

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 LANDMARK MEDICAL CENTER (41-0011) (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) [Signature]  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 TITLE President  
 DATE 2/24/10

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4
		PART A 2	PART B 3	
1 HOSPITAL				1
2 SUBPROVIDER I		70958	27776	2
3 SWING BED - SNF		23862		3
4 SWING BED - NP				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		94820	27776	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: 115 CASS AVE  
 1.01 CITY: WOONSOCKET

STATE: RI

P.O. BOX:  
 ZIP CODE: 02895

COUNTY: PROVIDENCE

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	XVIII	XIX	
				4	5	6	
2	HOSPITAL	41-0011	07/01/1966	N	P	O	2
3	SUBPROVIDER I	41-S011	10/01/1986	N	P	O	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
				1	2		
18	TYPE OF CONTROL						18
				2			

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1			19
20	SUBPROVIDER I			4			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 14848	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?			NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			NO			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.06

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:		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: right;">V            XVIII        XIX                  1            2            3</p>						
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 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: 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? NO 45  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.  
 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 NHCQM 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	N	N	N	49
50 HOME HEALTH AGENCY	N	N	N	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:  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55  
  
 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 / / NO 1 2 3 4 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. NO 58  
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 58.01  
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) NO 59

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)	YES					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO					60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1		2	3	4	5	
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES		02/09/2010			63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2160	1168	6385	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 OTHER SPECIAL CARE (SPECIFY)					10
11 NURSERY					11
12 TOTAL HOSPITAL		2160	1168	6385	12
13 RPCH VISITS					13
14 SUBPROVIDER I		177	199	734	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	
1	TOTAL SALARIES	46623210		46623210	1477618.00	31.55		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	3516493		3516493	30553.00	115.09	WKST A-8-2 SAL	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3269272		3269272	70941.00	46.08		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1573022		1573022	13324.00	118.06	AGENCY & MASTER	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	23833		23833	247.00	96.49	MD CONTRACTS	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	595696		595696	14606.55	40.78	A-8-1	11
12	HOME OFFICE; PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	14971094		14971094			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1128953		1128953			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	1134002		1134002			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	572441		572441	15956.00	35.88		21
22	ADMINISTRATIVE & GENERAL	6777782	-332874	6444908	236375.00	27.27		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	750062		750062	3414.60	219.66		22.01
23	MAINTENANCE & REPAIRS	998082		998082	41875.00	23.83		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING							26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1402892		1402892	83666.00	16.77		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	756348	-501	755847	23673.00	31.93		30
31	CENTRAL SERVICES AND SUPPLY	208755		208755	9367.00	22.29		31
32	PHARMACY	1644866		1644866	45485.00	36.16		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	815735		815735	38024.00	21.45		33
34	SOCIAL SERVICE		267368	267368	7625.00	35.06		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	43856779		43856779	1450479.60	30.24	1
2	EXCLUDED AREA SALARIES	3269272		3269272	70941.00	46.08	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	40587507		40587507	1379538.60	29.42	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2192551		2192551	28177.55	77.81	4
5	SUBTOTAL WAGE-RELATED COSTS	14971094		14971094		36.89%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	57751152		57751152	1407716.15	41.02	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	13926963	-66007	13860956	505460.60	27.42	13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	1192365 17
17.01	GROSS MEDICAID REVENUES	4038007 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	5230372 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.288186 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	17953077 28
29	TOTAL GROSS MEDICAID COST	5173825 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	4555581 30
31	UNCOMPENSATED CARE COST	1312855 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5173825 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
96.01 9601 RENTAL PROPERTY		118640	118640		118640		118640	96.01
96.02 9602 RELATED COMPANIES								96.02
96.03 9603 REHAB HOSPITAL OF RI		25094	25094	-25094		442966	442966	96.03
96.04 9604 OTHER NON-REIMBURSABLE		62551	62551	-563	61988		61988	96.04
96.05 9605 BAD DEBTS NET OF RECOVERY								96.05
98 9800 PHYSICIANS' PRIVATE OFFICES	1285805	278931	1564736	-2505	1562231		1562231	98
98.01 9801 PHYSICIAN BILLING SERVICE								98.01
98.02 9802 UNUSED SPACE								98.02
101 TOTAL	46623210	66473233	113096443		113096443	-6415276	106681167	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1	1	2	3	4	5	
1 RECLASS INTEREST EXPENSE TO CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3			343385 1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4			246745 2
3	A	ADMINISTRATIVE & GENERAL	6			38298 3
4 RECLASS RENTAL EXPENSE TO CAPITAL	B	NEW CAP REL COSTS-BLDG & FIXT	3			362485 4
5	B					5
6	B					6
7	B					7
8	B					8
9	B					9
10						10
11 RECLASS WORKERS COMP TO BEFEFITS	C	EMPLOYEE BENEFITS	5			560406 11
12 PERSONAL USE OF AUTO TO BEFEFITS	D	EMPLOYEE BENEFITS	5			3603 12
13	D					13
14 PSYCH TRIAGE PERFORMED IN ER	E	EMERGENCY	61			72540 14
15 MALPRACTICE INSURANCE TO BENEFITS	G	EMPLOYEE BENEFITS	5			102611 15
16	G					16
17	G					17
18	G					18
19	G					19
20 RECLASS TELEPHONE TO A&G	I	ADMINISTRATIVE & GENERAL	6			14329 20
21	I					21
22	I					22
23	I					23
24	I					24
25	I					25
26	I					26
27	I					27
28	I					28
29	I					29
30	I					30
31	J					31
32 RECLASS UTILITIES TO PLANT OPER	J	OPERATION OF PLANT	8			91071 32
33	J					33
34	J					34
35	J					35
36 SUBTOTAL						1835473 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 INTEREST EXPENSE TO CAPIT	A	ADMINISTRATIVE & GENERAL	6		628428	11 1
2	A					11 2
3	A					3
4 RECLASS RENTAL EXPENSE TO CAPITAL	B	ADMINISTRATIVE & GENERAL	6		183761	10 4
5	B	LABORATORY	44		24803	5
6	B	CARDIAC CATHETER LAB	58.02		34907	6
7	B	CARDIAC REHAB	60.01		76434	7
8	B	SENIOR HEALTH	60.02		24069	8
9	B	ONCOLOGY CLINIC	60.03		18511	9
10						10
11 RECLASS WORKERS COMP TO BEFEFITS	C	ADMINISTRATIVE & GENERAL	6		560406	11
12 PERSONAL USE OF AUTO TO BEFEFITS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		2960	11 12
13	D	ADMINISTRATIVE & GENERAL	6		643	13
14 PSYCH TRIAGE PERFORMED IN ER	E	ADMINISTRATIVE & GENERAL	6		72540	14
15 MALPRACTICE INSURANCE TO BENEFITS	C	ADMINISTRATIVE & GENERAL	6		39501	15
16	G	SUBPROVIDER I	31		28728	16
17	G	LABORATORY	44		14400	17
18	G	ONCOLOGY CLINIC	60.03		17280	18
19	G	PHYSICIANS' PRIVATE OFFICES	98		2702	19
20 RECLASS TELEPHONE TO A&G	I	MAINTENANCE & REPAIRS	7		3509	20
21	I	NURSING ADMINISTRATION	14		177	21
22	I	MEDICAL RECORDS & LIBRARY	17		24	22
23	I	ADULTS & PEDIATRICS	25		311	23
24	I	SUBPROVIDER I	31		775	24
25	I	RADIOLOGY-DIAGNOSTIC	41		2536	25
26	I	CARDIAC REHAB	60.01		2394	26
27	I	ONCOLOGY CLINIC	60.03		1501	27
28	I	EMERGENCY	61		1732	28
29	I	OCCUPATIONAL MEDICINE	61.02		313	29
30	I	OTHER NON-REIMBURSABLE	96.04		563	30
31	I	PHYSICIANS' PRIVATE OFFICES	98		494	31
32 RECLASS UTILITIES TO PLANT OPER	J	ADMINISTRATIVE & GENERAL	6		22983	32
33	J	MAG RESONANCE IMAGING	41.03		44688	33
34	J	CARDIAC CATHETER LAB	58.02		7295	34
35	J	CARDIAC REHAB	60.01		15653	35
36 SUBTOTAL					1835021	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1
			COST CENTER 2	LINE # 3	SALARY 4	
1		J				1
2		J	PHYSICIANS' PRIVATE OFFICES	98		4225 2
3	MEDICAL SUPPLIES CHARGED TO PATIENT	K	MEDICAL SUPPLIES CHARGED TO P	55		3633427 3
4		K	LABORATORY	44		10294 4
5		K				5
6		K				6
7		K				7
8		K				8
9		K				9
10		K				10
11		K				11
12		K				12
13		K				13
14		K				14
15		K				15
16		K				16
17		K				17
18		K				18
19		K				19
20		K				20
21		K				21
22		K				22
23		K				23
24		K				24
25	DRUGS CHARGED TO PATIENTS	L	DRUGS CHARGED TO PATIENTS	56		5295837 25
26		L				26
27		L				27
28		L				28
29		L				29
30		L				30
31		L				31
32		L				32
33		L				33
34		L				34
35		L				35
36	SUBTOTAL					10779256 36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	J	SENIOR HEALTH	60.02		4677	1
2	J					2
3	K	ADMINISTRATIVE & GENERAL	6		57	3
4	K	NURSING ADMINISTRATION	14		159	4
5	K	CENTRAL SERVICES & SUPPLY	15		12317	5
6	K	ADULTS & PEDIATRICS	25		46229	6
7	K	CORONARY CARE UNIT	27		57814	7
8	K	SUBPROVIDER 1	31		23	8
9	K	OPERATING ROOM	37		3063684	9
10	K	RECOVERY ROOM	38		1925	10
11	K	RADIOLOGY-DIAGNOSTIC	41		18699	11
12	K	ULTRASOUND	41.01		2886	12
13	K	CAT SCAN	41.02		10097	13
14	K	MAG RESONANCE IMAGING	41.03		1348	14
15	K	NUCLEAR MED - DIAG	41.04		195	15
16	K	RESPIRATORY THERAPY	49		14050	16
17	K	PHYSICAL THERAPY	50		1093	17
18	K	ELECTROCARDIOLOGY	53		342	18
19	K	CARDIAC CATHETER LAB	58.02		352780	19
20	K	RENAL DIALYSIS	58.03		27	20
21	K	CARDIAC REHAB	60.01		55	21
22	K	ONCOLOGY CLINIC	60.03		9425	22
23	K	EMERGENCY	61		47948	23
24	K	OCCUPATIONAL MEDICINE	61.02		2568	24
25	L	EMPLOYEE BENEFITS	5		1818472	25
26	L	ADMINISTRATIVE & GENERAL	6		551531	26
27	L	NURSING ADMINISTRATION	14		10117	27
28	L	PHARMACY	16		2726778	28
29	L	ADULTS & PEDIATRICS	25		107	29
30	L	CORONARY CARE UNIT	27		394	30
31	L	OPERATING ROOM	37		60483	31
32	L	RADIOLOGY-DIAGNOSTIC	41		2420	32
33	L	CAT SCAN	41.02		28170	33
34	L	ELECTROCARDIOLOGY	53		215	34
35	L	CARDIAC CATHETER LAB	58.02		54784	35
36		SUBTOTAL			10736890	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	L				1
2	L				2
3 RECLASS NURSERY & DELIVERY FROM A&P	M	NURSERY	33	449446	45971 3
4	M	DELIVERY ROOM & LABOR ROOM	39	533490	54568 4
5 DIETARY TRANSFERS FROM DEPARTMENTS	O	DIETARY	11		203293 5
6	O				6
7	O				7
8	O				8
9	O				9
10	O				10
11	O				11
12	O				12
13	O				13
14	O				14
15	O				15
16	O				16
17	O				17
18	O				18
19	O				19
20	O				20
21	O				21
22	O				22
23	O				23
24	O				24
25	O				25
26	O				26
27	O				27
28 AMBULANCE COSTS	P	ADULTS & PEDIATRICS	25		39383 28
29	P	MAG RESONANCE IMAGING	41.03		50129 29
30 RECLASS OXYGEN SUPPLIES TO M&S	T	MEDICAL SUPPLIES CHARGED TO P	55		325035 30
31 ANCILLARY SERVICES FROM SR HEALTH	U				31
32 RECLASS SOCIAL WORKERS FROM A&G	W	SOCIAL SERVICE	19	332874	32
33 RECLASS RADIATION THERAPY COSTS	X				33
34 RECLASS AIDES FROM NURSING ADMIN	Y	ADULTS & PEDIATRICS	25	501	34
35 RECLASS MM DEPRECIATION FROM FIXED	Z	NEW CAP REL COSTS-MVBLE EQUIP	4		1321193 35
36 SUBTOTAL				1316311	12818828 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1	L	OCCUPATIONAL MEDICINE	61.02		38832	1
2	L	PHYSICIANS' PRIVATE OFFICES	98		3534	2
3 RECLASS NURSERY & DELIVERY FROM A	M	ADULTS & PEDIATRICS	25	982936	100539	3
4	M					4
5 DIETARY TRANSFERS FROM DEPARTMENT	O	EMPLOYEE BENEFITS	5		753	5
6	O	ADMINISTRATIVE & GENERAL	6		48164	6
7	O	MAINTENANCE & REPAIRS	7		285	7
8	O	HOUSEKEEPING	10		83	8
9	O	NURSING ADMINISTRATION	14		2230	9
10	O	PHARMACY	16		228	10
11	O					11
12	O	ADULTS & PEDIATRICS	25		55116	12
13	O	CORONARY CARE UNIT	27		7962	13
14	O	SUBPROVIDER I	31		18582	14
15	O	OPERATING ROOM	37		4307	15
16	O	RECOVERY ROOM	38		105	16
17	O	RADIOLOGY-DIAGNOSTIC	41		1536	17
18	O	CAT SCAN	41.02		1194	18
19	O	NUCLEAR MED - DIAG	41.04		883	19
20	O	LABORATORY	44		691	20
21	O	RESPIRATORY THERAPY	49		7	21
22	O	ELECTROENCEPHALOGRAPHY	54		3	22
23	O	CARDIAC CATHETER LAB	58.02		2842	23
24	O	CARDIAC REHAB	60.01		251	24
25	O	ONCOLOGY CLINIC	60.03		3299	25
26	O	EMERGENCY	61		29678	26
27	O	REHAB HOSPITAL OF RI	96.03		25094	27
28 AMBULANCE COSTS	P	AMBULANCE SERVICES	65		89512	28
29	P					29
30 RECLASS OXYGEN SUPPLIES TO M&S	T	RESPIRATORY THERAPY	49		325035	30
31 ANCILLARY SERVICES FROM SR HEALTH	U					31
32 RECLASS SOCIAL WORKERS FROM A4G	W	ADMINISTRATIVE & GENERAL	6	332874		32
33 RECLASS RADIATION THERAPY COSTS	X					33
34 RECLASS AIDES FROM NURSING ADMIN	Y	NURSING ADMINISTRATION	14	501		34
35 RECLASS MM DEPRECIATION FROM FIXE	Z	NEW CAP REL COSTS-BLDG & FIXT	3		1321193	9 35
36 SUBTOTAL				1316311	12818828	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 DIETARY/CAFETERIA RECLASS	AA				1
2 MALPRACTICE INSURANCE	CC				2
3 RECLASS SOCIAL WORKER TO ER	EE	EMERGENCY	61	65506	3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1381817	12818828 36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7		
			COST CENTER	LINE #	SALARY		OTHER	REF.
		1	6	7	8	9	10	
1	DIETARY/CAFETERIA RECLASS	AA						1
2	MALPRACTICE INSURANCE	CC						2
3	RECLASS SOCIAL WORKER TO ER	EE	SOCIAL SERVICE	18	65506			3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35
36	TOTAL RECLASSIFICATIONS				1381817	12818828		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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	56663					56663		1
2 LAND IMPROVEMENTS	1401140	534727		534727		1935867		2
3 BUILDINGS AND FIXTURES	9160645	271319		271319		9431964		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	3734159	348383		348383		4082542		5
6 MOVABLE EQUIPMENT	29714210	648103		648103	92343	30269970		6
7 SUBTOTAL	44066817	1802532		1802532	92343	45777006		7
8 RECONCILING ITEMS								8
9 TOTAL	44066817	1802532		1802532	92343	45777006		9



ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-98257	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-70604	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER	B	-10959	ADMINISTRATIVE & GENERAL	6	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5802451			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	442966			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-14008	DIETARY	11	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	B	-45473	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-41764	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					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 ADMIN UNALLOWABLES	A	-117000	ADMINISTRATIVE & GENERAL	6	37
38					38
39 RENT/OFFICE SPACE	B	-72325	NEW CAP REL COSTS-BLDG & FIXT	3	10 39
40 OUTPATIENT PHARMACY	B	-182282	EMPLOYEE BENEFITS	5	40
41 XEROX	B	-14	ADMINISTRATIVE & GENERAL	6	41
42 MISCELLANEOUS INCOME	B	-104159	ADMINISTRATIVE & GENERAL	6	42
43					43
44					44
45 MD BILLING FEE	A	-17572	ONCOLOGY CLINIC	60.03	45
46 PHARMACEUTICAL DISPLAYS	B	-2700	PHARMACY	16	46
47 OTHER REVENUE ER	B	-30182	EMERGENCY	61	47
48 RESPIRATORY INCOME	B	-600	RESPIRATORY THERAPY	49	48
49 RADIOLOGY INCOME	B	-650	RADIOLOGY-DIAGNOSTIC	41	49
49.02 NP PART B SERVICES	A	-207126	OCCUPATIONAL MEDICINE	61.02	49.02
49.03 MD BILLING FEE	A	-27	SENIOR HEALTH	60.02	49.03
49.08 LOBBYING COSTS	A	-2513	ADMINISTRATIVE & GENERAL	6	49.08
49.10 MD BILLING FEE	A	-13381	SUBPROVIDER I	31	49.10
49.11 MD BILLING FEE	A	-24195	OCCUPATIONAL MEDICINE	61.02	49.11
50 TOTAL		-6413276			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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	96.03	REHAB HOSPITAL OF RI	RHRI A&G COSTS	442966	442966	1
2	50	PHYSICAL THERAPY	PRN PT	366582	-229114	2
3	51	OCCUPATIONAL THERAPY	PRN OT	174563	174563	3
4	52	SPEECH PATHOLOGY	PRN ST	54551	54551	4
5		TOTALS		1038662	595696	442966

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.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	C		LHS MGT		MANAEMENT PHYSICIAN BILLING	1	
2	C		RHRI		REHAB HOSPITAL	2	
3						3	
4						4	
5						5	

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

PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08  
 02/24/2010 10:08

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2			3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE	3074329	3050496	23833	208000	247	24700	1235
2	25	ADULTS & PEDIATRICS	AGGREGATE	890698	890698					
3	31	SUBPROVIDER I	AGGREGATE	701934	701934					
4	44	LABORATORY	AGGREGATE	14400	14400					
5	53	ELECTROCARDIOLOGY	AGGREGATE	159145	159145					
6	60.01	CARDIAC REHAB	AGGREGATE	94925	94925					
7	60.02	SENIOR HEALTH	AGGREGATE							
8	60.03	ONCOLOGY CLINIC	AGGREGATE	532265	532265					
9	61	EMERGENCY	AGGREGATE	201325	201325					
10	61.02	OCCUPATIONAL MEDICINE	AGGREGATE	110685	110685					
11	58.02	CARDIAC CATHETER LAB	AGGREGATE	46578	46578					
101		TOTAL		5826284	5802451	23833		247	24700	1235

PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08  
 02/24/2010 10:08

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6 ADMINISTRATIVE & GENERAL	AGGREGATE				24700		3050496
2	25 ADULTS & PEDIATRICS	AGGREGATE						890698
3	31 SUBPROVIDER I	AGGREGATE						701934
4	44 LABORATORY	AGGREGATE		13600				14400
5	53 ELECTROCARDIOLOGY	AGGREGATE						159145
6	60.01 CARDIAC REHAB	AGGREGATE						94925
7	60.02 SENIOR HEALTH	AGGREGATE						
8	60.03 ONCOLOGY CLINIC	AGGREGATE						532265
9	61 EMERGENCY	AGGREGATE						201325
10	61.02 OCCUPATIONAL MEDICINE	AGGREGATE						110685
11	58.02 CARDIAC CATHETER LAB	AGGREGATE						46578
101	TOTAL			13600		24700		5802451

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		5A	GENERAL	REPAIRS		8
	0	3	4	5		6	7		
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4	1548042	1548042							4
5	1494374		1494374						5
6	14695227	17728	101	14713056					6
7	21615390	149843	199003	2059122	24023358	24023358			7
8	1107789	26612	7912	318883	1461196	424676	1885872		8
9	1813746	149843	619		1964208	570870	208725	2743803	9
10	602509	7654	539		610702	177492	10662	17443	10
11	2038382	15690	132		2054204	597026	21856	35756	11
12	2548790	47888	6515	448218	3051411	886850	66706	109131	12
13		23920			23920	6952	33319	54510	13
14									14
15	852636	10034	19449	241490	1123609	326561	13977	22867	15
16	280752	7562	7646	66696	362656	105401	10534	17233	16
17	5622739	17574	3041	525528	6168882	1792899	24480	40050	17
18	1661424	16845	45087	260624	1983980	576616	23465	38388	18
19	267368	1265		85423	354056	102901	1762	2882	19
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	10062391	204318	43857	3316408	13626974	3960512	284607	465615	25
27	2862711	26392	100095	840934	3830132	1113174	36763	60145	27
31	1332205	36492	3662	633710	2006069	583036	50832	83162	31
33	495417	13991	5359	143596	658363	191344	19489	31884	33
ANCILLARY SERVICE COST CENTERS									
37	4330858	104937	272017	855255	5563067	1616828	146172	238137	37
38	563949	7654	388	178389	750380	218087	10662	17443	38
39	588058	15089	6222	170448	779817	226643	21018	34385	39
41	2072091	58340	76890	556610	2763931	803298	81265	132949	41
41.01	323315	1300	46101	82432	453148	131701	1811	2962	41.01
41.02	771889	5428	154309	170825	1102451	320412	7561	12369	41.02
41.03	450752	8297	352		457401	132937	8772	14351	41.03
41.04	442570	6987	1353	97552	548462	159403	9732	15922	41.04
42	15508				15508	4507			42
44	4301519	33234	22948	754961	5112662	1485924	46294	75736	44
46.30									46.30
47	1063075	2464	315		1065854	309776	3432	5614	47
49	892637	7536	6363	336877	1243413	361381	10497	17173	49
50	369329	2459			371788	108055	3426	5604	50
51	174698	2683			177381	51553	3738	6115	51
52	54551	206			54757	15914	288	470	52
53	542249	6653	34947	163308	747157	217151	9267	15161	53
54	28673	11435	24514	811	65433	19017	15929	26059	54
55	3958462				3958462	1150472			55
56	5295837				5295837	1539161			56
58.01									58.01
58.02	2241100	16134	345549	278526	2881309	837412	22474	36767	58.02
58.03	206979	962			207941	60435	1340	2192	58.03
OUTPATIENT SERVICE COST CENTERS									
60.01	346260	33880	23579	107342	511061	148533	47193	77207	60.01
60.02	2331	10930	454		13715	3986	15225	24908	60.02
60.03	265895	8563	8243	226306	509007	147936	11928	19514	60.03
61	3888265	61484	7283	1206776	5163808	1500789	85644	140114	61
61.01									61.01
61.02	402600		671	175196	578467	168123			61.02
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
65									65
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	104495342	1178306	1475515	14302246	103695937	23155744	1370845	1901218	95
NONREIMBURSABLE COST CENTERS									

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	
96.01 RENTAL PROPERTY	118640	109688			228328	66360	152791	249965	96.01
96.02 RELATED COMPANIES		1274			1274	370	1774	2962	96.02
96.03 REHAB HOSPITAL OF RI	442966	230651			673617	195777	321289	525631	96.03
96.04 OTHER NON-REIMBURSABLE	61988	848	851		63687	18510	1181	1931	96.04
96.05 BAD DEBTS NET OF RECOVERY									96.05
98 PHYSICIANS' PRIVATE OFFICES	1562231	22343	18008	410810	2013392	585164	31123	50918	98
98.01 PHYSICIAN BILLING SERVICE									98.01
98.02 UNUSED SPACE		4932			4932	1433	6869	11238	98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	106681167	1548042	1494374	14713056	106681167	24023358	1885872	2743803	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	
96.01 RENTAL PROPERTY		251660							96.01
96.02 RELATED COMPANIES		2922							96.02
96.03 REHAB HOSPITAL OF RI		529190	375317						96.03
96.04 OTHER NON-REIMBURSABLE		1945	119973						96.04
96.05 BAD DEBTS NET OF RECOVERY									96.05
98 PHYSICIANS' PRIVATE OFFICES		51263		42350	62	10			98
98.01 PHYSICIAN BILLING SERVICE									98.01
98.02 UNUSED SPACE		11315							98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	816299	2708842	4223969	2389537	1561526	533535	8167795	2743808	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	481108				18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	94034	23455775		23455775	25
27 CORONARY CARE UNIT	7448	5573468		5573468	27
31 SUBPROVIDER I	256032	3629438		3629438	31
33 NURSERY	8379	1020513		1020513	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		8601259		8601259	37
38 RECOVERY ROOM		1087286		1087286	38
39 DELIVERY ROOM & LABOR ROOM	9543	1199234		1199234	39
41 RADIOLOGY-DIAGNOSTIC		4051184		4051184	41
41.01 ULTRASOUND		606884		606884	41.01
41.02 CAT SCAN		1495641		1495641	41.02
41.03 MAG RESONANCE IMAGING		628027		628027	41.03
41.04 NUCLEAR MED - DIAG		779484		779484	41.04
42 RADIOLOGY-THERAPEUTIC		20015		20015	42
44 LABORATORY		7053554		7053554	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA		1400097		1400097	47
49 RESPIRATORY THERAPY		1733119		1733119	49
50 PHYSICAL THERAPY		494530		494530	50
51 OCCUPATIONAL THERAPY		244954		244954	51
52 SPEECH PATHOLOGY		71903		71903	52
53 ELECTROCARDIOLOGY		1044601		1044601	53
54 ELECTROENCEPHALOGRAPHY		153412		153412	54
55 MEDICAL SUPPLIES CHARGED TO PAT		5399329		5399329	55
56 DRUGS CHARGED TO PATIENTS		15002170		15002170	56
58.01 PSYCHIATRIC/PSYCHOLOGIC					58.01
58.02 CARDIAC CATHETER LAB		3932861		3932861	58.02
58.03 RENAL DIALYSIS		274119		274119	58.03
OUTPATIENT SERVICE COST CENTERS					
60.01 CARDIAC REHAB		904718		904718	60.01
60.02 SENIOR HEALTH		82911		82911	60.02
60.03 ONCOLOGY CLINIC		732848		732848	60.03
61 EMERGENCY	105672	8618867		8618867	61
61.01 AMBULATORY CARE CENTER					61.01
61.02 OCCUPATIONAL MEDICINE		792503		792503	61.02
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS	481108	100084704		100084704	95
NONREIMBURSABLE COST CENTERS					



PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART 1

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
96.01 RENTAL PROPERTY		949104		949104	96.01
96.02 RELATED COMPANIES		9242		9242	96.02
96.03 REHAB HOSPITAL OF RI		2620821		2620821	96.03
96.04 OTHER NON-REIMBURSABLE		207227		207227	96.04
96.05 BAD DEBTS NET OF RECOVERY					96.05
98 PHYSICIANS' PRIVATE OFFICES		2774282		2774282	98
98.01 PHYSICIAN BILLING SERVICE					98.01
98.02 UNUSED SPACE		35787		35787	98.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	481108	106681167		106681167	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS		17728	101	17829	17829				5
6	ADMINISTRATIVE & GENERAL	149843		199003	348846	2494	351340			6
7	MAINTENANCE & REPAIRS	26612		7912	34524	386	6212	41122		7
8	OPERATION OF PLANT	149843		619	150462		8350	4551	163363	8
9	LAUNDRY & LINEN SERVICE	7654		539	8193		2596	232	1039	9
10	HOUSEKEEPING	15690		132	15822		8732	477	2129	10
11	DIETARY	47888		6515	54403	543	12972	1455	6498	11
12	CAFETERIA	23920			23920		102	727	3245	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	10034		19449	29483	293	4776	305	1361	14
15	CENTRAL SERVICES & SUPPLY	7562		7646	15208	81	1542	230	1026	15
16	PHARMACY	17574		3041	20615	637	26224	534	2385	16
17	MEDICAL RECORDS & LIBRARY	16845		45087	61932	316	8434	512	2296	17
18	SOCIAL SERVICE	1265			1265	103	1505	38	172	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	204318	43857	248175	4024	57888	6206	27722		25
27	CORONARY CARE UNIT	26392	100095	126487	1019	16282	802	3581		27
31	SUBPROVIDER I	36492	3662	40154	768	8528	1108	4951		31
33	NURSERY	13991	5359	19350	174	2799	425	1898		33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	104937	272017	376954	1036	23649	3187	14238		37
38	RECOVERY ROOM	7654	388	8042	216	3190	232	1039		38
39	DELIVERY ROOM & LABOR ROOM	15089	6222	21311	206	3315	458	2047		39
41	RADIOLOGY-DIAGNOSTIC	58340	76890	135230	674	11749	1772	7916		41
41.01	ULTRASOUND	1300	46101	47401	100	1926	39	176	41.01	
41.02	CAT SCAN	5428	154309	159737	207	4687	165	736	41.02	
41.03	MAG RESONANCE IMAGING	6297	352	6649		1944	191	854	41.03	
41.04	NUCLEAR MED - DIAG	6987	1353	8340	118	2332	212	948	41.04	
42	RADIOLOGY-THERAPEUTIC					66			42	
44	LABORATORY	33234	22948	56182	914	21734	1009	4509		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	2464	315	2779		4531	75	334		47
49	RESPIRATORY THERAPY	7536	6363	13899	408	5286	229	1022		49
50	PHYSICAL THERAPY	2459		2459		1580	75	334		50
51	OCCUPATIONAL THERAPY	2683		2683		754	81	364		51
52	SPEECH PATHOLOGY	206		206		233	6	28		52
53	ELECTROCARDIOLOGY	6653	34947	41600	198	3176	202	903		53
54	ELECTROENCEPHALOGRAPHY	11435	24514	35949	1	278	347	1552		54
55	MEDICAL SUPPLIES CHARGED TO PAT					16827				55
56	DRUGS CHARGED TO PATIENTS					22513				56
58.01	PSYCHIATRIC/PSYCHOLOGIC									58.01
58.02	CARDIAC CATHETER LAB	16134	345549	361683	337	12248	490	2189		58.02
58.03	RENAL DIALYSIS	962		962		884	29	130		58.03
OUTPATIENT SERVICE COST CENTERS										
60.01	CARDIAC REHAB	33880	23579	57459	130	2173	1029	4597		60.01
60.02	SENIOR HEALTH	10930	454	11384		58	332	1483		60.02
60.03	ONCOLOGY CLINIC	8563	8243	16806	274	2164	260	1162		60.03
61	EMERGENCY	61484	7283	68767	1462	21951	1868	8342		61
61.01	AMBULATORY CARE CENTER									61.01
61.02	OCCUPATIONAL MEDICINE		671	671	212	2459				61.02
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES									65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	1178306	1475515	2653821	17331	338649	29890	113196		95
NONREIMBURSABLE COST CENTERS										

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION	
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS		
	0	3	4	4A	5	6	7	8	
96.01 RENTAL PROPERTY		109688		109688		971	3332	14883	96.01
96.02 RELATED COMPANIES		1274		1274		5	39	173	96.02
96.03 REHAB HOSPITAL OF RI		230651		230651		2864	7006	31295	96.03
96.04 OTHER NON-REIMBURSABLE		848	851	1699		271	26	115	96.04
96.05 BAD DEBTS NET OF RECOVERY									96.05
98 PHYSICIANS' PRIVATE OFFICES		22343	18008	40351	498	8559	679	3032	98
98.01 PHYSICIAN BILLING SERVICE									98.01
98.02 UNUSED SPACE		4932		4932		21	150	669	98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		1548042	1494374	3042416	17829	351340	41122	163363	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
96.01 RENTAL PROPERTY		2523							96.01
96.02 RELATED COMPANIES		29							96.02
96.03 REHAB HOSPITAL OF RI		5307	6839						96.03
96.04 OTHER NON-REIMBURSABLE		19	2186						96.04
96.05 BAD DEBTS NET OF RECOVERY									96.05
98 PHYSICIANS' PRIVATE OFFICES		514		1222	2				98
98.01 PHYSICIAN BILLING SERVICE									98.01
98.02 UNUSED SPACE		113							98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	12060	27160	76973	68926	37934	18848	53717	76254	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	3591				18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	702	457767		457767	25
27 CORONARY CARE UNIT	56	159995		159995	27
31 SUBPROVIDER I	1910	70616		70616	31
33 NURSERY	63	26875		26875	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		442180		442180	37
38 RECOVERY ROOM		14816		14816	38
39 DELIVERY ROOM & LABOR ROOM	71	29936		29936	39
41 RADIOLOGY-DIAGNOSTIC		162614		162614	41
41.01 ULTRASOUND		50086		50086	41.01
41.02 CAT SCAN		166861		166861	41.02
41.03 MAG RESONANCE IMAGING		9787		9787	41.03
41.04 NUCLEAR MED - DIAG		13040		13040	41.04
42 RADIOLOGY-THERAPEUTIC		66		66	42
44 LABORATORY		92972		92972	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA		8121		8121	47
49 RESPIRATORY THERAPY		23456		23456	49
50 PHYSICAL THERAPY		4506		4506	50
51 OCCUPATIONAL THERAPY		3944		3944	51
52 SPEECH PATHOLOGY		478		478	52
53 ELECTROCARDIOLOGY		47379		47379	53
54 ELECTROENCEPHALOGRAPHY		38414		38414	54
55 MEDICAL SUPPLIES CHARGED TO PAT		27087		27087	55
56 DRUGS CHARGED TO PATIENTS		76226		76226	56
58.01 PSYCHIATRIC/PSYCHOLOGIC					58.01
58.02 CARDIAC CATHETER LAB		380126		380126	58.02
58.03 RENAL DIALYSIS		2027		2027	58.03
OUTPATIENT SERVICE COST CENTERS					
60.01 CARDIAC REHAB		67326		67326	60.01
60.02 SENIOR HEALTH		13508		13508	60.02
60.03 ONCOLOGY CLINIC		21581		21581	60.03
61 EMERGENCY	789	144056		144056	61
61.01 AMBULATORY CARE CENTER					61.01
61.02 OCCUPATIONAL MEDICINE		4633		4633	61.02
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS	3591	2560479		2560479	95
NONREIMBURSABLE COST CENTERS					

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
96.01 RENTAL PROPERTY		131397		131397	96.01
96.02 RELATED COMPANIES		1520		1520	96.02
96.03 REHAB HOSPITAL OF RI		283962		283962	96.03
96.04 OTHER NON-REIMBURSABLE		4316		4316	96.04
96.05 BAD DEBTS NET OF RECOVERY					96.05
98 PHYSICIANS' PRIVATE OFFICES		54857		54857	98
98.01 PHYSICIAN BILLING SERVICE					98.01
98.02 UNUSED SPACE		5885		5885	98.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	3591	3042416		3042416	103





COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		6A	6	7	
	3	4	5					
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	268322	1281595	44764964	-24023358	79672579	224103	189981	95
NONREIMBURSABLE COST CENTERS								
96.01 RENTAL PROPERTY	24978				228328	24978	24978	96.01
96.02 RELATED COMPANIES	290				1274	290	290	96.02
96.03 REHAB HOSPITAL OF RI	52524				673617	52524	52524	96.03
96.04 OTHER NON-REIMBURSABLE	193	739			63687	193	193	96.04
96.05 BAD DEBTS NET OF RECOVERY								96.05
98 PHYSICIANS' PRIVATE OFFICES	5088	15641	1285805		2013392	5088	5088	98
98.01 PHYSICIAN BILLING SERVICE								98.01
98.02 UNUSED SPACE	1123				4932	1123	1123	98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1548042	1494374	14713056		24023358	1885872	2743803	103
104 UNIT COST MULT-WS B PT I		1.151312				6.117023		104
104 UNIT COST MULT-WS B PT I	4.391384		.319496		.290636		10.007415	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			17829		351340	41122	163363	107
108 UNIT COST MULT-WS B PT III						.133384		108
108 UNIT COST MULT-WS B PT III			.000387		.004251		.595830	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION FTE'S 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	816224	184665	234649	51876	25195	6796136	5296241	5718	95
NONREIMBURSABLE COST CENTERS									
96.01 RENTAL PROPERTY		24978							96.01
96.02 RELATED COMPANIES		290							96.02
96.03 REHAB HOSPITAL OF RI		52524	23619						96.03
96.04 OTHER NON-REIMBURSABLE		193	7550						96.04
96.05 BAD DEBTS NET OF RECOVERY									96.05
98 PHYSICIANS' PRIVATE OFFICES		5088		936	1	128			98
98.01 PHYSICIAN BILLING SERVICE									98.01
98.02 UNUSED SPACE		1123							98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	816299	2708842	4223969	2389537	1561526	533535	8167795	2743808	103
104 UNIT COST MULT-WS B PT I	1.000092		15.890455		61.975155		1.542187		104
104 UNIT COST MULT-WS B PT I		10.075251		45.246099		.078504		479.854495	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	12060	27160	76973	68926	37934	18848	53717	76254	107
108 UNIT COST MULT-WS B PT III	.014775		.289570		1.505556		.010142		108
108 UNIT COST MULT-WS B PT III		.101019		1.305120		.002773		13.335782	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE	2067	18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES		22
23	I&R SERVICES-OTHER PRGM COSTS		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	404	25
27	CORONARY CARE UNIT	32	27
31	SUBPROVIDER I	1100	31
33	NURSERY	36	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
38	RECOVERY ROOM		38
39	DELIVERY ROOM & LABOR ROOM	41	39
41	RADIOLOGY-DIAGNOSTIC		41
41.01	ULTRASOUND		41.01
41.02	CAT SCAN		41.02
41.03	MAG RESONANCE IMAGING		41.03
41.04	NUCLEAR MED - DIAG		41.04
42	RADIOLOGY-THERAPEUTIC		42
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
54	ELECTROENCEPHALOGRAPHY		54
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
58.01	PSYCHIATRIC/PSYCHOLOGIC		58.01
58.02	CARDIAC CATHETER LAB		58.02
58.03	RENAL DIALYSIS		58.03
OUTPATIENT SERVICE COST CENTERS			
60.01	CARDIAC REHAB		60.01
60.02	SENIOR HEALTH		60.02
60.03	ONCOLOGY CLINIC		60.03
61	EMERGENCY	454	61
61.01	AMBULATORY CARE CENTER		61.01
61.02	OCCUPATIONAL MEDICINE		61.02
62	OBSERVATION BEDS (NON-DISTINC		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
65	AMBULANCE SERVICES		65
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERA		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	2067		95
NONREIMBURSABLE COST CENTERS			
96.01 RENTAL PROPERTY			96.01
96.02 RELATED COMPANIES			96.02
96.03 REHAB HOSPITAL OF RI			96.03
96.04 OTHER NON-REIMBURSABLE			96.04
96.05 BAD DEBTS NET OF RECOVERY			96.05
98 PHYSICIANS' PRIVATE OFFICES			98
98.01 PHYSICIAN BILLING SERVICE			98.01
98.02 UNUSED SPACE			98.02
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	481108		103
104 UNIT COST MULT-WS B PT I	232.756652		104
104 UNIT COST MULT-WS B PT I			104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	3591		107
108 UNIT COST MULT-WS B PT III	1.737300		108
108 UNIT COST MULT-WS B PT III			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	23455775		23455775		23455775	25
27 CORONARY CARE UNIT	5573468		5573468		5573468	27
31 SUBPROVIDER I	3629438		3629438		3629438	31
33 NURSERY	1020513		1020513		1020513	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8601259		8601259		8601259	37
38 RECOVERY ROOM	1087286		1087286		1087286	38
39 DELIVERY ROOM & LABOR ROOM	1199234		1199234		1199234	39
41 RADIOLOGY-DIAGNOSTIC	4051184		4051184		4051184	41
41.01 ULTRASOUND	606884		606884		606884	41.01
41.02 CAT SCAN	1495641		1495641		1495641	41.02
41.03 MAG RESONANCE IMAGING	628027		628027		628027	41.03
41.04 NUCLEAR MED -- DIAG	779484		779484		779484	41.04
42 RADIOLOGY-THERAPEUTIC	20015		20015		20015	42
44 LABORATORY	7053554		7053554		7053554	44
46.30 BLOOD CLOTTING FACTORS ADMN						46.30
47 BLOOD STORING, PROCESSING &	1400097		1400097		1400097	47
49 RESPIRATORY THERAPY	1733119		1733119		1733119	49
50 PHYSICAL THERAPY	494530		494530		494530	50
51 OCCUPATIONAL THERAPY	244954		244954		244954	51
52 SPEECH PATHOLOGY	71903		71903		71903	52
53 ELECTROCARDIOLOGY	1044601		1044601		1044601	53
54 ELECTROENCEPHALOGRAPHY	153412		153412		153412	54
55 MEDICAL SUPPLIES CHARGED TO	5399329		5399329		5399329	55
56 DRUGS CHARGED TO PATIENTS	15002170		15002170		15002170	56
58.01 PSYCHIATRIC/PSYCHOLOGIC						58.01
58.02 CARDIAC CATHETER LAB	3932861		3932861		3932861	58.02
58.03 RENAL DIALYSIS	274119		274119		274119	58.03
OUTPATIENT SERVICE COST CENTERS						
60.01 CARDIAC REHAB	904718		904718		904718	60.01
60.02 SENIOR HEALTH	82911		82911		82911	60.02
60.03 ONCOLOGY CLINIC	732848		732848		732848	60.03
61 EMERGENCY	8618867		8618867		8618867	61
61.01 AMBULATORY CARE CENTER						61.01
61.02 OCCUPATIONAL MEDICINE	792503		792503		792503	61.02
62 OBSERVATION BEDS (NON-DISTI	1122254		1122254		1122254	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 SUBTOTAL	101206958		101206958		101206958	101
102 LESS OBSERVATION BEDS	1122254		1122254		1122254	102
103 TOTAL	100084704		100084704		100084704	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	42651380		42651380			25
27 CORONARY CARE UNIT	10593380		10593380			27
31 SUBPROVIDER I	12381600		12381600			31
33 NURSERY	1892171		1892171			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	11096600	17697611	28794211	.298715	.298715	.298715 37
38 RECOVERY ROOM	1245401	2713585	3958986	.274637	.274637	.274637 38
39 DELIVERY ROOM & LABOR ROOM	2014517	231479	2245996	.533943	.533943	.533943 39
41 RADIOLOGY-DIAGNOSTIC	3580990	10519300	14100290	.287312	.287312	.287312 41
41.01 ULTRASOUND	699986	3226830	3926816	.154549	.154549	.154549 41.01
41.02 CAT SCAN	4834142	12732354	17566496	.085142	.085142	.085142 41.02
41.03 MAG RESONANCE IMAGING	835673	3916143	4751816	.132166	.132166	.132166 41.03
41.04 NUCLEAR MED - DIAG	1514685	1943447	3458132	.225406	.225406	.225406 41.04
42 RADIOLOGY-THERAPEUTIC	8180	135261	143441	.139535	.139535	.139535 42
44 LABORATORY	19033324	29624350	48657674	.144963	.144963	.144963 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3419683	1356898	4776581	.293117	.293117	.293117 47
49 RESPIRATORY THERAPY	7629687	700148	8329835	.208062	.208062	.208062 49
50 PHYSICAL THERAPY	1117358	39417	1156775	.427508	.427508	.427508 50
51 OCCUPATIONAL THERAPY	599297	11330	610627	.401152	.401152	.401152 51
52 SPEECH PATHOLOGY	459698	41792	501490	.143379	.143379	.143379 52
53 ELECTROCARDIOLOGY	3864097	3022785	6886882	.151680	.151680	.151680 53
54 ELECTROENCEPHALOGRAPHY	492136	1296514	1788650	.085770	.085770	.085770 54
55 MEDICAL SUPPLIES CHARGED TO	12159382	6645734	18805116	.287120	.287120	.287120 55
56 DRUGS CHARGED TO PATIENTS	14660759	23802281	38463040	.390041	.390041	.390041 56
58.01 PSYCHIATRIC/PSYCHOLOGIC						58.01
58.02 CARDIAC CATHETER LAB	5365990	2421647	7787637	.505013	.505013	.505013 58.02
58.03 RENAL DIALYSIS	750154	12340	762494	.359503	.359503	.359503 58.03
OUTPATIENT SERVICE COST CENTERS						
60.01 CARDIAC REHAB	732	763322	764054	1.184102	1.184102	1.184102 60.01
60.02 SENIOR HEALTH						60.02
60.03 ONCOLOGY CLINIC	34150	1544499	1578649	.464225	.464225	.464225 60.03
61 EMERGENCY	7342663	49285045	56627708	.152202	.152202	.152202 61
61.01 AMBULATORY CARE CENTER						61.01
61.02 OCCUPATIONAL MEDICINE		1212688	1212688	.653509	.653509	.653509 61.02
62 OBSERVATION BEDS (NON-DISTI	314880	1669565	1984445	.565525	.565525	.565525 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	57007	76317	133324			65
101 SUBTOTAL	170649702	176642682	347292384			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	170649702	176642682	347292384			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
25 INPAT ROUTINE SERV COST CTRS						
ADULTS & PEDIATRICS				457767		457767
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT				159995		159995
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				70616		70616
33 NURSERY				26875		26875
101 TOTAL				715253		715253

