [LINE 3.25] [ LINE 11 ]	.098875	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	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	79616	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	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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DIRECT GRADUATE MEDICAL EDUCATION (GME)  
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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)	8.00		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)	98304.00		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
	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)	8.00		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	
	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)			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
	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

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	318172			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	50641719			4
5	OTHER RECEIVABLES	3049602			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-18082505			6
7	INVENTORY	3245244			7
8	PREPAID EXPENSES	1032365			8
9	OTHER CURRENT ASSETS	1189203			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	41393800			11
FIXED ASSETS					
12	LAND	90165			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2721578			13
13.01	ACCUMULATED DEPRECIATION	-1895437			13.01
14	BUILDINGS	86480337			14
14.01	ACCUMULATED DEPRECIATION	-35923811			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	3628385			16
16.01	ACCUMULATED DEPRECIATION	-2798601			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	104982347			18
18.01	ACCUMULATED DEPRECIATION	-85075155			18.01
19	MINOR EQUIPMENT DEPRECIABLE	732935			19
19.01	ACCUMULATED DEPRECIATION	-311177			19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	116976			20
21	TOTAL FIXED ASSETS	72748542			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	39988044		11313466	2851227
26	TOTAL OTHER ASSETS	39988044		11313466	2851227
27	TOTAL ASSETS	154130386		11313466	2851227
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	25140693			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	17728747			35
36	TOTAL CURRENT LIABILITIES	42869440			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	18623608			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	45960889			41
42	TOTAL LONG TERM LIABILITIES	64584497			42
43	TOTAL LIABILITIES	107453937			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	46676449			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			11313466	46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				2851227
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	46676449		11313466	2851227
52	TOTAL LIABILITIES AND FUND BALANCES	154130386		11313466	2851227



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

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	154201771		154201771	2
4 SUBPROVIDER I	8215260		8215260	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	162417031		162417031	10
10.10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.10
11 INTENSIVE CARE UNIT	21102372		21102372	11
12 NEONATAL 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	21102372		21102372	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	183519403		183519403	18
18.50 ANCILLARY SERVICES	246726764		246726764	18.50
18.60 OUTPATIENT SERVICES		323934209	323934209	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	430246167	323934209	754180376	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		258646351	26
27 BAD DEBTS	21155403		27
28 TGI EXPENSE	5407684		28
29 RECONCILING ITEMS	63536		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		26626623	33
34 FUND RAISING	-496635		34
35 FOUNDATION DISTRIBUTION	-1739455		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-2236090		39
40 TOTAL OPERATING EXPENSES		283036884	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	754180376	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	479659547	2
3	NET PATIENT REVENUES	274520829	3
4	LESS - TOTAL OPERATING EXPENSES	283036884	4
5	NET INCOME FROM SERVICE TO PATIENTS	-8516055	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	789187	6
7	INCOME FROM INVESTMENTS	1379850	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	197965	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	80609	10
11	REBATES AND REFUNDS OF EXPENSES	1752692	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	80275	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	33231	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	329052	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER	4908342	24
25	TOTAL OTHER INCOME	9551203	25
26	TOTAL	1035148	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1035148	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (41-0009) (41-0009)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	2492270			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	58288			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18]	206.25			4
	[ E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS 13.10 0.00	13.10			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.81			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	45110			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0877			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1951			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2828			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0589			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	146795			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2742463			6
<b>PART II - HOLD HARMLESS METHOD</b>					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.30 OOT					69.30
69.40 OSP					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 TRAVEL					96.01
96.02 NEW DIRECTIONS					96.02
96.03 DEVELOPMENT					96.03
96.04 TV STORAGE					96.04
96.05 PRIVATE DUTY NURSING					96.05
96.06 WELLNESS					96.06
96.07 PEDI GROUP					96.07
96.08 OUTPT. EDUCATION					96.08
96.09 INTEGRATIVE THERAPY					96.09
96.10 HOME CARE					96.10
96.11 FOUNDATION DISTRIBUTION					96.11
96.12 TROWBRIDGE BUILDING					96.12
96.13 MEDICAL STUDENTS					96.13
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
00 MANAGEMENT SALARIES					00
00.01 CNE IS AND PURCHASING					00.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105