MISREPRESENTATION OF 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)

(SIGNED)

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 SHARE AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY (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.

			OFFICER OR	ADMINISTRATOR OF P	ROVIDER(S)	
			TITLE			
			DATE			
		PART II - SETT	LEMENT SUMMARY			
		TITLE V	TITLE PART A	XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		-52156	40232		1
2	SUBPROVIDER I		26571			2
2.01	SUBPROVIDER II					2.01
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY HOME HEALTH AGENCY					57
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		-25585	40232		100

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

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

WORKSHEET S-2

HOODIT		NOODIENI NENIENI ONEL OOMIE	X ADDREGG.							
1	STREET	HOSPITAL HEALTH CARE COMPLE : FRIENDSHIP STREET		P.O.BOX:						1
1.01	CITY:	NEWPORT	STATE: RI	ZIP CODE: 02	840 CO	UNTY: NEWPO	RT			1.01
HOSPIT	AL AND	HOSPITAL-BASED COMPONENT ID	ENTIFICATION:		PROVIDER	DATE		YMENT S P,T,O (
	COMPON 0	ENT	COMPONENT NAME 1		NUMBER 2	CERTIFII 3		XVIII 5		
2	HOSPIT.	AL	NEWPORT HOSPITAL		41-0006	05/24/1	966 N	P	N	2
3		VIDER I	VANDERBILT REHAB CENT			10/10/1		P P	N N	3 3.01
3.01 4		VIDER II BEDS - SNF	NEWPORT HOSPITAL PSYC	HIATRIC UNIT	41-5006	10/01/1	985 N	P	IN	3.01 4
5 6		BEDS – NF AL-BASED SNF								5 6
7		AL-BASED SNF AL-BASED NF								7
8 9		AL-BASED OLTC AL-BASED HHA								8 9
11	SEPARA	TELY CERTIFIED ASC								11
12 14		AL-BASED HOSPICE ASED RHC								12 14
15 16		IENT REHABILITATION PROVID								15 16
		DIALYSIS								
17 18		EPORTING PERIOD (MM/DD/YYYY F CONTROL)		FROM: 1	0/01/2008 1 10	TO: 09/30 2	/2009		17 18
						10				10
19 19	HOSPIT	TAL/SUBPROVIDER AL				1				19
20		VIDER I VIDER II				5 4				20 20.01
						7				20.01
OTHER 21	INFORMA INDICA	TION TE IF YOUR HOSPITAL IS EITH	ER (1) URBAN OR (2) RURAL A	AT THE END OF	THE COST					21
		ING PERIOD IN COLUMN 1. IF URAL AREA, IS YOUR BED SIZE								
		BEDS, ENTER IN COLUMN 2 'Y		412.105 LESS	IHAN OK EQUA	ь				
21.01		OUR FACILITY QUALIFY AND IS ORDANCE WITH 42 CFR 412.106								21.01
	FACILI ENTER	TY SUBJECT TO THE PROVISION IN COLUMN 2 'Y' OR 'N' FOR	S OF 42 CFR 412.106(c)(2) (NO.	PICKLE AMENDM	ENT HOSPITAL	S)?				
21.02		UR FACILITY RECEIVED GEOGRA , REPORT IN COLUMN 2 THE EF		ER 'Y' FOR YES	AND 'N' FOR	NO.				21.02
21.03	ENTER	IN COLUMN 1 YOUR GEOGRAPHIC	LOCATION EITHER (1) URBAN			D 11	Ň	Y	39300	21.03
		IN COLUMN 1 INDICATE IF YOU SIFICATION TO A RURAL LOCAT				2				
	FACILI	, ENTER IN COLUMN 3 THE EFF TY CONTAIN 100 OR FEWER BED	S IN ACCORDANCE WITH 42 CFF	R 412.105? ENT	ER IN COLUMN					
21.04	FOR ST.	R YES AND 'N' FOR NO. ENTER ANDARD GEOGRAPHIC RECLASSIF	ICATION (NOT WAGE), WHAT IS	S YOUR STATUS		NING 1				21.04
21.05		COST REPORTING PERIOD. ENT ANDARD GEOGRAPHIC RECLASSIF			AT THE END O	F THE 1				21.05
	COST R	EPORTING PERIOD. ENTER (1) HIS HOSPITAL QUALIFY FOR TH	URBAN AND (2) RURAL.							21.06
21.00	SMALL 3	RURAL HOSPITAL UNDER THE PR	OSPECTIVE PAYMENT SYSTEM FO	OR HOSPITAL OU	TPATIENT SER	VICES				21.00
21.07		DRA SECTION 5105 OR MIPPA 1 HIS HOSPITAL QUALIFY AS AN								21.07
	ENTER	'Y' FOR YES AND 'N' FOR NO METHOD IS USED TO DETERMINE	(SEE INSTRUCTIONS).							
21.08	DATE O	F ADMISSION, 2 IF IT IS BAS	ED ON CENSUS DAYS, OR 3 IF	IT IS BASED O	N DATE OF	ON				21.08
		RGE. IS THIS METHOD DIFFERE ? ENTER IN COLUMN 2, 'Y' FO		THE LAST COST	REPORTING					
22	ARE YO	U CLASSIFIED AS A REFERRAL	CENTER?			NO				22
23 23.01		HIS FACILITY OPERATE A TRAN S IS A MEDICARE CERTIFIED K								23 23.01
23 02		. 2 AND TERMINATION IN COL. S IS A MEDICARE CERTIFIED H		ידס דעד מדסידד	TOATTON DATE					23.02
	IN COL	. 2 AND TERMINATION IN COL.	3.							
	IN COL	S IS A MEDICARE CERTIFIED L . 2 AND TERMINATION IN COL.	3.							23.03
23.04		S IS A MEDICARE CERTIFIED L . 2 AND TERMINATION IN COL.		ER THE CERTIFI	CATION DATE					23.04
23.05	IF MED	ICARE PANCREAS TRANSPLANTS RMINATION DATE.		IONS FOR ENTER	ING CERTIFIC	ATION				23.05
23.06	IF THI	S IS A MEDICARE CERTIFIED I		R, ENTER THE C	ERTIFICATION					23.06
23.07	IF THI	N COL. 2 AND TERMINATION IN S IS A MEDICARE CERTIFIED I	SLET TRANSPLANT CENTER ENTH	ER THE CERTIFI	CATION DATE					23.07
24		. 2 AND TERMINATION IN COL. S AN ORGAN PROCUREMENT ORGA		PO NUMBER IN	COL 2.					24
	AND TE	RMINATION IN COL. 3.								
24.01		S A MEDICARE TRANSPLANT CEN ICATION DATE OR RECERTIFICA								24.01

PROVIDER NO. 41-0006 NEWPORT HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009	KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2	2007)	VERSION: 02/25/2010	2010.02 0 08:46
HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA				HEET S-2 FINUED)
OTHER INFORMATION 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING	NG HOSPITAL AND YOU ARE MAKING	NO		25
PAYMENTS FOR I & R? 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CM 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND AP IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING	PROVED TEACHING PROGRAM STATUS PERIOD? IF YES, COMPLETE	NO NO		25.01 25.02
WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMEN DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLET	I FOR PHYSICIANS' SERVICES AS	NO		25.03
<pre>25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YE 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENT THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)</pre>	S, COMPLETE WORKSHEET D-2 CAP (COLUMN 2) BEEN REDUCED UNDER	NO		25.04 25.05
25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE	412.105(f)(1)(iv)(C)? ENTER 'Y'			25.06
26 IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMB ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT	ER OF PERIODS SCH STATUS IN EFFECT. 26.01. SUBSCRIPT LINE 26.01 FOR			26
26.03 IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD	THAT SCH STATUS WAS IN EFFECT			26.01 26.03
AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED 26.04 IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EF BEGINNING: ENDING: B				26.04
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTI FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/d	ON 1883 OR SECTION 1913	NO		27
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N'	PATIENTS UNDER MANAGED CARE			28
28.01 IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERI	OD 1, 2, 3, OR 100 IN COL 1, ENTER			28.01
IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE 28.02 ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. I CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER TH CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENT CHARACTER CODE IF RURAL BASED FACILITY.	RATE (FROM YOUR F.I.) N COL 2 ENTER THE FACILITY E SNF MSA CODE OR TWO			28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, N FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/200 INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO T WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN CO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRE	3. CONGRESS EXPECTED THIS EXPENSES. ENTER IN COLUMN 1 DTAL SNF REVENUE FROM LUMN 2 'Y' FOR YES OR 'N' FOR NO			
EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS) 28.03 STAFFING		0.00	NO	28.03
28.04 RECRUITMENT 28.05 RETENTION OF EMPLOYEES		0.00 0.00	NO NO	28.04 28.05
28.06 TRAINING 28.07 OTHER (SPECIFY)		0.00	NO NO	28.06 28.07
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTI		NO		29
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSP HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO		30
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACI SEE 42 CFR 413.70.	LITY OPERATED AS A RPCH/CAH?			30.01
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECT PAYMENT FOR OUTPATIENT SERVICES?	ED THE ALL-INCLUSIVE METHOD OF			30.02
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBI ON OR AFTER 12/21/2000)				30.03
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE WORKSHEET D-2, PART II.	GME ELIMINATION WOULD NOT BE ON	3		30.04
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO SEE 42 CFR 412.113(c).	THE CRNA FEE SCHEDULE?	NO		31
31.01 IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN SEE 42 CFR 412.113(c).	EXCEPTION TO THE CRNA FEE SCHEDULE?	NO		31.01
31.02 IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEP SEE 42 CFR 412.113(c).	FION TO THE CRNA FEE SCHEDULE?	NO		31.02