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						
ADULTS & PEDIATRICS	29449	11702			15.54	181849
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT	3206	1358			49.90	67764
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5152	1631			13.71	22361
33 NURSERY	1313				20.47	
101 TOTAL	39120	14691				271974



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (41-0011) [ ] 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	RATIO OF		CAPITAL COSTS	CAPITAL COSTS
	RELATED COST	RELATED COST			COST TO CHARGES	COST TO CHARGES		
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		442180	28794211	3734635			.015357	57353 37
38 RECOVERY ROOM		14816	3958986	431118			.003742	1613 38
39 DELIVERY ROOM & LABOR ROOM		29936	2245996	21272			.013329	284 39
41 RADIOLOGY-DIAGNOSTIC		162614	14100290	1903905			.011533	21958 41
41.01 ULTRASOUND		50086	3926816	180098			.012755	2297 41.01
41.02 CAT SCAN		166861	17566496	2219658			.009499	21085 41.02
41.03 MAG RESONANCE IMAGING		9787	4751816	296802			.002060	611 41.03
41.04 NUCLEAR MED - DIAG		13040	3458132	611286			.003771	2305 41.04
42 RADIOLOGY-THERAPEUTIC		66	143441				.000460	42
44 LABORATORY		92972	48657674	8392610			.001911	16038 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		8121	4776581	1116048			.001700	1897 47
49 RESPIRATORY THERAPY		23456	8329835	1363562			.002816	3840 49
50 PHYSICAL THERAPY		4506	1156775	523243			.003895	2038 50
51 OCCUPATIONAL THERAPY		3944	610627	287817			.006459	1859 51
52 SPEECH PATHOLOGY		478	501490	235156			.000953	224 52
53 ELECTROCARDIOLOGY		47379	6886882	1885688			.006860	12974 53
54 ELECTROENCEPHALOGRAPHY		38414	1788650	300979			.021477	6464 54
55 MEDICAL SUPPLIES CHARGED TO P		27087	18805116	7060864			.001440	10168 55
56 DRUGS CHARGED TO PATIENTS		76226	38463040	5427035			.001982	10756 56
58.01 PSYCHIATRIC/PSYCHOLOGIC								58.01
58.02 CARDIAC CATHETER LAB		380126	7787637	1257584			.048811	61384 58.02
58.03 RENAL DIALYSIS		2027	762494	392294			.002658	1043 58.03
OUTPATIENT SERVICE COST CENTERS								
60.01 CARDIAC REHAB		67326	764054	286			.088117	25 60.01
60.02 SENIOR HEALTH		13508						60.02
60.03 ONCOLOGY CLINIC		21581	1578649	1494			.013671	20 60.03
61 EMERGENCY		144056	56627708	3302160			.002544	8401 61
61.01 AMBULATORY CARE CENTER								61.01
61.02 OCCUPATIONAL MEDICINE		4633	1212688				.003820	61.02
62 OBSERVATION BEDS (NON-DISTINC		21902	1984445	314880			.011837	3475 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		1867128	279640529	41260474				248112 101

PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
 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 10:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK () TITLE V  
 APPLICABLE () TITLE XVIII-PT A  
 BOXES () TITLE XIX

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
25	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					29449		11702	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT					3206		1358	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					5152		1631	31
33	NURSERY					1313			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					39120		14691	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-0011) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCAN							41.02
41.03 MAG RESONANCE IMAGING							41.03
41.04 NUCLEAR MED - DIAG							41.04
42 RADIOLOGY-THERAPEUTIC							42
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
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 PSYCHIATRIC/PSYCHOLOGIC							58.01
58.02 CARDIAC CATHETER LAB							58.02
58.03 RENAL DIALYSIS							58.03
OUTPATIENT SERVICE COST CENTERS							
60.01 CARDIAC REHAB							60.01
60.02 SENIOR HEALTH							60.02
60.03 ONCOLOGY CLINIC							60.03
61 EMERGENCY							61
61.01 AMBULATORY CARE CENTER							61.01
61.02 OCCUPATIONAL MEDICINE							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FOHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-0011) [ ] 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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		28794211			3734635		3718144	37
38 RECOVERY ROOM		3958986			431118		571364	38
39 DELIVERY ROOM & LABOR ROOM		2245996			21272			39
41 RADIOLOGY-DIAGNOSTIC		14100290			1903905		1706556	41
41.01 ULTRASOUND		3926816			180098		325540	41.01
41.02 CAT SCAN		17566496			2219658		2731881	41.02
41.03 MAG RESONANCE IMAGING		4751816			296802		866280	41.03
41.04 NUCLEAR MED - DIAG		3458132			611286		494317	41.04
42 RADIOLOGY-THERAPEUTIC		143441						42
44 LABORATORY		48657674			8392610		513842	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		4776581			1116048		286928	47
49 RESPIRATORY THERAPY		8329835			1363562		114589	49
50 PHYSICAL THERAPY		1156775			523243			50
51 OCCUPATIONAL THERAPY		610627			287817			51
52 SPEECH PATHOLOGY		591490			235156			52
53 ELECTROCARDIOLOGY		6886882			1885688		755564	53
54 ELECTROENCEPHALOGRAPHY		1788650			300979		461123	54
55 MEDICAL SUPPLIES CHARGED TO P		16805116			7060864		2063752	55
56 DRUGS CHARGED TO PATIENTS		38463040			5427035		6073718	56
58.01 PSYCHIATRIC/PSYCHOLOGIC								58.01
58.02 CARDIAC CATHETER LAB		7787637			1257584		708126	58.02
58.03 RENAL DIALYSIS		762494			392294			58.03
OUTPATIENT SERVICE COST CENTERS								
60.01 CARDIAC REHAB		764054			286		137513	60.01
60.02 SENIOR HEALTH								60.02
60.03 ONCOLOGY CLINIC		1578649			1494		87904	60.03
61 EMERGENCY		56627708			3302160		6302959	61
61.01 AMBULATORY CARE CENTER								61.01
61.02 OCCUPATIONAL MEDICINE		1212688						61.02
62 OBSERVATION BEDS (NON-DISTINC		1984445			314880		721966	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		279640529			41260474		28582066	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL (41-0011)  SUB IV  PPS  
 APPLICABLE  TITLE XVII-PT A  SUB I  SNF  TEFRA  
 BOXES  TITLE XIX  SUB II  NF  
 SUB III  ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCAN					41.02
41.03 MAG RESONANCE IMAGING					41.03
41.04 NUCLEAR MED - DIAG					41.04
42 RADIOLOGY-THERAPEUTIC					42
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
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 PSYCHIATRIC/PSYCHOLOGIC					58.01
58.02 CARDIAC CATHETER LAB					58.02
58.03 RENAL DIALYSIS					58.03
OUTPATIENT SERVICE COST CENTERS					
60.01 CARDIAC REHAB					60.01
60.02 SENIOR HEALTH					60.02
60.03 ONCOLOGY CLINIC					60.03
61 EMERGENCY					61
61.01 AMBULATORY CARE CENTER					61.01
61.02 OCCUPATIONAL MEDICINE					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-0011) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.298715	.298715	.298715			37
38 RECOVERY ROOM	.274637	.274637	.274637			38
39 DELIVERY ROOM & LABOR ROOM	.533943	.533943	.533943			39
41 RADIOLOGY-DIAGNOSTIC	.287312	.287312	.287312			41
41.01 ULTRASOUND	.154549	.154549	.154549			41.01
41.02 CAT SCAN	.085142	.085142	.085142			41.02
41.03 MAG RESONANCE IMAGING	.132166	.132166	.132166			41.03
41.04 NUCLEAR MED - DIAG	.225406	.225406	.225406			41.04
42 RADIOLOGY-THERAPEUTIC	.139535	.139535	.139535			42
44 LABORATORY	.144963	.144963	.144963			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.293117	.293117	.293117			47
49 RESPIRATORY THERAPY	.208062	.208062	.208062			49
50 PHYSICAL THERAPY	.427508	.427508	.427508			50
51 OCCUPATIONAL THERAPY	.401152	.401152	.401152			51
52 SPEECH PATHOLOGY	.143379	.143379	.143379			52
53 ELECTROCARDIOLOGY	.151680	.151680	.151680			53
54 ELECTROENCEPHALOGRAPHY	.085770	.085770	.085770			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.287120	.287120	.287120			55
56 DRUGS CHARGED TO PATIENTS	.390041	.390041	.390041			56
58.01 PSYCHIATRIC/PSYCHOLOGIC						58.01
58.02 CARDIAC CATHETER LAB	.505013	.505013	.505013			58.02
58.03 RENAL DIALYSIS	.359503	.359503	.359503			58.03
OUTPATIENT SERVICE COST CENTERS						
60.01 CARDIAC REHAB	1.184102	1.184102	1.184102			60.01
60.02 SENIOR HEALTH						60.02
60.03 ONCOLOGY CLINIC	.464225	.464225	.464225			60.03
61 EMERGENCY	.152202	.152202	.152202			61
61.01 AMBULATORY CARE CENTER						61.01
61.02 OCCUPATIONAL MEDICINE	.653509	.653509	.653509			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.565525	.565525	.565525			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.390041	1
2 PROGRAM VACCINE CHARGES	552	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	215	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 (41-0011) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/S-SNF  
 [ ] SUB III [ ] S/S-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	{SEE INSTRU.} 5	{SEE INSTRU.} 5.01	{SEE INSTRU.} 5.02	{SEE INSTRU.} 5.03	{SEE INSTRU.} 5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3718144						37
38 RECOVERY ROOM		571364						38
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC		1706556						41
41.01 ULTRASOUND		325540						41.01
41.02 CAT SCAN		2731881						41.02
41.03 MAG RESONANCE IMAGING		866280						41.03
41.04 NUCLEAR MED - DIAG		494317						41.04
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY		513842	2282					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		286928						47
49 RESPIRATORY THERAPY		114589						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		755564						53
54 ELECTROENCEPHALOGRAPHY		461123						54
55 MEDICAL SUPPLIES CHARGED TO PA		2003752						55
56 DRUGS CHARGED TO PATIENTS		6073718						56
58.01 PSYCHIATRIC/PSYCHOLOGIC								58.01
58.02 CARDIAC CATHETER LAB		708126						58.02
58.03 RENAL DIALYSIS								58.03
OUTPATIENT SERVICE COST CENTERS								
60.01 CARDIAC REHAB		137513						60.01
60.02 SENIOR HEALTH								60.02
60.03 ONCOLOGY CLINIC		87904						60.03
61 EMERGENCY		6302959						61
61.01 AMBULATORY CARE CENTER								61.01
61.02 OCCUPATIONAL MEDICINE								61.02
62 OBSERVATION BEDS (NON-DISTINCT)		721966						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		28582066	2282					101
102 CRNA CHARGES								102
103 FBP CLINIC LAB								103
104 NET CHARGES		28582066	2282					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-0011) [ ] 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 (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)		
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		1110665				37
38 RECOVERY ROOM		156918				38
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC		490314				41
41.01 ULTRASOUND		50312				41.01
41.02 CAT SCAN		232598				41.02
41.03 MAG RESONANCE IMAGING		114493				41.03
41.04 NUCLEAR MED - DIAG		111422				41.04
42 RADIOLOGY-THERAPEUTIC						42
44 LABORATORY		74488	331			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA		84103				47
49 RESPIRATORY THERAPY		23842				49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY		114604				53
54 ELECTROENCEPHALOGRAPHY		39551				54
55 MEDICAL SUPPLIES CHARGED TO PAT		575317				55
56 DRUGS CHARGED TO PATIENTS		2368999				56
58.01 PSYCHIATRIC/PSYCHOLOGIC						58.01
58.02 CARDIAC CATHETER LAB		357613				58.02
58.03 RENAL DIALYSIS						58.03
OUTPATIENT SERVICE COST CENTERS						
60.01 CARDIAC REHAB		162829				60.01
60.02 SENIOR HEALTH						60.02
60.03 ONCOLOGY CLINIC		40807				60.03
61 EMERGENCY		959323				61
61.01 AMBULATORY CARE CENTER						61.01
61.02 OCCUPATIONAL MEDICINE						61.02
62 OBSERVATION BEDS (NON-DISTINCT)		408290				62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		7476488	331			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		7476488	331			104