31.02 IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). NO

PROVIDER NO. 41-0006 NEWPORT HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009	KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/20	07)	VERSION: 02/25/203	2010.02 10 08:46
HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA				SHEET S-2 NTINUED)
MISCELLANEOUS COST REPORTING INFORMATION 32 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER T IN COLUMN 2.	HE METHOD USED (A, B, OR E ONLY)	NO		32
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGI DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL P. FOR NO IN COLUMN 2.	NNING ON OR AFTER OCTOBER 1, 2002,	NO		33
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEF 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT)	UNDER 42 CFR 413.40(f)(1)(i)?	NO NO NO		34 35 35.01
		V XVII		
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL		1 2		
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISP WITH 42CFR412.320?		NO YES NO NO	NO NO	36 36.01
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPI 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON		NO NO	NO	37 37.01
TITLE XIX INPATIENT HOSPITAL SERVICES				
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?		YES		38
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE C				38.01
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE		NO		38.02
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BED		NO		38.03
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE	X1X?	NO		38.04
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAI THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACIL ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES	N ORGANIZATION, ENTER IN COL. 2 ITY IS PART OF A CHAIN ORGANIZATION,	YES 04890	0	40
40.01 NAME: LIFESPAN FI/CONTRACTOR'S NAM	ME: PINNACLE MEDICARE SERVICES FI/CON	TRACTOR'S NUM	BER: 00021	40.01
40.02 STREET: 167 POINT STREET	P.O.BO			40.02
40.03 CITY: PROVIDENCE		RI ZIP CODE	: 02903	
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSH		YES		41
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPL		NO		42
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE S 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPL		NO NO		42.01 42.02
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PRO		NO		43
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEE		YES		44
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APP.	THE PREVIOUSLY FILE COST REPORT?	YES NO NO NO YES NO		45
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHO 46 IF YOU ARE PARTICIPATING IN THE NHCMO DEMONSTRATION PRO				45.03 46
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PRO DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.	DECI (MUSI NAVE A NUSPIIAL-BASED SNF)			40

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).

				OUTPATIENT	OUTPATIENT	OUTPATIENT	
		PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES F	OR EXTRAORDIN	ARY CIRCUMSTAN	CES IN ACCORDAN	NCE WITH NC)	52
	42 CFR 412.348(e)?						
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD	HARMLESS PROV	IDER ARE YOU E	LIGIBLE FOR THE	E SPECIAL NO)	52.01
	EXCEPTION PAYMENT PURSUANT TO 42 CFR 41	2.348(g)? IF	YES, COMPLETE	L, PART IV.			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITA	L (MDH), ENTE	R THE NUMBER O	F PERIODS MDH S	STATUS IN		53
	EFFECT. ENTER BEGINNING AND ENDING DATE	S OF MDH STAT	US ON LINE 53.	01. SUBSCRIPT I	JINE		
	53.01 FOR NUMBER OF PERIODS IN EXCESS C	F ONE AND ENT	ER SUBSEQUENT	DATES.			
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AN	D PAID LOSSES	:				54
	PREMIUMS: 998567 PAID LOSSES:	A	ND/OR SELF INS	URANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSE	S REPORTED IN	OTHER THAN TH	E ADMINISTRATIV	7E AND NC)	54.01
	GENERAL COST CENTER? IF YES, SUBMIT SUP	PORTING SCHED	ULE LISTING CO	ST CENTERS AND	AMOUNTS		
	CONTAINED THEREIN.						
55	DOES YOUR FACILITY QUALIFY FOR ADDITION	AL PROSPECTIV	E PAYMENT IN A	CCORDANCE WITH	NC)	55
	42 CFR 412.107. ENTER 'Y' FOR YES AND '	N' FOR NO.					
53.01 54 54.01	EFFECT. ENTER BEGINNING AND ENDING DATE 53.01 FOR NUMBER OF PERIODS IN EXCESS C MDH PERIOD: LIST AMOUNTS OF MALPRACTICE PREMIUMS AN PREMIUMS: 998567 PAID LOSSES: ARE MALPRACTICE PREMIUMS AND PAID LOSSE GENERAL COST CENTER? IF YES, SUBMIT SUF CONTAINED THEREIN. DOES YOUR FACILITY QUALIFY FOR ADDITION	S OF MDH STAT F ONE AND ENT D PAID LOSSES A S REPORTED IN PORTING SCHED AL PROSPECTIV	US ON LINE 53. ER SUBSEQUENT BEGINNING: : ND/OR SELF INS OTHER THAN TH ULE LISTING CO	01. SUBSCRIPT I DATES. URANCE: E ADMINISTRATIV ST CENTERS AND	JINE ENDING: /E AND NC AMOUNTS		54 54.01

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA						RKSHEE CONTIN	
		DATE 0	Y/N 1	LIMIT 2	Y/N 3		
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDER ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS BEGINNING ON OR AFTER 4/1/2002.	YEAR OF OPERATIONS, Y'OR 'N' IN COL 3 RING AMBULANCE SERVICES.	/ /	NO	0.00	NO		56
 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR I ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAV PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AF' 	VE YOU MADE THE ELECTION FOR FOR NO. THIS OPTION IS ONL	R 100% LY	NO YES				57 58
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACH COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2 OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A N WITH FF VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929' 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIV IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNIN OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING (SEE INSTRUCTIONS)	HING PROGRAM IN THE MOST REC 2004? ENTER IN COLUMN 1 'Y' IEW TEACHING PROGRAM IN ACCC P ENTER IN COLUMN 2 'Y' FOR YELY IN COLUMN 3 (SEE INSTRU IG OF THE FOURTH ENTER 4 IN	CENT FOR YES ORDANCE YES OR JCTIONS) COLUMN 3	NO ,				58.01
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONT ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAV PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N	VE YOU MADE THE ELECTION FOR		NO				59
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO Y ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR	5 THE IPF OR IPF SUBPROVIDER		YES				60
60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACH COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2 FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEAC 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INS REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTH SUESEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM II	HING PROGRAM IN THE MOST REC 2004? ENTER 'Y' FOR YES OR ' CHING PROGRAM IN ACCORDANCE FOR YES OR 'N' FOR NO. IF FTRUCTIONS). IF THE CURRENT 2R 4 IN COLUMN 3, OR IF THE	'N' WITH COLUMN 2 COST	NO	NO			60.01
MULTICAMPUS							<i>c</i>
61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN (ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	COL. 1, STATE IN COL. 2,		NO			FTE/	61
COUNTY:	5	STATE: Z			C	AMPUS	
1		2	3	4		5	
SETTLEMENT DATA	DIMITED THE OF HOR TOTAL		NO				C 2
63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS AND DAYS (NLV)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLL		122	NO				63

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)
 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-96 (9/2000)
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3

PART	1

						I/P DAYS	/ O/P VISITS	/ TRIPS-	
				CAH			LTCH		OBS.
		NO. OF	BED DAYS	PATIENT	TITLE	TITLE	NONCOVERED	TITLE	BEDS
	COMPONENT	BEDS 1	AVAILABLE 2	HOURS	V	XVIII 4	DAYS 4.01	XIX 5	ADMITTED 5.01
		Ţ	2	2.01	3	4	4.01	5	5.01
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	92	33580			8416		405	1
2	НМО							1900	2
3	HOSPITAL ADULTS & PEDS -								3
	SWING BED SNF								
4	HOSPITAL ADULTS & PEDS -								4
	SWING BED NF								
5	TOTAL ADULTS & PEDS	92	33580			8416		405	5
	EXCL OBSERVATION BEDS								
6	INTENSIVE CARE UNIT	10	3650			1069		75	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							20	11
12	TOTAL HOSPITAL	102	37230			9485		500	12
13	RPCH VISITS								13
14	SUBPROVIDER I	12	4380			1185		73	14
	SUB PROVIDER II	15	5490			843		396	14.01
15	SKILLED NURSING FACILITY								15
16	NURSING FACILITY								16
17	OTHER LONG TERM CARE								17
18	HOME HEALTH AGENCY								18
20	ASC (DISTINCT PART)								20
21	HOSPICE (DISTINCT PART)								21
23	O/P REHAB PROVIDER								23
24	RHC I								24
25	TOTAL	129						145	25
26	OBSERVATION BED DAYS							145	12 26
27	AMBULANCE TRIPS								27
28 29	EMPLOYEE DISCOUNT DAYS								28
29	LABOR & DELIVERY DAYS								29

	HOSPITAL AND HEALTH CARE C	OMPLEX STA	ATISTICAL D	ATA						WORKSHE PAR (CONTI	ТΙ
		I/P OBS.	DAYS / O/P	VISITS / OBS.	TRIPS OBS.	INTE	ERNS & RES FTI LESS I&R	ES	FULL TIME		,
	COMPONENT		TOTAL ALL PATIENTS 6	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL 7	REPL NON-	NET 9	EMPLOYEES ON PAYROLL 10		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DA		17152								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		17152								5
6	INTENSIVE CARE UNIT		1906								б
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		1627								11
12	TOTAL HOSPITAL		20685						614.29		12
13	RPCH VISITS										13
14	SUBPROVIDER I		2537						14.51		14
14.01	SUB PROVIDER II		3869						18.68		14.01
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY										18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL								647.48		25
26		133	2502	289	2213						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28
29	LABOR & DELIVERY DAYS										29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I (CONTINUED)

			DIC	UNDORO	
					TOTAL ALL
	COMPONENT	V			PATIENTS
		12	13	14	15
1			1715	100	4077
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1715	103	4977
2	HMO XIX				
3	HOSPITAL ADULTS & PEDS -				
	SWING BED SNF				
4	HOSPITAL ADULTS & PEDS -				
	SWING BED NF				
5	TOTAL ADULTS & PEDS				
~	EXCL OBSERVATION BEDS				
6	INTENSIVE CARE UNIT				
7 8	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT				
9	SURGICAL INTENSIVE CARE UNIT				
10	OTHER SPECIAL CARE (SPECIFY)				
11	NURSERY				
12	TOTAL HOSPITAL		1715	103	4977
13	RPCH VISITS				
14	SUBPROVIDER I		83	б	172
14.01	SUB PROVIDER II		123	56	676
15	SKILLED NURSING FACILITY				
16	NURSING FACILITY				
	OTHER LONG TERM CARE				
	HOME HEALTH AGENCY				
20 21	ASC (DISTINCT PART)				
21 23	HOSPICE (DISTINCT PART) O/P REHAB PROVIDER				
23 24	RHC I				
25	TOTAL				
26	OBSERVATION BED DAYS				
	AMBULANCE TRIPS				
28	EMPLOYEE DISCOUNT DAYS				

	DER NO. 41-0006 NEWPORT HOSPITAL D FROM 10/01/2008 TO 09/30/2009		IN	LIEU OF FC	PU-MAX MICRO DRM CMS-2552-	96 (9/2000)		VERSION: 2010.02 02/25/2010 08:46
PART	HOSPITAL WAGE INDEX INFORMATION II - WAGE DATA	AMOUNT	RECLASS. OF SALARIES FROM WKST. A-6 2 -3	ADJUSTED SALARIES (COL.1 +	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAG (COL.3 /	17	WORKSHEET S-3 PART II
	SALARIES	REPORTED	A-6	2	IN COL.3	COL.4)	SOURCE	
1	TOTAL SALARIES	20210011	-2	20210000	1246759 40	20 12	0	1
2	NON-PHYSICIAN ANESTHETIST PART A	59210011	J	55210000	1340/30.40	27.12		2
3								3
	PHYSICIAN - PART A							4
	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
	NON-PHYSICIAN - PART B							5.01
	INTERNS & RESIDENTS (IN APPR PGM)							б
	CONTRACT SERVICES, I&R							6.01
7 8	HOME OFFICE PERSONNEL SNF							7
	SNF FYCLIDED ADEA SALADIES	2212017	64823	2276840	72820.80	31 27		8.01
0.01	EXCLUDED AREA SALARIES OTHER WAGES & RELATED COSTS	221201/	04025	22/0040	72020.00	51.27		0.01
9	CONTRACT LABOR	15256		15256	226.50	67.36		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
	LABORATORY SERVICES UNDER CONTRACT							9.02
	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
	CONTRACT LABOR: PHYSICIAN PART A	323445		323445	2009.75	160.94		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	2060064		2000000		10.05		10.01
12	HOME OFFICE SALARIES & WAGE REL COSTS HOME OFFICE: PHYSICIAN PART A	3969864		3969864	20932.00	49.05		11 12
	TEACHING PHYSICIAN SALARIES	419095		419095	2002.00	104.40		12.01
12.01	WAGE-RELATED COSTS							12.01
13		9471063		9471063			CMS 339	13
14	WAGE RELATED COSTS (CORE) WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	583742		583742			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 PART A TEACHING PHYSICIANS						CMS 339 CMS 339	18 18.01
	PARI A HEACHING PHISICIANS PHYSICIAN PART B						CMS 339 CMS 339	10.01
	WAGE RELATED COSTS (RHC/FQHC)						0110 555	19.01
	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL UNDER CONTACT	105419	-52021	53398	104.00	513.44		21
22	ADMINISTRATIVE & GENERAL	4223432	-762112	3461320	122527.12	28.25 203.79 24.17 28.58		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	246075	2260	246075	1207.52	203.79		22.01 23
23	MAINTENANCE & REPAIRS	14/936	3362	151298	6260.51 29701 02	24.1/		23
24	LAUNDRY & LINEN SERVICE	69974	1590	040707 71564	4201 41	17.03		24
26	ADMINISTRATIVE & GENERAL UNDER CONTACT MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING	1296896	29477	1326373	87855.13	15.10		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1141536	-186908	954628	57093.06	16.72		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	44429	213864	258293	9588.65	26.94		28
29	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR	1505530	250100	1155600	20044 22	28.45		29
30 31	NURSING ADMINISTRATION	1525718	-370109	1155609	30844.03	37.47 27.86 38.53		30 31
31 32	CENICAT SERVICES AND SOLAFI	200822 1122467	-∠/⊥005 20117	∠895/ 1171504	1039.21 20408 21	∠/.ŏb 20 ⊑2		31 32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	940658	21986	962644	46111.47	20.88		33
34	SOCIAL SERVICE	- 10050	182040	182040	6052.80	30.08		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART	III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5
1	NET SALARIES	39464086	-3	39464083	1347965.92	29.28
2	EXCLUDED AREA SALARIES	2212017	64823	2276840	72820.80	31.27
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	37252069	-64826	37187243	1275145.12	29.16
4	SUBTOTAL OTHER WAGES & REL COSTS	4728460		4728460	85721.13	55.16
5	SUBTOTAL WAGE-RELATED COSTS	9471063		9471063		25.47%
б	TOTAL (SUM OF LINES 3 THRU 5)	51451592	-64826	51386766	1360866.25	37.76
7	NET SALARIES					
8	EXCLUDED AREA SALARIES					
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)					
10	SUBTOTAL OTHER WAGES & REL COSTS					
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL (SUM OF LINES 9 THRU 11)					
13	TOTAL OVERHEAD COSTS	12006208	-1133718	10872490	432994.14	25.11

WORKSHEET S-3 PART III

PROVIDER NO. 41-0006	NEWPORT HOSPITAL	KPMG LLP COMPU-MAX MICRC
PERIOD FROM 10/01/2008	8 TO 09/30/2009	IN LIEU OF FORM CMS-2552

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

HOSPITAL UNCOMPENSATED CARE DATA

UNCOM	PENSATED 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			2.01
2.01			2.01
	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
	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 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION? IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		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
	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	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED		10
	BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY		11
	LEVEL? IF YES ANSWER LINES 11 THRU 11.04		
	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
	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		13
14	EXTRAORDINARY MEDICAL EXPENSES?		14
	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING		14.01
14.01	DO TOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PORPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02			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	11481674	
	GROSS MEDICALD REVENUES	7943092	
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	19424766	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	14195995	23
24	COST TO CHARGE RATIO	0.453366	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	6435981	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	4086164	
29	TOTAL GROSS MEDICAID COST	1852528	
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	11481674	
31	UNCOMPENSATED CARE COST	5205401	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	8288509	32

 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-96 (9/96)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

					momat	RECLASSI-		ADJUST-	NET EXP FOR	
		COST CENTER	SALARIES 1	OTHER 2		FICATIONS 4	BALANCE 5		ALLOCATION 7	
1 2	0100	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE FOULP								1
3 4	0300	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MUBLE EQUIP NEW CAP REL COSTS-MUBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE		3152759 3639403	3152759 3639403	1440044 -103030	4592803 3536373	203964 170632	4796767 3707005	3 4
5	0500	EMPLOYEE BENEFITS	105419	10132610	10238029	-56082	10181947	-13270	10168677	5
6 7	0600	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	4223432 147936	21362417 208927	25585849 356863	-767137 3362	24818712 360225	-7436860	360225	6 7
8	0800	OPERATION OF PLANT	829846	3893938	4723784	18741	4742525	-66098	4676427	8
9 10	1000	LAUNDRY & LINEN SERVICE HOUSEKEEPING	69974 1296896	410918 288555	480892 1585451	1590 29472	482482 1614923	-804	482482 1614119	9 10
11	1100	DIETARY	1141536	626872	1768408	-303292	1465116	-11302	1453814	11
12 13	1300	CAFETERIA MAINTENANCE OF PERSONNEL	44429	10	44439	330248	3/468/	-3/2691	1996	12
14	1400	NURSING ADMINISTRATION	1525718	113902	1639620	-370666	1268954	-122692	1146262	14
15 16	1600	PHARMACY	300822 1133467	2501472	4/24/9 3634939	-2153330	1481609	-8803	1472806	15
17	1700	MEDICAL RECORDS & LIBRARY	940658	299233	1239891	21988	1261879	-51995	1209884	17
18 20	2000	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS				182040	182040		182040	20
21 22		NURSING SCHOOL								21 22
22		I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A								22
24	2400	PARAMED ED PRGM-(SPECIFY)	,							24
25	2500	PARAMED ED PRGM-(SPECIFI) INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER I SUB PROVIDER I NURSERY SKILLED NURSING FACILITY	, 8119636	819689	8939325	-1325689	7613636	-5013	7608623	25
26 31	2600	INTENSIVE CARE UNIT	1730452	258151	1988603	22968	2011571	245712	2011571 1461321	
31.01	3100	SUB PROVIDER II	1235841	341603	1577444	28890	1606334	772319	2378653	
33 34	3300	NURSERY SKILLED NURSING FACILITY		77560	77560	339120	416680		416680	2.4
34	3400	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ALABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOLSOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO DLOOD STORING RECESSING & TRA								34
37	3700	OPERATING ROOM	1929490	3543661	5473151	-508262	4964889	-310020	4654869	37
39	3900	DELIVERY ROOM & LABOR ROOM	1230977	6441	6441	897199	903640	-5881	897759	39
41	4100	RADIOLOGY-DIAGNOSTIC	1655921	587735	2243656	-65348	2178308	-68149	2110159	41
41.01 43	4300	RADIOISOTOPE	194988	200920	395908	15363	411271	-100	411271	41.01 43
44	4400	LABORATORY	1823601	2011083	3834684	-101840	3732844	-729623	3003221	44
46.30 47	4650	BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA	264922	597677	862599	10294	872893 994710		872893	46.30
49 50	4900	RESPIRATORY THERAPY	828240	198048	862599 1026288	-31578	994710	-24272	970438 2085382	
50.01	3550	BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUBPLIES CHARGED TO PAT	1940039	51009	1991708	53074	2005502		2005502	50.01
52 53	5200	PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS	164079	2830	166909	14042	180951	-164926	180951 627446	
54	5400	ELECTROEARDIOLOGI ELECTROENCEPHALOGRAPHY	235096	26324	261420	19086	280506	-14298	266208	54
55 56	5500	MEDICAL SUPPLIES CHARGED TO PAT				1224073 2559869	1224073	1740	1224073 2558120 871794 598308	55 56
59	3230	CAT SCAN	625336	171371	796707 552405	75087	871794	-1/49	871794	59
		ULTRASOUND VRC CONTRACT	520866	31539	552405	52050	604455	-6147	598308	59.01 59.02
		RENAL DIALYSIS				93738	93738		93738	
61		OUTPATIENT SERVICE COST CENTERS EMERGENCY	2415070	3672805	6087875	-79562	6009212	- 2775945	3232367	61
		OCCUPATIONAL HEALTH	555462	1065390	1620852	6390	1627242	-240278	1386964	61.01
		PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINCT				12101	12101	5789	17890	61.02
63.50										63.50
63.60	6320	FQHC OTHER REIMBURSABLE COST CENTERS								63.60
69.10	6910									69.10
		OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY								69.20 69.30
		OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
		PANCREAS ACQUISITION								85.01
		INTESTINAL ACQUISITION ISLET CELL ACQUISITION								85.02 85.03
88		INTEREST EXPENSE		1337014	1337014					88
95		SUBTOTALS NONREIMBURSABLE COST CENTERS	39218011	62374891	101592902	-15279	101577623	-10932500	90645123	95
96		GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01	9601	CCRI								96.01