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES  TITLE V  TITLE XVIII-PT A  TITLE XIX  HOSPITAL  SUB I  SUB II  SUB III  SUB IV  PPS  TEFRA

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	RATIO OF COST TO CHARGES	NEW CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		442180	28794211			.015357		37
38 RECOVERY ROOM		14816	3958986			.003742		38
39 DELIVERY ROOM & LABOR ROOM		29936	2245996			.013329		39
41 RADIOLOGY-DIAGNOSTIC		162614	14100290	7972		.011533		92 41
41.01 ULTRASOUND		50086	3926816	4518		.012755		58 41.01
41.02 CAT SCAN		166861	17566496	13735		.009499		130 41.02
41.03 MAG RESONANCE IMAGING		9787	4751816	12379		.002060		26 41.03
41.04 NUCLEAR MED - DIAG		13040	3458132	4949		.003771		19 41.04
42 RADIOLOGY-THERAPEUTIC		66	143441			.000460		42
44 LABORATORY		92972	48657674	222389		.001911		425 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		8121	4776581			.001700		47
49 RESPIRATORY THERAPY		23456	8329835	2858		.002816		8 49
50 PHYSICAL THERAPY		4506	1156775	3969		.003895		15 50
51 OCCUPATIONAL THERAPY		3944	610627	4047		.006459		26 51
52 SPEECH PATHOLOGY		478	581490	327		.000953		52
53 ELECTROCARDIOLOGY		47379	6886882	15883		.006880		109 53
54 ELECTROENCEPHALOGRAPHY		38414	1788650	2715		.021477		58 54
55 MEDICAL SUPPLIES CHARGED TO P		27087	18805116	23687		.001440		34 55
56 DRUGS CHARGED TO PATIENTS		76226	38463040	290417		.001982		576 56
58.01 PSYCHIATRIC/PSYCHOLOGIC								58.01
58.02 CARDIAC CATHETER LAB		380126	7787637			.048811		58.02
58.03 RENAL DIALYSIS		2027	762494	12340		.002658		33 58.03
OUTPATIENT SERVICE COST CENTERS								
60.01 CARDIAC REHAB		67326	764054			.088117		60.01
60.02 SENIOR HEALTH		13508						60.02
60.03 ONCOLOGY CLINIC		21581	1578649			.013671		60.03
61 EMERGENCY		144056	56627708	233813		.002544		595 61
61.01 AMBULATORY CARE CENTER								61.01
61.02 OCCUPATIONAL MEDICINE		4633	1212688			.003820		61.02
62 OBSERVATION BEDS (NON-DISTINC		21902	1984445			.011037		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		1867128	279640529	855998				2204 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-S011) [ ] 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 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCAN							41.02
41.03 MAG RESONANCE IMAGING							41.03
41.04 NUCLEAR MED - DIAG							41.04
42 RADIOLOGY-THERAPEUTIC							42
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
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 PSYCHIATRIC/PSYCHOLOGIC							58.01
58.02 CARDIAC CATHETER LAB							58.02
58.03 RENAL DIALYSIS							58.03
OUTPATIENT SERVICE COST CENTERS							
60.01 CARDIAC REHAB							60.01
60.02 SENIOR HEALTHN							60.02
60.03 ONCOLOGY CLINIC							60.03
61 EMERGENCY							61
61.01 AMBULATORY CARE CENTER							61.01
61.02 OCCUPATIONAL MEDICINE							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 PQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
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-S011) [ ] 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	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28794211					37
38 RECOVERY ROOM		3958986					38
39 DELIVERY ROOM & LABOR ROOM		2245996					39
41 RADIOLOGY-DIAGNOSTIC		14100290			7972		512 41
41.01 ULTRASOUND		3926816			4518		41.01
41.02 CAT SCAN		17566496			13735		1042 41.02
41.03 MAG RESONANCE IMAGING		4751816			12379		41.03
41.04 NUCLEAR MED - DIAG		3458132			4949		41.04
42 RADIOLOGY-THERAPEUTIC		143441					42
44 LABORATORY		48657674			222389		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		4776581					47
49 RESPIRATORY THERAPY		8329835			2858		49
50 PHYSICAL THERAPY		1156775			3969		50
51 OCCUPATIONAL THERAPY		610627			4047		51
52 SPEECH PATHOLOGY		501490			327		52
53 ELECTROCARDIOLOGY		6886882			15883		382 53
54 ELECTROENCEPHALOGRAPHY		1788650			2715		54
55 MEDICAL SUPPLIES CHARGED TO P		18805116			23687		55
56 DRUGS CHARGED TO PATIENTS		38463040			290417		56
58.01 PSYCHIATRIC/PSYCHOLOGIC							58.01
58.02 CARDIAC CATHETER LAB		7787637					58.02
58.03 RENAL DIALYSIS		762494			12340		58.03
OUTPATIENT SERVICE COST CENTERS							
60.01 CARDIAC REHAB		764054					60.01
60.02 SENIOR HEALTH							60.02
60.03 ONCOLOGY CLINIC		1578649					60.03
61 EMERGENCY		56627708			233813		61
61.01 AMBULATORY CARE CENTER							61.01
61.02 OCCUPATIONAL MEDICINE		1212688					61.02
62 OBSERVATION BEDS (NON-DISTINC		1984445					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		279640529			855998		1936 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

[ ] HOSPITAL  
 [XX] SUB I (41-S011)  
 [ ] SUB II  
 [ ] SUB III

[ ] SUB IV  
 [ ] SNF  
 [ ] NF  
 [ ] ICF/MR

[ ] PPS  
 [ ] TEFRA

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCAN					41.02
41.03 MAG RESONANCE IMAGING					41.03
41.04 NUCLEAR MED - DIAG					41.04
42 RADIOLOGY-THERAPEUTIC					42
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
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 PSYCHIATRIC/PSYCHOLOGIC					58.01
58.02 CARDIAC CATHETER LAB					58.02
58.03 RENAL DIALYSIS					58.03
OUTPATIENT SERVICE COST CENTERS					
60.01 CARDIAC REHAB					60.01
60.02 SENIOR HEALTH					60.02
60.03 ONCOLOGY CLINIC					60.03
61 EMERGENCY					61
61.01 AMBULATORY CARE CENTER					61.01
61.02 OCCUPATIONAL MEDICINE					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (41-S011) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.298715	.298715	.298715			37
38 RECOVERY ROOM	.274637	.274637	.274637			38
39 DELIVERY ROOM & LABOR ROOM	.533943	.533943	.533943			39
41 RADIOLOGY-DIAGNOSTIC	.287312	.287312	.287312			41
41.01 ULTRASOUND	.154549	.154549	.154549			41.01
41.02 CAT SCAN	.085142	.085142	.085142			41.02
41.03 MAG RESONANCE IMAGING	.132166	.132166	.132166			41.03
41.04 NUCLEAR MED - DIAG	.225406	.225406	.225406			41.04
42 RADIOLOGY-THERAPEUTIC	.139535	.139535	.139535			42
44 LABORATORY	.144963	.144963	.144963			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.293117	.293117	.293117			47
49 RESPIRATORY THERAPY	.208062	.208062	.208062			49
50 PHYSICAL THERAPY	.427508	.427508	.427508			50
51 OCCUPATIONAL THERAPY	.401152	.401152	.401152			51
52 SPEECH PATHOLOGY	.143379	.143379	.143379			52
53 ELECTROCARDIOLOGY	.151680	.151680	.151680			53
54 ELECTROENCEPHALOGRAPHY	.085770	.085770	.085770			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.287120	.287120	.287120			55
56 DRUGS CHARGED TO PATIENTS	.390041	.390041	.390041			56
58.01 PSYCHIATRIC/PSYCHOLOGIC						58.01
58.02 CARDIAC CATHETER LAB	.505013	.505013	.505013			58.02
58.03 RENAL DIALYSIS	.359503	.359503	.359503			58.03
OUTPATIENT SERVICE COST CENTERS						
60.01 CARDIAC REHAB	1.184102	1.184102	1.184102			60.01
60.02 SENIOR HEALTH						60.02
60.03 ONCOLOGY CLINIC	.464225	.464225	.464225			60.03
61 EMERGENCY	.152202	.152202	.152202			61
61.01 AMBULATORY CARE CENTER						61.01
61.02 OCCUPATIONAL MEDICINE	.653509	.653509	.653509			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.565525	.565525	.565525			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.390041	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	[ ]	HOSPITAL	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	SUB I (41-S011)	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER (SEE)	PPS SER-VICES (SEE)	PPS SER-VICES (SEE)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC		512						41
41.01 ULTRASOUND								41.01
41.02 CAT SCAN		1042						41.02
41.03 MAG RESONANCE IMAGING								41.03
41.04 NUCLEAR MED - DIAG								41.04
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		382						53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
58.01 PSYCHIATRIC/PSYCHOLOGIC								58.01
58.02 CARDIAC CATHETER LAB								58.02
58.03 RENAL DIALYSIS								58.03
OUTPATIENT SERVICE COST CENTERS								
60.01 CARDIAC REHAB								60.01
60.02 SENIOR HEALTH								60.02
60.03 ONCOLOGY CLINIC								60.03
61 EMERGENCY								61
61.01 AMBULATORY CARE CENTER								61.01
61.02 OCCUPATIONAL MEDICINE								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		1936						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		1936						104

APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (41-S011) [ ] 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 (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)		
<b>ANCILLARY SERVICE COST CENTERS</b>						
37 OPERATING ROOM					10	37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC		147				41
41.01 ULTRASOUND						41.01
41.02 CAT SCAN		89				41.02
41.03 MAG RESONANCE IMAGING						41.03
41.04 NUCLEAR MED - DIAG						41.04
42 RADIOLOGY-THERAPEUTIC						42
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		58				53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS						56
58.01 PSYCHIATRIC/PSYCHOLOGIC						58.01
58.02 CARDIAC CATHETER LAB						58.02
58.03 RENAL DIALYSIS						58.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.01 CARDIAC REHAB						60.01
60.02 SENIOR HEALTH						60.02
60.03 ONCOLOGY CLINIC						60.03
61 EMERGENCY						61
61.01 AMBULATORY CARE CENTER						61.01
61.02 OCCUPATIONAL MEDICINE						61.02
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
<b>OTHER REIMBURSABLE COST CENTERS</b>						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE CHARGES (S-2 LINE 56)						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)						65.03
101 SUBTOTAL		294				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		294				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL				
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	CAPITAL RELATED COST	SWING-BED ADJUSTMENT			
	1	2	3	4		5	6
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				457767		457767	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT				159995		159995	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				70616		70616	31
33 NURSERY				26875		26875	33
101 TOTAL				715253		715253	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	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	29449	1198			15.54	18617	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT	3206	383			49.90	19112	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	5152	1395			13.71	19125	31
33 NURSERY	1313	968			20.47	19815	33
101 TOTAL	39120	3944				76669	101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (41-0011) [ ] 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 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		442180	29794211				.015357	37
38 RECOVERY ROOM		14816	3958986				.003742	38
39 DELIVERY ROOM & LABOR ROOM		29936	2245996				.013329	39
41 RADIOLOGY-DIAGNOSTIC		162614	14100290				.011533	41
41.01 ULTRASOUND		50086	3926816				.012755	41.01
41.02 CAT SCAN		166861	17566496				.009499	41.02
41.03 MAG RESONANCE IMAGING		9787	4751816				.002060	41.03
41.04 NUCLEAR MED - DIAG		13040	3458132				.003771	41.04
42 RADIOLOGY-THERAPEUTIC		66	143441				.000460	42
44 LABORATORY		92972	48657674				.001911	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		8121	4776581				.001700	47
49 RESPIRATORY THERAPY		23456	8329835				.002816	49
50 PHYSICAL THERAPY		4506	1156775				.003895	50
51 OCCUPATIONAL THERAPY		3944	610627				.006459	51
52 SPEECH PATHOLOGY		478	501490				.000953	52
53 ELECTROCARDIOLOGY		47379	6886882				.006880	53
54 ELECTROENCEPHALOGRAPHY		38414	1788650				.021477	54
55 MEDICAL SUPPLIES CHARGED TO P		27087	18805116				.001440	55
56 DRUGS CHARGED TO PATIENTS		76226	38463040				.001982	56
58.01 PSYCHIATRIC/PSYCHOLOGIC								58.01
58.02 CARDIAC CATHETER LAB		380126	7787637				.048811	58.02
58.03 RENAL DIALYSIS		2027	762494				.002658	58.03
OUTPATIENT SERVICE COST CENTERS								
60.01 CARDIAC REHAB		67326	764054				.088117	60.01
60.02 SENIOR HEALTH		13508						60.02
60.03 ONCOLOGY CLINIC		21581	1578649				.013671	60.03
61 EMERGENCY		144056	56627708				.002544	61
61.01 AMBULATORY CARE CENTER								61.01
61.02 OCCUPATIONAL MEDICINE		4633	1212688				.003820	61.02
62 OBSERVATION BEDS (NON-DISTINC		21902	1984445				.011037	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		1867128	279640529					101

PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
 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 10:08

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
25	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS					29449		1198	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT					3206		383	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					5152		1395	31
33	NURSERY					1313		968	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					39126		3944	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-0011) [ ] 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
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCAN							41.02
41.03 MAG RESONANCE IMAGING							41.03
41.04 NUCLEAR MED - DIAG							41.04
42 RADIOLOGY-THERAPEUTIC							42
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
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 PSYCHIATRIC/PSYCHOLOGIC							58.01
58.02 CARDIAC CATHETER LAB							58.02
58.03 RENAL DIALYSIS							58.03
OUTPATIENT SERVICE COST CENTERS							
60.01 CARDIAC REHAB							60.01
60.02 SENIOR HEALTH							60.02
60.03 ONCOLOGY CLINIC							60.03
61 EMERGENCY							61
61.01 AMBULATORY CARE CENTER							61.01
61.02 OCCUPATIONAL MEDICINE							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-0011) [ ] 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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28794211					37
38 RECOVERY ROOM		3958986					38
39 DELIVERY ROOM & LABOR ROOM		2245996					39
41 RADIOLOGY-DIAGNOSTIC		14100290					41
41.01 ULTRASOUND		3926816					41.01
41.02 CAT SCAN		17566496					41.02
41.03 MAG RESONANCE IMAGING		4751816					41.03
41.04 NUCLEAR MED - DIAG		3458132					41.04
42 RADIOLOGY-THERAPEUTIC		143441					42
44 LABORATORY		48657674					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		4776581					47
49 RESPIRATORY THERAPY		8329835					49
50 PHYSICAL THERAPY		1156775					50
51 OCCUPATIONAL THERAPY		610627					51
52 SPEECH PATHOLOGY		501490					52
53 ELECTROCARDIOLOGY		6886882					53
54 ELECTROENCEPHALOGRAPHY		1788650					54
55 MEDICAL SUPPLIES CHARGED TO P		18805116					55
56 DRUGS CHARGED TO PATIENTS		38463040					56
58.01 PSYCHIATRIC/PSYCHOLOGIC							58.01
58.02 CARDIAC CATHETER LAB		7787637					58.02
58.03 RENAL DIALYSIS		762494					58.03
OUTPATIENT SERVICE COST CENTERS							
60.01 CARDIAC REHAB		764054					60.01
60.02 SENIOR HEALTH							60.02
60.03 ONCOLOGY CLINIC		1578649					60.03
61 EMERGENCY		56627708					61
61.01 AMBULATORY CARE CENTER							61.01
61.02 OCCUPATIONAL MEDICINE		1212688					61.02
62 OBSERVATION BEDS (NON-DISTINC		1984445					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		279640529					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (41-0011)	[ ]	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 PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCAN					41.02
41.03 MAG RESONANCE IMAGING					41.03
41.04 NUCLEAR MED - DIAG					41.04
42 RADIOLOGY-THERAPEUTIC					42
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
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 PSYCHIATRIC/PSYCHOLOGIC					58.01
58.02 CARDIAC CATHETER LAB					58.02
58.03 RENAL DIALYSIS					58.03
OUTPATIENT SERVICE COST CENTERS					
60.01 CARDIAC REHAB					60.01
60.02 SENIOR HEALTH					60.02
60.03 ONCOLOGY CLINIC					60.03
61 EMERGENCY					61
61.01 AMBULATORY CARE CENTER					61.01
61.02 OCCUPATIONAL MEDICINE					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (41-S011) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

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		442180	28794211				.015357		37
38 RECOVERY ROOM		14816	3958986				.003742		38
39 DELIVERY ROOM & LABOR ROOM		29936	2245996				.013329		39
41 RADIOLOGY-DIAGNOSTIC		162614	14100290				.011533		41
41.01 ULTRASOUND		50086	3926816				.012755		41.01
41.02 CAT SCAN		166861	17566496				.009499		41.02
41.03 MAG RESONANCE IMAGING		9787	4751816				.002060		41.03
41.04 NUCLEAR MED - DIAG		13040	3458132				.003771		41.04
42 RADIOLOGY-THERAPEUTIC		66	143441				.000460		42
44 LABORATORY		92972	48657674				.001911		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		8121	4776581				.001700		47
49 RESPIRATORY THERAPY		23456	8329835				.002816		49
50 PHYSICAL THERAPY		4506	1156775				.003895		50
51 OCCUPATIONAL THERAPY		3944	610627				.006459		51
52 SPEECH PATHOLOGY		478	501490				.000953		52
53 ELECTROCARDIOLOGY		47379	6886882				.006880		53
54 ELECTROENCEPHALOGRAPHY		38414	1788650				.021477		54
55 MEDICAL SUPPLIES CHARGED TO P		27087	18805116				.001440		55
56 DRUGS CHARGED TO PATIENTS		76226	38463040				.001982		56
58.01 PSYCHIATRIC/PSYCHOLOGIC									58.01
58.02 CARDIAC CATHETER LAB		380126	7787637				.048811		58.02
58.03 RENAL DIALYSIS		2027	762494				.002658		58.03
OUTPATIENT SERVICE COST CENTERS									
60.01 CARDIAC REHAB		67326	764054				.088117		60.01
60.02 SENIOR HEALTH		13508							60.02
60.03 ONCOLOGY CLINIC		21581	1578649				.013671		60.03
61 EMERGENCY		144056	56627708				.002544		61
61.01 AMBULATORY CARE CENTER									61.01
61.02 OCCUPATIONAL MEDICINE		4633	1212688				.003820		61.02
62 OBSERVATION BEDS (NON-DISTINC		21902	1984445				.011037		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL		1867128	279640529						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	SUB I (41-S011)	[ ]	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
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCAN							41.02
41.03 MAG RESONANCE IMAGING							41.03
41.04 NUCLEAR MED - DIAG							41.04
42 RADIOLOGY-THERAPEUTIC							42
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
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 PSYCHIATRIC/PSYCHOLOGIC							58.01
58.02 CARDIAC CATHETER LAB							58.02
58.03 RENAL DIALYSIS							58.03
OUTPATIENT SERVICE COST CENTERS							
60.01 CARDIAC REHAB							60.01
60.02 SENIOR HEALTH							60.02
60.03 ONCOLOGY CLINIC							60.03
61 EMERGENCY							61
61.01 AMBULATORY CARE CENTER							61.01
61.02 OCCUPATIONAL MEDICINE							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (41-S011) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28794211					37
38 RECOVERY ROOM		3958986					38
39 DELIVERY ROOM & LABOR ROOM		2245996					39
41 RADIOLOGY-DIAGNOSTIC		14100290					41
41.01 ULTRASOUND		3926816					41.01
41.02 CAT SCAN		17566496					41.02
41.03 MAG RESONANCE IMAGING		4751816					41.03
41.04 NUCLEAR MED - DIAG		3458132					41.04
42 RADIOLOGY-THERAPEUTIC		143441					42
44 LABORATORY		48657674					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		4776581					47
49 RESPIRATORY THERAPY		8329835					49
50 PHYSICAL THERAPY		1156775					50
51 OCCUPATIONAL THERAPY		610627					51
52 SPEECH PATHOLOGY		501490					52
53 ELECTROCARDIOLOGY		6886882					53
54 ELECTROENCEPHALOGRAPHY		1788650					54
55 MEDICAL SUPPLIES CHARGED TO P		18805116					55
56 DRUGS CHARGED TO PATIENTS		38463040					56
58.01 PSYCHIATRIC/PSYCHOLOGIC							58.01
58.02 CARDIAC CATHETER LAB		7787637					58.02
58.03 RENAL DIALYSIS		762494					58.03
OUTPATIENT SERVICE COST CENTERS							
60.01 CARDIAC REHAB		764054					60.01
60.02 SENIOR HEALTH							60.02
60.03 ONCOLOGY CLINIC		1578649					60.03
61 EMERGENCY		56627708					61
61.01 AMBULATORY CARE CENTER							61.01
61.02 OCCUPATIONAL MEDICINE		1212688					61.02
62 OBSERVATION BEDS (NON-DISTINC		1984445					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		279640529					101





COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF
	(PPS) (41-0011)	(PPS) (41-S011)				
	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	29449	5152				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29449	5152				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		1257				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28192	5152				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)	11702	1631				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0011)	SUB I (PPS) (41-S011)	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	23455775	3629438					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	23455775	3629438					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	42651390	12975140					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		1975410					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40675970	12975140					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.549942	.279722					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1571.53						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1442.82	2518.47					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	128.71						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	70.78						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	88970						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	23366805	3629438					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) (41-0011)	SUB I (PPS) (41-S011)	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	796.49	704.47					38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9320526	1148991					39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9320526	1148991					41	
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST			
		1	2	3	4	5			
42	NURSERY (TITLES V AND XIX ONLY)							42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT							43	
44	CORONARY CARE UNIT	5573468	3206	1738.45	1358	2360815		44	
45	BURN INTENSIVE CARE UNIT							45	
46	SURGICAL INTENSIVE CARE UNIT							46	
47	OTHER SPECIAL CARE (SPECIFY)							47	
		HOSPITAL (PPS) (41-0011)	SUB I (PPS) (41-S011)	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	10300266	205850					48	
49	TOTAL PROGRAM INPATIENT COSTS	21981607	1354841					49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	249613	22361					50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	248112	2204					51	
52	TOTAL PROGRAM EXCLUDABLE COST	497725	24565					52	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	21483882	1330276					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) (41-0011)	SUB I (PPS) (41-S011)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
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 10:08

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT                     TITLE XVIII-PART A                     TITLE XIX-INPT

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT  
 HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (41-0011)(41-S011)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS	1409				83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	796.49				84
85	OBSERVATION BED COST	1122254				85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL ROUTINE COST

	COST 1	(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		23455775		1122254	86
87	NEW CAPITAL-RELATED COST	457767	23455775	.019516	1122254	21902
88	NON PHYSICIAN ANESTHETIST		23455775		1122254	88
89	MEDICAL EDUCATION		23455775		1122254	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) (41-0011)	SUB I (OTHER) (41-S011)	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)	29449	5152				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29449	5152				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		1257				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28192	5152				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)	1198	1395				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	1313					15
16 TITLE V OR XIX NURSERY DAYS	968					16





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) (41-0011)	SUB I (OTHER) (41-S011)	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	793.47	704.47	/				38
39	PROGRAM GENERAL INPATIENT ROUTINE/SERVICE COST	950577	982736					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	950577	982736					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) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1020513		1313	777.24	968	752368	42
43	INTENSIVE CARE UNIT							43
44	CORONARY CARE UNIT	5573468		3206	1738.45	383	665826	44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (41-0011)	SUB I (OTHER) (41-S011)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	2368771	982736					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	57544	19125					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	57544	19125					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) (41-0011)	SUB I (OTHER) (41-SC11)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		199				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
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 10:08

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. 41-0011 LANDMARK MEDICAL CENTER  
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 10:08