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/96)
 02/25/2010 08:46

WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
96.02 9602	2 VRC CONTRACTS								96.02
96.03 9603	3 LIFELINE								96.03
98 9800) PHYSICIANS' PRIVATE OFFICES		443	443	15279	15722		15722	98
100 7950) VACANT SPACE								100
101	TOTAL	39218011	62375334	101593345		101593345	-10932500	90660845	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		- INCREASE		
			COST CENTER		SALARY	
		1	2	3	4	5
1	M&S CHARGEABLE	A	MEDICAL SUPPLIES CHARGED TO P	55		1224073
2		А				
3		А				
4		A	ELECTROCARDIOLOGY	53		925
5		A				
6		A				
7		A				
8		A				
9		A				
10		A				
11		A				
12		A				
13		A				
14		A				
15		A				
16		A				
17		A				
18		A				
19		A				
20		A				
21		A				
22	CS&S TECH TIME	в	OPERATING ROOM PHYSICIANS' PRIVATE OFFICES	37		85143
23		В	PHYSICIANS' PRIVATE OFFICES	98		3693
	NURSING SALARIES	C	NURSERY	33		
25		C	DELIVERY ROOM & LABOR ROOM	39	891311	
26	CS&S TECH TIME NURSING SALARIES DRUGS & IV CHARGEABLE	D	ADMINISTRATIVE & GENERAL	6 56		864
	DRUGS & IV CHARGEABLE	D	DRUGS CHARGED TO PATIENTS	56		2559869
28						
29		D				
30		D				
31		D				
32		D				
33		D				
34		D				
35		D				
36	SUBTOTAL				1509654	3874567

RECLASSIFICATIONS

	EXPLANATION OF	CODE		DECREASE			WKST A-7
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.
		1	6	7	8	9	10
1	M&S CHARGEABLE	А	ADMINISTRATIVE & GENERAL	6 8 15		5889	1
2		A	OPERATION OF PLANT	8		120	2
3		A	CENTRAL SERVICES & SUPPLY	15		75771	3
4		A	ADULTS & PEDIATRICS	25		52567	4
5		A	INTENSIVE CARE UNIT	26		39111	5
6		А	SUBPROVIDER I	31		1948	6
7		А	NURSERY	31 33 31.01		1562	7
8		A	SUB PROVIDER II	31.01		31	8
9		А	OPERATING ROOM	37		895835	9
10		А	RECOVERY ROOM	38		26616	10
11		А	RADIOLOGY-DIAGNOSTIC	41		37292	11
12		А	MAGNETIC RESONANCE IMAGING	41.01		642	12
13		А	RADIOISOTOPE	43		593	13
14		А	SPEECH PATHOLOGY	52		703	14
15		А	RESPIRATORY THERAPY	49		1365	15
16		A	PHYSICAL THERAPY	50		20838	16
17		A	ELECTROENCEPHALOGRAPHY	54		137	17
18		А	CAT SCAN	59		145	18
19		А	ULTRASOUND	59.01		4353	19
20		А	OCCUPATIONAL HEALTH	61.01		13141	20
21		A B B	EMERGENCY	61		46339	21
22	CS&S TECH TIME	В	CENTRAL SERVICES & SUPPLY	15	278702	88836	22
23		В					23
24	NURSING SALARIES	С	ADULTS & PEDIATRICS	25	1230951		24
25		С					25
26		D	NURSERY	33 5		1124	26
27	DRUGS & IV CHARGEABLE	D	EMPLOYEE BENEFITS	5		4061	27
28		D	HOUSEKEEPING	10		5	28
29		D	CENTRAL SERVICES & SUPPLY	15		17	29
30		D	PHARMACY	16		2191447	30
31		D	ADULTS & PEDIATRICS	25		81956	31
32		D	INTENSIVE CARE UNIT	26		21283	32
33		D	SUBPROVIDER I	31		129	33
34		D	OPERATING ROOM	37		28475	34
35		D	RECOVERY ROOM	38		56058	35
36	SUBTOTAL				1509653	3698389	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE				
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1		D				1
1		D				1 2
∠ 3		D				2
3		D				3
4		D				4 5
5		D				5
07		D				0
8		-				8
8		D D				8
9 10		D				9 10
10		-				10
		D		26	10000	11
12 13	FLOAT SALARIES	E	INTENSIVE CARE UNIT		12090	
		E	SUBPROVIDER I	31	6647	13
14 15		E	SUB PROVIDER II	31.01	9371 71	14
15		E	PSYCH PARTIAL HOSPITAL	61.02 33	. –	15 16
		E	NURSERY	33 39	2166	16 17
17		_	DELIVERY ROOM & LABOR ROOM	••	5685	
18		E	EMERGENCY	61	19541	18
19	CENTRAL TRANSPORTATION	G	ADULTS & PEDIATRICS	25	88463	222 19
20		G	OPERATING ROOM	37	19883	50 20
21		G	RECOVERY ROOM	38	11607	29 21
22		G	CAT SCAN	59	11859	30 22
23		G	DELIVERY ROOM & LABOR ROOM		202	1 23
24		G	RADIOLOGY-DIAGNOSTIC	41	13474	34 24
25		G	MAGNETIC RESONANCE IMAGING	41.01	6863	17 25
26		G	LABORATORY	44	3129	8 26
27		G	PHYSICAL THERAPY	50	50	27
28		G	ULTRASOUND	59.01	10547	26 28
29		G	RENAL DIALYSIS	59.03	50	29
30		G	RADIOISOTOPE	43	6964	17 30
31		G	ELECTROCARDIOLOGY	53	8528	21 31
32		G	ELECTROENCEPHALOGRAPHY	54	1211	3 32
33		G	EMERGENCY	61	24273	61 33
34		G	SUBPROVIDER I	31	2473	6 34
35		G	SUB PROVIDER II	31.01	3456	9 35
36	SUBTOTAL				1778257	3875101 36

PROVIDER NO.	41-0006	NEWPORT	HOSPITAL
PERIOD FROM	10/01/2008	TO 09	9/30/2009

RECLASSIFICATIONS

							FAGE 2
	EXPLANATION OF	CODE		DECREASE			WKST A-7
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.
		1	6	7	8	9	10
1		D	RADIOLOGY-DIAGNOSTIC	41		936	1
2		D	MAGNETIC RESONANCE IMAGING	41.01		1076	2
3		D	RADIOISOTOPE	43		4011	3
4		D	LABORATORY	44		21838	4
5		D	BLOOD STORING, PROCESSING & T	47		5086	5
6		D	RESPIRATORY THERAPY	49		136	6
7		D	ELECTROCARDIOLOGY	53		11	7
8		D	ELECTROENCEPHALOGRAPHY	54		269	8
9		D	CAT SCAN	59		10556	9
10		D	OCCUPATIONAL HEALTH	61.01		268	10
11		D	EMERGENCY	61		131990	11
12	FLOAT SALARIES	Е	ADULTS & PEDIATRICS	25	55572		12
13		Е					13
14		Е					14
15		Е					15
16		Е					16
17		Е					17
18		Е					18
19	CENTRAL TRANSPORTATION	G	NURSING ADMINISTRATION	14	222747	557	19
20		G					20
21		G					21
22		G					22
23		G					23
24		G					24
25		G					25
26		G					26
27		G					27
28		G					28
29		G					29
30		G					30
31		G					31
32		G					32
33		G					33
34		G					34
35		G					35
36	SUBTOTAL				1787972	3875123	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		INCREASE		
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1		G	PSYCH PARTIAL HOSPITAL	61.02	26	1
2		G	INTENSIVE CARE UNIT MEDICAL RECORDS & LIBRARY	26	9083	23 2
3		G	MEDICAL RECORDS & LIBRARY	17	606	2 3
4	CAFETERIA COSTS MGR-THERAPEUTIC SVCS LAB ADMIN & PHLEBOTOMY PRGM PROF SVCS DIV	н	CAFETERIA	12 52 53 50	212854	116384 4
5	MGR-THERAPEUTIC SVCS	I	SPEECH PATHOLOGY	52	9109	5
6		I	ELECTROCARDIOLOGY	53	13664	б
7		I	PHYSICAL THERAPY	50	45545	7
8		I	ADULTS & PEDIATRICS	25	22773	8
9	LAB ADMIN & PHLEBOTOMY PRGM	J	BLOOD STORING, PROCESSING & T	47		9
10	LAB ADMIN & PHLEBOTOMY PRGM PROF SVCS DIV	L	PHARMACY	16	12355	10
11		L	SUBPROVIDER I	31	12407	11
12		L	RADIOLOGY-DIAGNOSTIC	41	28080	12
13		L	MAGNETIC RESONANCE IMAGING	41.01	5276	13
14		L	RADIOISOTOPE	43	1830	14
15		L	BLOOD STORING, PROCESSING & T	47	3283	15
16		L	PHYSICAL THERAPY	50	24822	16
17		L	SPEECH PATHOLOGY	52	1907	17
18		L	ELECTROCARDIOLOGY	53	8456	18
19		L	CAT SCAN	59	7550	19
20		L	ULTRASOUND	59.01	5370	20
21		L	OCCUPATIONAL HEALTH	61.01	7174	21
22		L				22
23	CARDIOPULMONARY SERVICE ADMIN	0	ELECTROCARDIOLOGY	53 54	53874	3238 23
24		0	ELECTROENCEPHALOGRAPHY	54	12202	733 24
25	RADIOLOGY MANAGER & SUPPORT STAFF	P	MAGNETIC RESONANCE IMAGING	41.01	18864	25
26		P	RADIOISOTOPE	43	6724	26
27		P	CAT SCAN	59	52136	27
28	FIXED EQUIP IV THERAPY RENAL DIALYSIS	P	ULTRASOUND	59.01	28621	28
29	FIXED EQUIP	R	NEW CAP REL COSTS-BLDG & FIXT INTENSIVE CARE UNIT SUBPROVIDER I	3		819434 29
30	IV THERAPY	S	INTENSIVE CARE UNIT	26	51949	11254 30
31		S	SUBPROVIDER I	31	69148	14980 31
32	RENAL DIALYSIS	т	RENAL DIALYSIS	59.03		93688 32
33		т				33
	PSYCH PARTIAL HOSP	Ū	PSYCH PARTIAL HOSPITAL	61.02	9240	2554 34
35	HOSP WIDE - ADMIN	v	EMPLOYEE BENEFITS	5	2396	35
36	SUBTOTAL	-		5	2521657	4937391 36
50						110.001.00

RECLASSIFICATIONS

	EXPLANATION OF	CODE		DECREASE			WKST A-7
	RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER	REF.
	RECENSOR FORTION ENTRY	1	6	7	8	9	10
		-	Ŭ	,	0	2	10
1		G					1
2		G					2
3		G					3
4	CAFETERIA COSTS	Н	DIETARY	11	212854	116384	4
5	MGR-THERAPEUTIC SVCS	I	SUBPROVIDER I	31	91091		5
6		I					6
7		I					7
8		I					8
9	LAB ADMIN & PHLEBOTOMY PRGM	J	LABORATORY	44	6076		9
10	PROF SVCS DIV	L	LABORATORY	44	118511		10
11		L					11
12		L					12
13		L					13
14		L					14
15		L					15
16		L					16
17		L					17
18		L					18
19		L					19
20		L					20
21		L					21
22		L					22
23	CARDIOPULMONARY SERVICE ADMIN	0	RESPIRATORY THERAPY	49	66076	3972	23
24		0					24
25	RADIOLOGY MANAGER & SUPPORT STAF	FΡ	RADIOLOGY-DIAGNOSTIC	41	106345		25
26		P					26
27		P					27
28		P					28
29	FIXED EQUIP	R	NEW CAP REL COSTS-MVBLE EQUIP	4		819434	9 29
30	IV THERAPY	S	ADULTS & PEDIATRICS	25	121097	26234	30
31		S					31
32	RENAL DIALYSIS	Т	ADULTS & PEDIATRICS	25		53319	32
33		Т	INTENSIVE CARE UNIT	26		40368	33
34	PSYCH PARTIAL HOSP	U	SUB PROVIDER II	31.01	9240	2554	34
35	HOSP WIDE - ADMIN	V	ADMINISTRATIVE & GENERAL	6	891376		35
36	SUBTOTAL				3410638	4937388	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		INCREASE		
			COST CENTER	LINE #	SALARY	OTHER
		1	COST CENTER 2	3	4	5
1		v	ADMINISTRATIVE & GENERAL	6	95993	1
2		V	MAINTENANCE & REPAIRS	7	3362	2
3		V	OPERATION OF PLANT	8	18861	3
4		V	LAUNDRY & LINEN SERVICE	9	1590	4
5		V	HOUSEKEEPING	10	29477	4 5 6
6		V	DIETARY	11	25946	
7		V	CAFETERIA	12	1010	7
8		V	NURSING ADMINISTRATION	14	34678	8
9		V	CENTRAL SERVICES & SUPPLY	15	6837	9
10		V	PHARMACY	16	25762	10
11		V	MEDICAL RECORDS & LIBRARY	17	21380	11
12		V	PSYCH PARTIAL HOSPITAL	61.02	210	12
13		V	ADULTS & PEDIATRICS	25	184549	13
14		V	INTENSIVE CARE UNIT	26	39331	14
15		V	SUBPROVIDER I	31	22187	15
16		V	SUB PROVIDER II	31.01	27879	16
17		V	OPERATING ROOM	37	43855	17
18		V	RECOVERY ROOM	38	28615	18
19		V	RADIOLOGY-DIAGNOSTIC	41	37637	19
20		V	MAGNETIC RESONANCE IMAGING	41.01	10758	20
21		V	RADIOISOTOPE	43	4432	21
22		V	LABORATORY	44	41448	22
23		V	BLOOD STORING, PROCESSING & T	47	6021	23
24		V	RESPIRATORY THERAPY	49	18825	24
25		V	PHYSICAL THERAPY	50	44095	25
26		V	SPEECH PATHOLOGY	52	3729	26
27		V	ELECTROCARDIOLOGY	53	11600	27
28		V	ELECTROENCEPHALOGRAPHY	54	5343	28
29		V	CAT SCAN	59	14213	29
30		V	ULTRASOUND	59.01	11839	30
31		V	EMERGENCY	61	54891	31
32		V	OCCUPATIONAL HEALTH	61.01	12625	32
33		х	SOCIAL SERVICE	18	182040	33
34	SEVERANCE	Z	ADMINISTRATIVE & GENERAL	6	14104	34
35		Z	ADMINISTRATIVE & GENERAL	6	19167	35
36	SUBTOTAL		2 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFTERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHAMACY MEDICAL RECORDS & LIBRARY PSYCH PARTIAL HOSPITAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER I SUB PROVIDER I SUB PROVI		3625946	4937391 36

	DER NO. 41-0006 NEWPORT H D FROM 10/01/2008 TO 09/	OSPITAL 30/2009	KPMG LLI IN LIEU	P COMPU-MAX MICRO S OF FORM CMS-2552-9	YSTEM 6 (9/96)	VERSI 02/25	ON: 2010.02 /2010 08:46
	RECLASSIFICATIONS					Ŵ	ORKSHEET A-6 PAGE 4
	EXPLANATION OF	CODE		DECREASE			WKST A-7
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.
		1	6	7	8	9	10
1 2		V					1 2
∠ 3		V V					∠ 3
4		v					3
5		v					5
6		v					6
7		v					7
8		v					8
9		v					9
10		v					10
11		v					11
12		V					12
13		V					13
14		V					14
15		V					15
16		V					16
17		V					17
18		V					18
19		V					19
20 21		V V					20 21
22		v					21
22		v					22
24		v					24
25		v					25
26		v					26
27		v					27
28		V					28
29		v					29
30		V					30
31		V					31
32		V					32
33		Х	NURSING ADMINISTRATION	14	182040		33
	EVERANCE	Z	EMPLOYEE BENEFITS	5	54417		34
35		Z			2647005	4027200	35
36 SI	JBTOTAL				3647095	4937388	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		INCREASE		
		0022		LINE #	SALARY	
		1	COST CENTER 2	3	4	5
1 2		Z	RESPIRATORY THERAPY NEW CAP REL COSTS-BLDG & FIXT	49	21146	1
		N	NEW CAP REL COSTS-BLDG & FIXT	3		620610 2
3		N	NEW CAP REL COSTS-MVBLE EQUIP	3 4		716404 3
4						4
5						5
6						5 6 7
7						7
8						8 9
9 10						9 10
11						10
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19 20
20 21						20 21
22						21
23						23
24						24
25						25
26						26
27						27 28 29 30
28						28
29 30						29
30						30
31 32						31 32
32 33						32
34						34
35						35
36	TOTAL RECLASSIFICATIONS				3647092	6274405 36

	RECLASSIFICATIONS							WORKSHEET A-6 PAGE 5
	EXPLANATION OF	CODE			DECREASE			- WKST A-7
	RECLASSIFICATION ENTRY		COST	CENTER	LINE #	SALARY	OTHER	REF.
		1		б	7			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17 18 20 21 22 24 5 26 27 8 9 30 32 33 35 36 35 35 35 35 35 35 35 35 35 35	TOTAL RECLASSIFICATIONS	Z N N	INTEREST	EXPENSE	88		1337014	1 11 2 11 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/96)
 02/25/2010 08:46

PROVIDER NO. 41-0006 NEWPORT HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

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

WORKSHEET A-7 PARTS I & II

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

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	DEGIMING		ACQUISITIONS		DISPOSALS		FULLY
	DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6	DEPRECIATED ASSETS 7
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

	PEGINING		ACQUISITIONS		DISPOSALS	INDING	FULLY	
	DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6	DEPRECIATED ASSETS 7
1	LAND	1406761					1406761	1
2	LAND IMPROVEMENTS	1209959					1209959	2
3	BUILDINGS AND FIXTURES	90322387	725613		725613		91048000	3
4	BUILDING IMPROVEMENTS							4
5	FIXED EQUIPMENT	12078332	31242		31242		12109574	1498 5
6	MOVABLE EQUIPMENT	37527035	2032391		2032391		39559426	2066 6
7	SUBTOTAL	142544474	2789246		2789246		145333720	3564 7
8	RECONCILING ITEMS							8
9	TOTAL	142544474	2789246		2789246		145333720	3564 9