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

{ } TITLE V-INPT	{ } TITLE XVIII-PART A	[XX] TITLE XIX-INPT			
			HOSPITAL (OTHER) (41-0011)	SUB I (OTHER) (41-S011)	SUB II SUB III SUB IV
			1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1409	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	796.49	84
85 OBSERVATION BED COST	1122254	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (41-0011)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		18261580		25
27 CORONARY CARE UNIT		4298260		27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.298715	3734635	1115591	37
38 RECOVERY ROOM	.274637	431118	119401	38
39 DELIVERY ROOM & LABOR ROOM	.533943	21272	11358	39
41 RADIOLOGY-DIAGNOSTIC	.287312	1903905	547015	41
41.01 ULTRASOUND	.154549	180098	27834	41.01
41.02 CAT SCAN	.085142	2219658	188986	41.02
41.03 MAG RESONANCE IMAGING	.132166	296802	39227	41.03
41.04 NUCLEAR MED - DIAG	.225406	611286	137788	41.04
42 RADIOLOGY-THERAPEUTIC	.139535			42
44 LABORATORY	.144963	8392610	1216618	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.293117	1116048	327133	47
49 RESPIRATORY THERAPY	.209962	1363562	283705	49
50 PHYSICAL THERAPY	.427508	523243	223691	50
51 OCCUPATIONAL THERAPY	.401152	287817	115458	51
52 SPEECH PATHOLOGY	.143379	235156	33716	52
53 ELECTROCARDIOLOGY	.151680	1885688	286021	53
54 ELECTROENCEPHALOGRAPHY	.085770	300979	25815	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.287120	7060864	2027315	55
56 DRUGS CHARGED TO PATIENTS	.390041	5427035	2116766	56
58.01 PSYCHIATRIC/PSYCHOLOGIC				58.01
58.02 CARDIAC CATHETER LAB	.505013	1257584	635096	58.02
58.03 RENAL DIALYSIS	.359503	392294	141031	58.03
OUTPATIENT SERVICE COST CENTERS				
60.01 CARDIAC REHAB	1.184102	286	339	60.01
60.02 SENIOR HEALTH				60.02
60.03 ONCOLOGY CLINIC	.464225	1494	694	60.03
61 EMERGENCY	.152202	3302160	502595	61
61.01 AMBULATORY CARE CENTER				61.01
61.02 OCCUPATIONAL MEDICINE	.653509			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.565525	314880	178073	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		41260474	10300266	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		41260474		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (41-S011)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		3904390		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.298715			37
38 RECOVERY ROOM	.274637			38
39 DELIVERY ROOM & LABOR ROOM	.533943			39
41 RADIOLOGY-DIAGNOSTIC	.287312	7972	2290	41
41.01 ULTRASOUND	.154549	4518	698	41.01
41.02 CAT SCAN	.085142	13735	1169	41.02
41.03 MAG RESONANCE IMAGING	.132166	12379	1636	41.03
41.04 NUCLEAR MED - DIAG	.225406	4949	1116	41.04
42 RADIOLOGY-THERAPEUTIC	.139535			42
44 LABORATORY	.144963	222389	32238	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.293117			47
49 RESPIRATORY THERAPY	.208062	2858	595	49
50 PHYSICAL THERAPY	.427508	3969	1697	50
51 OCCUPATIONAL THERAPY	.401152	4047	1623	51
52 SPEECH PATHOLOGY	.143379	327	47	52
53 ELECTROCARDIOLOGY	.151680	15883	2409	53
54 ELECTROENCEPHALOGRAPHY	.085770	2715	233	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.267120	23687	6801	55
56 DRUGS CHARGED TO PATIENTS	.390041	290417	113275	56
58.01 PSYCHIATRIC/PSYCHOLOGIC				58.01
58.02 CARDIAC CATHETER LAB	.505013			58.02
58.03 RENAL DIALYSIS	.359503	12340	4436	58.03
OUTPATIENT SERVICE COST CENTERS				
60.01 CARDIAC REHAB	1.184102			60.01
60.02 SENIOR HEALTH				60.02
60.03 ONCOLOGY CLINIC	.464225			60.03
61 EMERGENCY	.152202	233813	35587	61
61.01 AMBULATORY CARE CENTER				61.01
61.02 OCCUPATIONAL MEDICINE	.653509			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.565525			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		855998	205850	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		855998		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (41-0011)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.298715		37
38 RECOVERY ROOM	.274637		38
39 DELIVERY ROOM & LABOR ROOM	.533943		39
41 RADIOLOGY-DIAGNOSTIC	.287312		41
41.01 ULTRASOUND	.154549		41.01
41.02 CAT SCAN	.085142		41.02
41.03 MAG RESONANCE IMAGING	.132166		41.03
41.04 NUCLEAR MED - DIAG	.225406		41.04
42 RADIOLOGY-THERAPEUTIC	.139535		42
44 LABORATORY	.144963		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.293117		47
49 RESPIRATORY THERAPY	.208062		49
50 PHYSICAL THERAPY	.427508		50
51 OCCUPATIONAL THERAPY	.401152		51
52 SPEECH PATHOLOGY	.143379		52
53 ELECTROCARDIOLOGY	.151680		53
54 ELECTROENCEPHALOGRAPHY	.085770		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.287120		55
56 DRUGS CHARGED TO PATIENTS	.399041		56
58.01 PSYCHIATRIC/PSYCHOLOGIC			58.01
58.02 CARDIAC CATHETER LAB	.505013		58.02
58.03 RENAL DIALYSIS	.359503		58.03
OUTPATIENT SERVICE COST CENTERS			
60.01 CARDIAC REHAB	1.184102		60.01
60.02 SENIOR HEALTH			60.02
60.03 ONCOLOGY CLINIC	.464225		60.03
61 EMERGENCY	.152202		61
61.01 AMBULATORY CARE CENTER			61.01
61.02 OCCUPATIONAL MEDICINE	.653509		61.02
62 OBSERVATION BEDS (NON-DISTINCT	.565525		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (41-S011)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.298715		37
38 RECOVERY ROOM	.274637		38
39 DELIVERY ROOM & LABOR ROOM	.533943		39
41 RADIOLOGY-DIAGNOSTIC	.287312		41
41.01 ULTRASOUND	.154549		41.01
41.02 CAT SCAN	.085142		41.02
41.03 MAG RESONANCE IMAGING	.132166		41.03
41.04 NUCLEAR MED - DIAG	.223406		41.04
42 RADIOLOGY-THERAPEUTIC	.139535		42
44 LABORATORY	.144963		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.293117		47
49 RESPIRATORY THERAPY	.208062		49
50 PHYSICAL THERAPY	.427508		50
51 OCCUPATIONAL THERAPY	.401152		51
52 SPEECH PATHOLOGY	.143379		52
53 ELECTROCARDIOLOGY	.151680		53
54 ELECTROENCEPHALOGRAPHY	.085770		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.287120		55
56 DRUGS CHARGED TO PATIENTS	.390041		56
58.01 PSYCHIATRIC/PSYCHOLOGIC			58.01
58.02 CARDIAC CATHETER LAB	.505013		58.02
58.03 RENAL DIALYSIS	.359503		58.03
OUTPATIENT SERVICE COST CENTERS			
60.01 CARDIAC REHAB	1.184102		60.01
60.02 SENIOR HEALTH			60.02
60.03 ONCOLOGY CLINIC	.464225		60.03
61 EMERGENCY	.152202		61
61.01 AMBULATORY CARE CENTER			61.01
61.02 OCCUPATIONAL MEDICINE	.653509		61.02
62 OBSERVATION BEDS (NON-DISTINCT	.565525		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
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

	HOSPITAL (41-0011)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1						1
1.01						1.01
1.02	4411621					1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
2						2
2.01	13091006					2.01
3						3
3.01	284318					3.01
3.02						3.02
3.03						3.03
3.04						3.04
3.05						3.05
3.06						3.06
3.07						3.07
3.08						3.08
3.09						3.09
3.10						3.10
3.11						3.11
3.12						3.12
3.13						3.13
3.14						3.14
3.15						3.15
3.16						3.16
3.17						3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0011)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0788					4
4.01	0.1348					4.01
4.02	0.2136					4.02
4.03	0.0684					4.03
4.04	1197180					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	18984125					6
7						7
7.01						7.01
8	18984125					8
9	1506630					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	20490755					16
17	38543					17
18	20452212					18
19	1581328					19
20	100052					20
21	466074					21
21.01	326252					21.01
21.02	380837					21.02
22	19097084					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0011)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	19097084					26
27						27
28	19026126					28
28.01						28.01
29	70958					29
30	1113221					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 (41-0011) 1	HOSPITAL (41-0011) 1.01	HOSPITAL (41-0011) 1.02
1 MEDICAL AND OTHER SERVICES	546		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2009	7476488		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5929859		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.848		1.03
1.04 LINE 1.01 TIMES LINE 1.03	6340062		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	93.53		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	546		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	2834		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	2834		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	2834		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	2288		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	546		17
17.01 TOTAL PPS PAYMENTS	5929859		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0011) 1	HOSPITAL (41-0011) 1.01	HOSPITAL (41-0011) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1437218		18.01
19 SUBTOTAL	4493187		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	4493187		23
24 PRIMARY PAYER PAYMENTS	1243		24
25 SUBTOTAL	4491944		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	420280		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	294196		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	335469		27.02
28 SUBTOTAL	4786140		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	4786140		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4758364		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	27776		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (41-S011) 1	SUB I (41-S011) 1.01	SUB I (41-S011) 1.02	
1				1
1.01				1.01
		294		
1.02				1.02
		347		
1.03		0.848		1.03
1.04		249		1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01		347		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (41-S011) 1	SUB I (41-S011) 1.01	SUB I (41-S011) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	107		18.01
19 SUBTOTAL	240		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	240		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	240		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	240		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	240		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	240		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION 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  
{41-0011}  
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

PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
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 10:08

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

	HOSPITAL (41-0011) 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  
(41-0011)  
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 (41-0011)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		19026126		4758364	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROVIDER .05 TO .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		19026126		4758364	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .50 PROVIDER .51 PROGRAM .52	NONE	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	70958		27776	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		19097084		4786140	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (41-S011)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1080453		240	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1080453		240	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	23862			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1104315		240	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-S011)	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)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					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)					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					4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL					6
7	DEDUCTIBLES					7
8	SUBTOTAL					8
9	COINSURANCE					9
10	SUBTOTAL					10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL					12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART 1

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (41-S011)	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		1104315				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1080453				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		23862				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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			NF I
	HOSPITAL (41-0011) (OTHER)	SUB I (41-S011) (OTHER)	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	2368771				1
2	MEDICAL AND OTHER SERVICES					2
3	INTERNS AND RESIDENTS					3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
5	COST OF TEACHING PHYSICIANS					5
6	SUBTOTAL	2368771				6
7	INPATIENT PRIMARY PAYER PAYMENTS					7
8	OUTPATIENT PRIMARY PAYER PAYMENTS					8
9	SUBTOTAL	2368771				9
10	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES					11
12	INTERNS AND RESIDENTS SERVICE CHARGES					12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
14	TEACHING PHYSICIANS					14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
16	TOTAL REASONABLE CHARGES					16
17	CUSTOMARY CHARGES					
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
19	RATIO OF LINE 17 TO LINE 18					19
20	TOTAL CUSTOMARY CHARGES					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	2368771				22
23	COST OF COVERED SERVICES	2368771				23
24	PROSPECTIVE PAYMENT AMOUNT					
24	OTHER THAN OUTLIER PAYMENTS					24
25	OUTLIER PAYMENTS					25
26	PROGRAM CAPITAL PAYMENTS					26
27	CAPITAL EXCEPTION PAYMENTS					27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
30	SUBTOTAL	2368771				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED					31
32	LESSER OF LINES 30 OR 31	2368771				32
33	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 (41-0011) (OTHER) 1	SUB I (41-S011) (OTHER) 1	SUB II 1	SUB III 1	SUB IV 1	NF I 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	2368771	982736				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE 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

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	5705755			1
2	TEMPORARY INVESTMENTS	1688705			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	9456724			4
5	OTHER RECEIVABLES	7333860			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1578365			7
8	PREPAID EXPENSES	637725			8
9	OTHER CURRENT ASSETS	4568818			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	30969952			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	46605039			14
14.01	ACCUMULATED DEPRECIATION	-34895125			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	11709914			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	1840001			25
26	TOTAL OTHER ASSETS	1840001			26
27	TOTAL ASSETS	44519867			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	11167919			28
29	SALARIES, WAGES & FEES PAYABLE	4350347			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	12832647			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS	14145769			33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	4801125			35
36	TOTAL CURRENT LIABILITIES	47297807			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	554715			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	16928360			41
42	TOTAL LONG TERM LIABILITIES	17383075			42
43	TOTAL LIABILITIES	64680882			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	-20161015			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	-20161015			51
52	TOTAL LIABILITIES AND FUND BALANCES	44519867			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	-15042827			1
2 NET INCOME (LOSS)	-5125461			2
3 TOTAL	-20168288			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNREALIZED GAINS	7273			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	7273			10
11 SUBTOTAL	-20161015			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14 CHANGE IN ACCOUNTING PRINCIPLE				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-20161015			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	42651380		42651380	1
2 SUBPROVIDER I	12381600		12381600	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	55032980		55032980	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT	10593380		10593380	11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	10593380		10593380	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	65626360		65626360	16
17 ANCILLARY SERVICES	104717172		104717172	17
18 OUTPATIENT SERVICES		176986226	176986226	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	170343532	176986226	347329758	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		113096443	26
27 ADD (SPECIFY)			27
28 BAD DEBT PROVISION	13857919		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		13857919	33
34 DEDUCT (SPECIFY)			34
35 NON OPERATING EXPENSES	-181192		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-181192		39
40 TOTAL OPERATING EXPENSES		126773170	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	347329758	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	230148560	2
3	NET PATIENT REVENUES	117181198	3
4	LESS - TOTAL OPERATING EXPENSES	126773170	4
5	NET INCOME FROM SERVICE TO PATIENTS	-9591972	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUES	4802778	24
24.01	NET ASSETS RELEASED FROM RESTRICTIO	16977	24.01
24.02	NON OPERATING GAINS	552764	24.02
24.03	REGULATORY ADJUSTMENT	-906000	24.03
25	TOTAL OTHER INCOME	4466511	25
26	TOTAL	-5125461	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-5125461	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (41-0011) (41-0011)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	1442856			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				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD { E-3,PT VI, LN.18} [E, PT A, LN.3.17] [x E-3,PT VI, LN.1]				4
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0788			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1348			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2136			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0442			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	63774			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1506630			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCAN					41.02
41.03 MAG RESONANCE IMAGING					41.03
41.04 NUCLEAR MED - DIAG					41.04
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 PSYCHIATRIC/PSYCHOLOGIC					58.01
58.02 CARDIAC CATHETER LAB					58.02
58.03 RENAL DIALYSIS					58.03
OUTPATIENT SERVICE COST CENTERS					
60.01 CARDIAC REHAB					60.01
60.02 SENIOR HEALTH					60.02
60.03 ONCOLOGY CLINIC					60.03
61 EMERGENCY					61
61.01 AMBULATORY CARE CENTER					61.01
61.02 OCCUPATIONAL MEDICINE					61.02
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					