WORKSHEET A-7 PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	GROSS CA ASSETS	APITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITA OTHER CAPITAL- RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
1 2 3 4 5		104367532 39559427 143926959		39559427	.274858				1 2 3 4 5
		-			SUMMARY OF	OLD AND NEW	CAPTTAL -		
	DESCRIPTION		DEPREC-	LEASE		INSURANCE		OTHER CAPITAL- RELATED COSTS	TOTAL
			9	10	11	12	13	14	15
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL		2819969						1 2 4796767 3 3707005 4 8503772 5
	PART IV - RECONCILIATION OF						CADITAL.		
	DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS 14	TOTAL
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL		3152759 3639403 6792162						1 2 3152759 3 3639403 4 6792162 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	ADJUSTMENTS TO EXPENSES						EET A-8
	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WOR FROM WHICH THE AMOUNT IS TO B COST CENTER	E ADJUSTED	WKST A	-7
		1	2	3	4	5	
1 2	INVESTMENT INCOME-OLD BLDGS & FIXTURES INVESTMENT INCOME-OLD MOVABLE EQUIPMENT INVESTMENT INCOME-NEW BLDGS & FIXTURES INVESTMENT INCOME-NEW MOVABLE EQUIPMENT INVESTMENT INCOME-OTHER			OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP	1		1 2
3	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	2		3
4	INVESTMENT INCOME NEW BUDGE & FINISHED			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER			-			5
6	INVESTMENT INCOME-OTHER TRADE, QUANTITY, AND TIME DISCOUNTS REFUNDS AND REBATES OF EXPENSES	В	-17374	ADMINISTRATIVE & GENERAL	б		6
7	REFUNDS AND REBATES OF EXPENSES						7
8 9	RENTAL OF PROVIDER SPACE BY SUPPLIERS TELEPHONE SERVICES (PAY STATIONS EXCL)	7	0.20.00		c		8 9
10	TELEVISION AND RADIO SERVICE	А	-92969				10
11	PARKING LOT	А	-2517	NEW CAP REL COSTS-BLDG & FIXT	3	14	11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	A WKST A-8-2					
		A-8-2	-8207093				12
13 14	SALE OF SCRAP, WASTE, ETC.	LUK OM					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	_1449933				14
15	LAUNDRY AND LINEN SERVICE	11 0 1	1119955				15
16	LAUNDRY AND LINEN SERVICE CAFETERIA - EMPLOYEES AND GUESTS RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	В	-362595	CAFETERIA	12		16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO						
19	OTHER THAN PATIENTS SALE OF DRUGS TO OTHER THAN PATIENTS						18 19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS						20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST,						
24	FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN	WKST					21
	EXCESS OF LIMITATION - HOSPITAL	A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	A-8-4 WKST A-8-4					
27	EXCESS OF LIMITATION - HOSPITAL ADJ FOR HHA PHYSICAL THERAPY COSTS IN	A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST 7_9_2		NOME NEXT TH ACENCY	71		27
28	UTTL REVIEW-PHYSICIANS' COMPENSATION	A-0-3		UTILIZATION REVIEW-SNF	89		28
29	UTIL REVIEW-PHYSICIANS' COMPENSATION DEPRECIATION-OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATIONOLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATIONNEW BUILDINGS & FIXTURES DEPRECIATIONNEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	71 89 1 2 3 4		31
32 33				PHYSICAL THERAPY HOME HEALTH AGENCY UTILIZATION REVIEW-SNF OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NONPHYSICIAN ANESTHETISTS	4		32 33
34	NON-PHYSICIAN ANESTHETIST PHYSICIANS' ASSISTANT			NONPHISICIAN ANESIHEIISIS	20		34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN	WKST					51
	EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL DIRECT REVENUE FROM SPF DIRECT REVENUE FROM SPF DIRECT REVENUE FROM SPF	WKST					
37	EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4	10651	EMPLOYEE BENEFITS	5		36 37
37	DIRECT REVENUE FROM SPF	B	-92198	ADMINISTRATIVE & GENERAL	5 6 14		37
39	DIRECT REVENUE FROM SPF	B	-122617	NURSING ADMINISTRATION	14		39
40							40
41	DIRECT REVENUE FROM SPF DIRECT REVENUE FROM SPF	В	-5881	DELIVERY ROOM & LABOR ROOM EMERGENCY	39		41
42	DIRECT REVENUE FROM SPF	В	-56449	EMERGENCY	61		42
43 44							43 44
45							45
46							46
47	TELEPHONE REVENUE	В	-65698	OPERATION OF PLANT	8		47
48	INVESTMENT INCOME	В	-3463	ADMINISTRATIVE & GENERAL	6		48
49 49 01	INTEREST INCOME	В	-4826	ADMINISTRATIVE & GENERAL	6 25		49 49 01
49.04	MISCELLANEOUS REVENUE	B	-75	RESPIRATORY THERAPY	49		49.04
49.05	MISCELLANEOUS REVENUE	B	-10	LABORATORY	44		49.05
49.07	MISCELLANEOUS REVENUE	В	-8803	PHARMACY	16		49.07
49.08	MISCELLANEOUS REVENUE	в	-100	MAGNETIC RESONANCE IMAGING	41.01		49.08
49.09	MISCELLANEOUS REVENUE	В	-2655	RADIULOGY-DIAGNOSTIC	41		49.09
49.10	MISCELLANEOUS REVENUE	B	-21	HOUSEKEEDING	25		49.10
49.13	MISCELLANEOUS REVENUE	B	-69236	ADMINISTRATIVE & GENERAL	6		49.13
49.17	MISCELLANEOUS REVENUE	В	-11302	DIETARY	11		49.17
49.18	MISCELLANEOUS REVENUE	В	-400	OPERATION OF PLANT	8		49.18
49.19	MISCELLANEOUS REVENUE	В	-51995	MEDICAL RECORDS & LIBRARY	17		49.19
49.22	OTHER MISC. REVENUE	В	-10096	CAFETERIA NEW CAD DEL COSTS-DIDC & DIVE	12	14	49.22
49.24	AMORTIZE VANDERBILT DEMOLITION	A	11580	NEW CAP REL COSTS-MUBLE FOUTP	4	14	49.24
49.25	AMORTIZED ASBESTOS REMOVAL COST	A	523	NEW CAP REL COSTS-BLDG & FIXT	3	14	49.25
49.26	TELEPHONE REVENUE INVESTMENT INCOME SERVICES RENDERED MISCELLANEOUS REVENUE MISCELLANEOUS REVENUE AMORTIZE VANDERBILT DEMOLITION AMORTIZE VANDERBILT DEMOLITION AMORTIZED ASBESTOS REMOVAL COST AMORTIZED COST OF VANDERBILT REHA	A	1121	OPERATION OF PLANT ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL BADRATORY THERAPY LABORATORY PHARMACY MAGRETIC RESONANCE IMAGING RADIOLOGY-DIAGNOSTIC ADULTS & PEDIATRICS HOUSEKEEPING ADMINISTRATIVE & GENERAL DIETARY OPERATION OF PLANT MEDICAL RECORDS & LIBRARY CAFETERIA NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT	3	14	49.26

ADJUSTMENTS TO EXPENSES

KPM	G LLF	CC	MPU-№	IAX	MICRO	SYS	TEM
IN 3	LIEU	OF	FORM	CMS	3-2552-	96	(11/98)

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WORKSHEET A-8

				EXPENSE CLASSIFICATION ON	WORKSHEET A TO/	
				FROM WHICH THE AMOUNT IS T	O BE ADJUSTED	WKST A-7
	DESCRIPTION	BASIS	AMOUNT	COST CENTER	LINE NO.	REF
		1	2	3	4	5
49.27	NONALLOWABLE EXPENSE	A	-75	NURSING ADMINISTRATION	14	49.27
49.28	NONALLOWABLE EXPENSE	A	-619	EMPLOYEE BENEFITS	5	49.28
49.29	SRU CONTRACT	В	-12000	ADMINISTRATIVE & GENERAL	6	49.29
49.30	SRU CONTRACT	В	-64116	EMERGENCY	61	49.30
49.31	SRU CONTRACT	В	-101030	LABORATORY	44	49.31
49.32	SRU CONTRACT	В	-65494	RADIOLOGY-DIAGNOSTIC	41	49.32
49.33	SRU CONTRACT	В	-1749	DRUGS CHARGED TO PATIENTS	56	49.33
49.34	SRU CONTRACT	В	-11999	RESPIRATORY THERAPY	49	49.34
49.37	RENTAL INCOME	В	-79859	ADMINISTRATIVE & GENERAL	6	49.37
49.40	NONALLOWABLE EXPENSE	A	-4699	ADMINISTRATIVE & GENERAL	б	49.40
50	TOTAL		-10932500			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:

				AMOUNT OF	AMOUNT (INCL	NET ADJ-	WKST	
	LINE			ALLOWABLE	IN WKST A,	USTMENTS	A-7	
	NO.	COST CENTER	EXPENSE ITEMS	COST	COL 5)		REF	
	1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	5720885	8784737	-3063852		1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	152148		152148	14	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	159052		159052	14	3
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	797141	797141			4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	482665	482665		9	4.01
4.03	61.01	OCCUPATIONAL HEALTH	LEASE EXPENSE	35834	27308	8526		4.03
4.04	31	SUBPROVIDER I	PHYSIATRY	345712		345712		4.04
4.05	31.01	SUB PROVIDER II	MENTAL HEALTH	1196075	203345	992730		4.05
4.07	44	LABORATORY	PATHOLOGY	806224	806224			4.07
4.08	61.01	OCCUPATIONAL HEALTH	OCCUPATIONAL HEALTH	165652	217379	-51727		4.08
4.09	6	ADMINISTRATIVE & GENERAL	PSO MGMT FEES	174389	174389			4.09
4.10	61.02	PSYCH PARTIAL HOSPITAL	MENTAL HEALTH	9010	1532	7478		4.10
5		TOTALS		10044787	11494720	-1449933		5

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

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

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

			-	RELATED	ORGANIZATION(S)	AND/OR	HOME OFFICE		
			PERCENT		PERC	ENT			
	SYMBO	DL NAME	OF	NAME	0	F	TYPE OF		
	(1)		OWNERSHIP		OWNER	SHIP	BUSINESS		
	1	2	3	4	5		6		
1	Е	ARTHUR SAMPSON	NEWPOR	T HLTH PR		RE	AL ESTATE		1
2	Е	ARTHUR SAMPSON	NEWPOR	T PROFESS		BI	LLING SERVICE		2
3	Е	ARTHUR SAMPSON	NHCC M	EDICAL AS		PH	YSICIAN SVCS		3
4	Е	ARTHUR SAMPSON	LIFESF	AN		HO	SPITAL NETWOR	2	4
5									5

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

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 RELATED ORGANIZATION.
F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATED ORGANIZATION.
G. OTHER (INTEREST IN PROVIDER.
C. ONCLAIL ON NON-FUNDACIAL) SPECIFY:

G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA- TION INCL FRINGES 3	PROFES- SIONAL COMPONENT 4	provider Component 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD- JUSTED RCE LIMIT 8	PERCENT OF UNAD- JUSTED RCE LIMIT 9
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE	3996364	3996364		177200	960	81785	4089
2	31	SUBPROVIDER I	AGGREGATE							
3	31.01	SUB PROVIDER II	AGGREGATE	263455	212133	51322	154100	581	43044	2152
4	37	OPERATING ROOM	AGGREGATE	335346		30000	200300	263	25326	1266
5	44	LABORATORY	AGGREGATE	806224	466863	339361	215700	1713	177641	8882
6	49	RESPIRATORY THERAPY	AGGREGATE	20000		20000	165600	98	7802	390
7	53	ELECTROCARDIOLOGY	AGGREGATE	173445		173445	165600	107	8519	426
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	14298	14298		165600			
9	59.01	ULTRASOUND	AGGREGATE	6147	6147		225300			
10	61	EMERGENCY	AGGREGATE	2704962	2604962	100000	177200	582	49582	2479
11	61.01	OCCUPATIONAL HEALTH	AGGREGATE	217379	188554	28825	165600	255	20302	1015
12	61.02	PSYCH PARTIAL HOSPITAL	AGGREGATE	1985	1598	387	154100	4	296	15
101		TOTAL		8539605	7490919	743340		4563	414297	20714

PROVIDER NO. 41-0006 NEWPORT HOSPITAL	KPMG LLP COMPU-MAX MICRO SYSTEM	VERSION: 2010.02
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE					81785		3996364
2	31	SUBPROVIDER I	AGGREGATE							
3	31.01	SUB PROVIDER II	AGGREGATE					43044	8278	220411
4	37	OPERATING ROOM	AGGREGATE					25326	4674	310020
5	44	LABORATORY	AGGREGATE					177641	161720	628583
6	49	RESPIRATORY THERAPY	AGGREGATE					7802	12198	12198
7	53	ELECTROCARDIOLOGY	AGGREGATE					8519	164926	164926
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE							14298
9	59.01	ULTRASOUND	AGGREGATE							6147
10	61	EMERGENCY	AGGREGATE					49582	50418	2655380
11	61.01	OCCUPATIONAL HEALTH	AGGREGATE					20302	8523	197077
12	61.02	PSYCH PARTIAL HOSPITAL	AGGREGATE					296	91	1689
101		TOTAL						414297	410828	8207093