PROVIDER NO. 41-0011 LANDMARK MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08  
02/24/2010 10:08

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
96.01 RENTAL PROPERTY					96.01
96.02 RELATED COMPANIES					96.02
96.03 REHAB HOSPITAL OF RI					96.03
96.04 OTHER NON-REIMBURSABLE					96.04
96.05 BAD DEBTS NET OF RECOVERY					96.05
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 PHYSICIAN BILLING SERVICE					98.01
98.02 UNUSED SPACE					98.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105



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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	39.74		4.07				43.81 25
27 CORONARY CARE UNIT	42.36		11.95				54.31 27
33 NURSERY			73.72				73.72 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	12.97	12.91					25.88 37
38 RECOVERY ROOM	10.89	14.43					25.32 38
39 DELIVERY ROOM & LABOR ROOM	0.95						0.95 39
41 RADIOLOGY-DIAGNOSTIC	13.50	12.10					25.60 41
41.01 ULTRASOUND	4.59	8.29					12.88 41.01
41.02 CAT SCAN	12.64	15.55					28.19 41.02
41.03 MAG RESONANCE IMAGING	6.25	18.23					24.48 41.03
41.04 NUCLEAR MED - DIAG	17.68	14.29					31.97 41.04
44 LABORATORY	17.25	1.06					18.31 44
47 BLOOD STORING, PROCESSING & TRA	23.36	6.01					29.37 47
49 RESPIRATORY THERAPY	16.37	1.38					17.75 49
50 PHYSICAL THERAPY	45.23						45.23 50
51 OCCUPATIONAL THERAPY	47.13						47.13 51
52 SPEECH PATHOLOGY	46.89						46.89 52
53 ELECTROCARDIOLOGY	27.38	10.97					38.35 53
54 ELECTROENCEPHALOGRAPHY	16.83	25.78					42.61 54
55 MEDICAL SUPPLIES CHARGED TO PAT	37.55	10.66					48.21 55
56 DRUGS CHARGED TO PATIENTS	14.11	15.79					29.90 56
58.02 CARDIAC CATHETER LAB	16.15	9.09					25.24 58.02
58.03 RENAL DIALYSIS	51.45						51.45 58.03
60.01 CARDIAC REHAB	0.04	18.00					18.04 60.01
60.03 ONCOLOGY CLINIC	0.09	5.57					5.66 60.03
61 EMERGENCY	5.83	11.13					16.96 61
62 OBSERVATION BEDS (NON-DISTINCT)	15.87	36.38					52.25 62
101 TOTAL CHARGES	11.88	8.23					20.11 101

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

SUBPROVIDER I

COST CENTERS	----- TITLE XVIII -----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	31.66		27.08				58.74 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.06						0.06 41
41.01 ULTRASOUND	0.12						0.12 41.01
41.02 CAT SCAN	0.08	0.01					0.09 41.02
41.03 MAG RESONANCE IMAGING	0.26						0.26 41.03
41.04 NUCLEAR MED - DIAG	0.14						0.14 41.04
44 LABORATORY	0.46						0.46 44
49 RESPIRATORY THERAPY	0.03						0.03 49
50 PHYSICAL THERAPY	0.34						0.34 50
51 OCCUPATIONAL THERAPY	0.66						0.66 51
52 SPEECH PATHOLOGY	0.07						0.07 52
53 ELECTROCARDIOLOGY	0.23	0.01					0.24 53
54 ELECTROENCEPHALOGRAPHY	0.15						0.15 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.13						0.13 55
56 DRUGS CHARGED TO PATIENTS	0.76						0.76 56
58.03 RENAL DIALYSIS	1.62						1.62 58.03
61 EMERGENCY	0.41						0.41 61
101 TOTAL CHARGES	0.25						0.25 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT						1	
2	OLD CAP REL COSTS-MVBLE EQUIP						2	
3	NEW CAP REL COSTS-BLDG & FIXT	1548042	1.45	-1548042	-2.76		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	1494374	1.40	-1494374	-2.66		4	
5	EMPLOYEE BENEFITS	14695227	13.77	-14695227	-26.17		5	
6	ADMINISTRATIVE & GENERAL	21615390	20.26	-21615390	-38.50		6	
7	MAINTENANCE & REPAIRS	1107789	1.04	-1107789	-1.97		7	
8	OPERATION OF PLANT	1813746	1.70	-1813746	-3.23		8	
9	LAUNDRY & LINEN SERVICE	602509	.56	-602509	-1.07		9	
10	HOUSEKEEPING	2038382	1.91	-2038382	-3.63		10	
11	DIETARY	2548790	2.39	-2548790	-4.54		11	
12	CAFETERIA						12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	852636	.80	-852636	-1.52		14	
15	CENTRAL SERVICES & SUPPLY	280752	.26	-280752	-.50		15	
16	PHARMACY	5622739	5.27	-5622739	-10.01		16	
17	MEDICAL RECORDS & LIBRARY	1661424	1.56	-1661424	-2.96		17	
18	SOCIAL SERVICE	267368	.25	-267368	-.48		18	
20	NONPHYSICIAN ANESTHETISTS						20	
21	NURSING SCHOOL						21	
22	I&R SERVICES-SALARY & FRINGES A						22	
23	I&R SERVICES-OTHER PRGM COSTS A						23	
24	PARAMED ED PRGM-(SPECIFY)						24	
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	10062391	9.43	13393384	23.85	23455775	21.99	25
27	CORONARY CARE UNIT	2862711	2.68	2710757	4.83	5573468	5.22	27
31	SUBPROVIDER I	1332205	1.25	2297233	4.09	3629438	3.40	31
33	NURSERY	495417	.46	525096	.94	1020513	.96	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	4330858	4.06	4270401	7.61	8601259	8.06	37
38	RECOVERY ROOM	563949	.53	523337	.93	1087286	1.02	38
39	DELIVERY ROOM & LABOR ROOM	588058	.55	611176	1.09	1199234	1.12	39
41	RADIOLOGY-DIAGNOSTIC	2072091	1.94	1979093	3.52	4051184	3.80	41
41.01	ULTRASOUND	323315	.30	283569	.51	606884	.57	41.01
41.02	CAT SCAN	771889	.72	723752	1.29	1495641	1.40	41.02
41.03	MAG RESONANCE IMAGING	450752	.42	177275	.32	628027	.59	41.03
41.04	NUCLEAR MED - DIAG	442570	.41	336914	.60	779484	.73	41.04
42	RADIOLOGY-THERAPEUTIC	15508	.01	4507	.01	20015	.02	42
44	LABORATORY	4301519	4.03	2752035	4.90	7053554	6.61	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	1063075	1.00	337022	.60	1400097	1.31	47
49	RESPIRATORY THERAPY	892637	.84	840482	1.50	1733119	1.62	49
50	PHYSICAL THERAPY	369329	.35	125201	.22	494530	.46	50
51	OCCUPATIONAL THERAPY	174698	.16	70256	.13	244954	.23	51
52	SPEECH PATHOLOGY	54551	.05	17352	.03	71903	.07	52
53	ELECTROCARDIOLOGY	542249	.51	502352	.89	1044601	.98	53

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
54 ELECTROENCEPHALOGRAPHY	28673	.03	124739	.22	153412	.14	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3958462	3.71	1440867	2.57	5399329	5.06	55
56 DRUGS CHARGED TO PATIENTS	5295837	4.96	9706333	17.29	15002170	14.06	56
58.01 PSYCHIATRIC/PSYCHOLOGIC							58.01
58.02 CARDIAC CATHETER LAB	2241100	2.10	1691761	3.01	3932861	3.69	58.02
58.03 RENAL DIALYSIS	206979	.19	67140	.12	274119	.26	58.03
60.01 CARDIAC REHAB	346260	.32	558458	.99	904718	.85	60.01
60.02 SENIOR HEALTH	2331		80580	.14	82911	.08	60.02
60.03 ONCOLOGY CLINIC	265895	.25	466953	.83	732848	.69	60.03
61 EMERGENCY	3888265	3.64	4730602	8.43	8618867	8.08	61
61.01 AMBULATORY CARE CENTER							61.01
61.02 OCCUPATIONAL MEDICINE	402600	.38	389903	.69	792503	.74	61.02
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
65 OTHER REIMBURSABLE COST CENTERS							65
65 AMBULANCE SERVICES							65
65 OUTPATIENT SERVICE COST CENTERS							65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
71 SPECIAL PURPOSE COST CENTERS							71
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
85.03 NONREIMBURSABLE COST CENTERS							85.03
96.01 RENTAL PROPERTY	118640	.11	830464	1.48	949104	.89	96.01
96.02 RELATED COMPANIES			9242	.02	9242	.01	96.02
96.03 REHAB HOSPITAL OF RI	442966	.42	2177855	3.88	2620821	2.46	96.03
96.04 OTHER NON-REIMBURSABLE	61988	.06	145239	.26	207227	.19	96.04
96.05 BAD DEBTS NET OF RECOVERY							96.05
98 PHYSICIANS' PRIVATE OFFICES	1562231	1.46	1212051	2.16	2774282	2.60	98
98.01 PHYSICIAN BILLING SERVICE							98.01
98.02 UNUSED SPACE			35787	.06	35787	.03	98.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	106681167	100.00	0	.00	106681167	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL			
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	442180	28794211	.015357	3734635	57353	37
38 RECOVERY ROOM	14816	3958986	.003742	431118	1613	38
39 DELIVERY ROOM & LABOR ROOM	29936	2245996	.013329	21272	284	39
41 RADIOLOGY-DIAGNOSTIC	162614	14100290	.011533	1903905	21958	41
41.01 ULTRASOUND	50086	3926816	.012755	180098	2297	41.01
41.02 CAT SCAN	166861	17566496	.009499	2219658	21085	41.02
41.03 MAG RESONANCE IMAGING	9787	4751816	.002060	296802	611	41.03
41.04 NUCLEAR MED - DIAG	13040	3458132	.003771	611286	2305	41.04
42 RADIOLOGY-THERAPEUTIC	66	143441	.000460			42
44 LABORATORY	92972	48657674	.001911	8392610	16038	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	8121	4776581	.001700	1116048	1897	47
49 RESPIRATORY THERAPY	23456	8329835	.002816	1363562	3840	49
50 PHYSICAL THERAPY	4506	1156775	.003895	523243	2038	50
51 OCCUPATIONAL THERAPY	3944	610627	.006459	287817	1859	51
52 SPEECH PATHOLOGY	478	501490	.000953	235156	224	52
53 ELECTROCARDIOLOGY	47379	6886882	.006880	1885688	12974	53
54 ELECTROENCEPHALOGRAPHY	38414	1788650	.021477	300979	6464	54
55 MEDICAL SUPPLIES CHARGED TO PAT	27087	18805116	.001440	7060864	10168	55
56 DRUGS CHARGED TO PATIENTS	76226	38463040	.001982	5427035	10756	56
58.01 PSYCHIATRIC/PSYCHOLOGIC						58.01
58.02 CARDIAC CATHETER LAB	380126	7787637	.048811	1257584	61384	58.02
58.03 RENAL DIALYSIS	2027	762494	.002658	392294	1043	58.03
OUTPATIENT SERVICE COST CENTERS						
60.01 CARDIAC REHAB	67326	764054	.088117	286	25	60.01
60.02 SENIOR HEALTH	13508					60.02
60.03 ONCOLOGY CLINIC	21581	1578649	.013671	1494	20	60.03
61 EMERGENCY	144056	56627708	.002544	3302160	8401	61
61.01 AMBULATORY CARE CENTER						61.01
61.02 OCCUPATIONAL MEDICINE	4633	1212688	.003820			61.02
62 OBSERVATION BEDS (NON-DISTINCT	21902	1984445	.011037	314880	3475	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	1867128	279640529		41260474	248112	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	457767		457767	29449	15.54	11702	181849 25
27	CORONARY CARE UNIT	159995		159995	3206	49.90	1358	67764 27
101	TOTAL	617762		617762			13060	249613 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							249613	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							248112	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							497725	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2160	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							13060	
PER DISCHARGE CAPITAL COSTS							230.43	
PER DIEM CAPITAL COSTS							38.11	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	21483882
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	63820314
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.337

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1354841
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4760388
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.285

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	497725
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.008

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPFS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	7476488
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPFS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	28582066
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.262