COST ALLOCATION - GENERAL SERVICE COSTS

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> WORKSHEET B PART I

Image: control contro control control control control control control control control c		COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0		NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
2 CD: CD: EEL: CORST-WOLL & UTT 779707		GENERAL SERVICE COST CENTERS									
6 ADMINISTRATIVE & GENERALL 17381822 264335 100823 941220 1666838 50370 50370 9 LUNDANC & FALLANS 400245 15557 1642 126424 100123 10424 102125 9 9 LUNDANC & LUNDANC & FLENEN SERVICE 402424 10212 10562 15630 123902 10414 9 10111 10110 1011	2 3 4	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP	3707005			10195500					2 3 4
10 HOUSEKKEFTEN 1614119 38751 34046 342222 2010136 47184 52154 7541 322093 10 11 DETRAT 13984 24518 7866 329478 11 14 MAINTERANC 13984 14202 26183 358478 12 14 MAINTERANCES & SUPELY 35990 16284 137289 7141 132454 41993 2162 92633 13 15 MENTERANCES & SUPELY 139994 16284 137289 7141 733444 18993 2162 92633 13 16 SENTERS 182040 17884 17983 23844 5577 138 23344 21 LIN SENVICES-THENERTHENE COST A 182040 27780 2752067 5261 215341 23 23 LIN SENVICES-THENE PRECONT A 201571 12350 445424 477830 2753067 52621 215341 23 24 PADAMED DE SENDANCESTRY 201645 <	6 7	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	17381852 360225	264535 15249	100823 5583	941228 39191	420248	109122		9512510	6 7
13 MLINTERNATE OF DERSONANT. 1144262 121 1111 11111 1111 111111 111111 11111 111111 111111 111111 111111 111111 111111 111111 111111 111111 11111111 1111111 11111111 <td>10 11</td> <td>HOUSEKEEPING DIETARY</td> <td>1614119 1453814</td> <td>38751 64866</td> <td>14046 29703</td> <td>343222 268653</td> <td>2010138 1817036</td> <td>521954 471813</td> <td>7541 8390</td> <td>323093 359478</td> <td>10 11</td>	10 11	HOUSEKEEPING DIETARY	1614119 1453814	38751 64866	14046 29703	343222 268653	2010138 1817036	521954 471813	7541 8390	323093 359478	10 11
15 CENTREL SERVICES & SUPPLY 35990 1638 1729 7141 7141 7144 18993 2162 92633 15 16 PREAMACY 120984 1794 17755 249511 165024 429227 6145 263261 15 16 MUNCING SCILM ALGENTISTS 120944 177545 24948 59779 6145 263261 120 11 MURSING SCILOL ALVINGS ALAVY & FUINGES A 20 21 22 23 24				29711	1431		78666	20426	3984		
12 LIKE SERVICES-GLARY & FRINCES 1 21 LIKE SERVICES-GLARY & FRINCES & COUTS A 22 23 LIKE SERVICES-GLARY & FRINCES & COUTS A 23 24 LIKE SERVICES-GLARY & FRINCES & COUTS A 24 25 ADDLTS & PEDIATEICS & TOB623 621862 554934 1817077 10602496 2753067 50261 2153411 25 26 INTERNITUE CARE UNIT 2011571 121350 44524 47780 265525 689469 75367 260637 31.0 30 SUPPROVIDER I 1461321 48546 59362 257822 125782 125742 124343 104469 31.3 31 SUPPROVIDER I 140460 10070 5345 9014 1549666 8546 366100 77.3 35 SUPPROVIDER IC CARE UNITS COST CENTRES 1134112 127.277.77.3 31.3 36 RACONGRY ROOM LABOR ROOM 129474 1354361 1157071 124039 310616 260611 11661610 37	15 16 17 18	CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	35990 1472806 1209884	16284 38087	13729 4850	7141 303511 249541	73144 1819254 1654954	18993 472389 429727	2162 3556	92633 152344	15 16 17 18
25 ADULTS & PEDDATRICS 7608623 621862 554934 181707 10602496 2753067 50261 2153411 25 31 DUBPROVIDER I 1413121 48546 59362 257822 127831 72435 310.0 218087.7 140330 26587 280937 31.0 31 310.0	21 22 23	NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY)	20								21 22 23
31.0 SUBPROVIDER I 1461321 48546 59362 25782 127111 474429 6557 280937 31 31.0 SUBPROVIDER I 2370653 65557 8062 330259 272821 722315 8732 374239 31.0 33 33 SKILLAR USENT 416680 18007 5345 89014 523046 137373 2414 103466 33 0 OPERATINE ROOM 1560717 24144 456487 316371 1746058 443124 5317 227767 189 39 DELIVERY ROOM & LABOR ROOM 897759 20843 119 233621 157968 43124 5317 227676 13177 174658 445131 4317768 43931 43044 13931 432080 345231 89769 9813 43 44 14011 MANTICE RESONANCE INAGING 130317 174608 431314 331 43 44 130314 333 4330 433 4304 4344 13037		ADULTS & PEDIATRICS	7608623								
34 SKILLED NURSING FACILITY MICILLARY SERVICE COST CENTERS 34 37 OPERATING ROOM 4554869 121442 605615 586108 5968034 1549666 8546 366160 37 38 RECOVENT ROOM 1362973 41354 4354 336377 1745058 451124 5317 227973 39 39 DELIVERY ROOM & LABOR ROOM 897759 20843 119 233652 1152373 299226 2794 119725 39 44 LABORTOR SAGINAC 1361105 134476 219066 13350 1197005 310816 26004 111646 4.01 44 LABORTORY 3003221 36638 226084 451513 377456 965278 11019 47206 46.30 45 PRISICAL THERRY 2085282 69340 20081 531612 2776415 2334 99983 49 50 PRISICAL THERRY 208528 69340 20081 531612 21778 388514 2323		SUBPROVIDER I		48546		257882	1827111	474429	6557	280937	
38 RECOVERY ROOM 1362973 41354 4154 4354 4157 227787 38 39 DELIVERY ROOM LABOR ROOM 87759 20843 119 233652 1152373 299262 2794 119725 39 41 RADIOLOGV-PLARMOSTIC 2110159 75457 449535 21152373 299262 2794 119725 39 41 RADIOLOGV-PLARMOSTIC 2110159 75457 449535 115019 310816 2606 111646 41.01 130831 413243 132093 3264 1139831 43 46.30 BLOOD CLOTTING FACTORS ADMIN CO 41371 25720 16075 594419 246527 1527 6520 47 47 BLOOD STORING, PROCESSING K TAA 872893 3891 72635 94419 246527 1527 6520 4221655 50 50 PHYSICAL THERAPY 2970438 20734 115471 128047 317844 50 50 50 50 50		SKILLED NURSING FACILITY	416680	18007	5345	89014	529046	137373	2414	103446	
11. RADIOLOGY-DLARNOSTIC 2110159 75457 849935 423080 345231 897968 9815 420252 41 10.01 MAGRETIC RESONNCE IMAGING 651105 133474 210066 133360 113705 310816 266 111646 41.01 41 LABORATORY 3003221 25633 226084 451513 3717456 965278 11019 472096 44 46.30 BLOOD CLOTTING FACTORS ADMIN CO 72635 949419 246527 1527 5520 56202 471 47 BLOOD STORTING, PROCESSING TAR 872893 3891 72635 949419 246527 1527 5520 51015 51324862 344015 2334 99983 49 5010 51015 51324862 344015 2334 99983 49 51015 51015 51017 528 51017 702750 64850 2837 12147 52 50.01 51015 51017 528 46357 249750 64850 2837 12147 52 50 50 50.02 51 50.02 51 51	38	RECOVERY ROOM	1362973	41354	4354	336377	1745058	453124	5317	227787	38
47 ELOOD STORING, PROCESSING & TRA 872893 3891 72635 949419 246527 1527 65420 47 90 PHYSICAL THERAPY 208382 69340 20081 531612 2706415 702750 9853 422165 50 50.01 PSYCHOLOGY 180951 21157 15854 64357 249750 64850 2837 121547 52 53 ELECTROENCEPHALOGRAPHY 266208 10931 20750 6528 361417 93846 1456 62201 54 54 ELECTROENCEPHALOGRAPHY 266208 10931 20750 6528 361417 93846 1452 662414 56 55 MEDICAL SUPFLIES CHARGED TO PAT 1224073 1220473 1316297 317644 55 59.01 59.01 59.03 664234 59.01 59.03 61.02 6	41 41.01 43	RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE	2110159 651105 411271	75457 193474 25720	849535 219066 16005	423080 133360 55719	3458231 1197005 508715	897968 310816 132093	9815 2606 3264	420525 111646 139831	41 41.01 43
50 PHYSICAL THERAPY 2085382 69340 20081 531612 2706415 702750 9853 422165 50 50.01 PSYCHOLOGY 180951 21157 1285 45357 249750 64850 2837 121547 52 53 ELECTROCRNDIOLOGY 627446 43603 154960 143402 26511 25117 5364 248638 53 54 ELECTROCRNDICPHALOGRAPHY 666208 10931 20750 63528 361417 93846 1452 62201 54 55 MEDICAL SUPPLIES CHARGED TO PAT 1224073 13784 122407 317844 56 59.01 UTRASOUND 598308 21720 91496 149409 30805 22884 12355 59.02 59.02 VRC CONTRACT 3232367 120646 110723 651149 4114885 1068475 14177 607432 61.01 61.02 COUTPATIENT SERVICE COST CENTERS 3232367 120646 110723 6511	47	BLOOD STORING, PROCESSING & TRA									47
52 SPEECH PATHOLOGY 180951 21157 1285 46357 249750 64850 2837 121547 52 53 PLECTROCARDIOLOGY 627446 43603 154960 143402 969411 251718 5604 248633 53 54 PLECTROCARDICAGRAPHY 266208 10931 20750 63528 361417 93846 1452 62201 54 55 MEDICAL SUPPLIES CHARGED TO PATI IZ24073 2558120 - 258120 664244 55 50.01 ULTRASOUND 593308 21720 91496 149409 860933 223551 2844 12355 59.03 50.02 VRC CONTRACT 93738 13 93751 24343 59.03 59.03 61 PEMEGENCY 3232367 120646 110723 651149 4114885 1068475 14177 607432 61 61.01 OCCUPATIONAL HEALTH 1386964 13902 4492 148330 155368 403432 36	50	PHYSICAL THERAPY									50
59 CAT SCAN 871794 138734 122049 183720 1316297 341791 1968 84312 59 59.01 ULTRASOUND 598308 21720 91496 149409 860933 223551 2884 12352 59.01 59.02 VCC CONTRACT 59.02 59.03 RENAL DIALYSIS 93738 13 93751 24343 59.03 61 EMERGENCY 3232367 120646 110723 651149 4114885 1068475 14177 607432 61.01 61.01 OCUPATIENT SERVICE COST CENTERS 3232367 120646 110723 651149 4114885 1068475 14177 607432 61.01 61.01 OCUPATIONAL HEALTH 1386964 13902 4492 14830 155688 403432 3631 15556 61.02 62 OBSERVATION BEDS (NON-DISTINCT 63.60 FORC 69.00 69.40 69.20 69.30 69.40 69.30 69.40 69.40 69.40 69.40 69.40 69.40 69.40 69.40 69.40 69.40 85.01 <td>52 53 54 55</td> <td>SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT</td> <td>627446 266208 1224073</td> <td>43603</td> <td>154960</td> <td>143402</td> <td>969411 361417 1224073</td> <td>251718 93846 317844</td> <td>5804</td> <td>248683</td> <td>52 53 54 55</td>	52 53 54 55	SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT	627446 266208 1224073	43603	154960	143402	969411 361417 1224073	251718 93846 317844	5804	248683	52 53 54 55
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 3232367 120646 110723 651149 4114885 168475 14177 607432 61 61.01 OCCUPATIONAL HEALTH 1386964 13902 4492 148330 1553688 403432 3631 155536 61.01 61.02 PSYCH PARTIAL HOSPITAL 17890 25 17915 4652 61.02 62 62 OBSERVATION BEDS (NON-DISTINCT 63.50 63.50 63.50 63.50 63.50 63.50 63.60 62 63.50 63.61 CHC 69.10 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.20 69.40 71 69.40 71 69.40 71 69.40 71 69.40 71 69.40 71 69.40 71 69.40 71 69.30 85	59 59.01	CAT SCAN ULTRASOUND	871794				1316297	341791			59 59.01
61.01 OCCUPATIONAL HEALTH 1386964 13902 4492 148330 1553688 403432 3631 155563 61.01 61.02 PSYCH PARTIAL HOSPITAL 17890 25 17915 4652 62 62 OBSERVATION BEDS (NON-DISTINCT 62 63 62 63.50 RHC 63.60 63.60 63.60 63.60 OTHER REIMBURSABLE COST CENTERS 69.10 69.20 69.20 69.30 69.40 69.30 69.40 OUTPATIENT PHYSICAL THERAPY 69.30 69.40 69.40 69.30 69.40 OUTPATIENT SPEECH PATHOLOGY 71 69.40 71 85.01 71 HOME HEALTH ACQUISITION 85.01 85.01 85.01 85.01 85.01 PANCREAS ACQUISITION 85.01 85.01 85.01 85.01 95 SUBTOTALS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 NONREIMBURSABLE COST CENTERS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 95 96 96	59.03		93738			13	93751	24343			59.03
0 OTHER REIMBURSABLE COST CENTERS 69.10 69.10 CMHC 69.20 69.20 OUTPATIENT PHYSICAL THERAPY 69.20 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 69.40 OUTPATIENT SPECH PATHOLOGY 69.40 71 HOME HEALTH AGENCY 69.40 SPECIAL PURPOSE COST CENTERS 85.01 85.01 PANCREAS ACQUISITION 85.01 85.02 INTESTINAL ACQUISITION 85.02 85.03 ISLET CELL ACQUISITION 85.03 95 SUBTOTALS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 NORREIMBURSABLE COST CENTERS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 NORREIMBURSABLE COST CENTERS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 NORREIMBURSABLE COST CENTERS 90645123 4700673 3707005 1018247	61.01 61.02 62 63.50	OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINCT RHC	1386964			148330	1553688	403432			61.01 61.02 62 63.50
69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 69.40 OUTPATIENT SPECH PATHOLOGY 69.40 71 HOME HEALTH AGENCY 71 SPECIAL PURPOSE COST CENTERS 85.01 85.01 PANCREAS ACQUISITION 85.01 85.02 INTESTINAL ACQUISITION 85.01 95 SUBTOTALS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 NONREIMBURSABLE COST CENTERS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 NONREIMBURSABLE COST CENTERS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 NONREIMBURSABLE COST CENTERS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 0601 CCRI 10889 10889 2827 96.01	69.10	OTHER REIMBURSABLE COST CENTERS CMHC									69.10
85.02 INTESTINAL ACQUISITION 85.02 85.03 ISLET CELL ACQUISITION 85.03 95 SUBTOTALS 90645123 4760673 3707005 10182470 90605990 18674194 509885 8677655 95 NONREIMBURSABLE COST CENTERS 96 6 GIFT, FLOWER, COFFEE SHOP & CAN 7816 7816 2030 764 32741 96 96.01 CCRI 10889 10889 2827 96.01	69.30 69.40 71	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									69.30 69.40 71
NONREIMBURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 7816 7816 2030 764 32741 96 96.01 CCRI 10889 10889 2827 96.01	85.02 85.03	INTESTINAL ACQUISITION ISLET CELL ACQUISITION	90645123	4760673	3707005	10182470	90605990	18674194	509885	8677655	85.02 85.03
	96 96.01	GIFT, FLOWER, COFFEE SHOP & CAN CCRI							764	32741	96.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET	В
PART I	

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8
96.03 LIFELINE 98 PHYSICIANS' PRIVATE OFFICES 100 VACANT SPACE 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER 103 TOTAL	15722 90660845	8465 8924 4796767	3707005	3039 10185509	27226 8924 90660845	7070 2317 18688438	832 17889 529370	96.03 35656 98 766458 100 101 102 9512510 103

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/97)
 02/25/2010 08:46

WORKSHEET B PART I

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10		CAFETERIA 12		SUPPLY	PHARMACY *	LIBRARY	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22 23 24	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICES NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY)	871836	2862726 114341 54291 14529 29464 48457 83736	2771058	328055 9830 331 9691 14696 1929	1991272	216727	2505691	2452519	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22 23 22
25 26 31 31.01 33 34	INPATIENT ROUTINE SERV COST CENT ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER I SUB PROVIDER II NURSERY SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	ERS 438776 45816 41271 20648 513	684941 101975 89359 119036 32903	1929749 160228 270059 407951	75084 16631 9784 12482 2870	813829 183056 114437 138117 31948	11215		1061945 118006 157075 237715 100760	26 31 31.01
43 44 46.30	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO	22895 8868 3444	133758 35512 44477 150161		20403 4614 1704 19475	212720 124324 83823	48 1429 810 841 6833	3978 214 437 76 5	332141 1810 75104 12083	38 39 41 41.01 43 44 46.30
47 49 50 50.01	BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY PSYCHOLOGY		20809 31802 134280		2671 7968 19575		878 11349 269		96608	47 49 50 50.01
59.02	SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND VRC CONTRACT RENAL DIALYSIS	8921 9259 5083	38661 79099 19785 26817 39299		1564 7444 1631 7099 4938		24 124 94381 1307 3853 773	2 2458764 474	34385 1650	
61.01 61.02 62 63.50	FQHC	125229 1523 155	193208 49481	3071	26369 5628 93	287979 1039	17521 2550 4	5424 3126 6	221427 1810	61.01
69.20 69.30 69.40 71	OTHER REIMBURSABLE COST CENTERS) CMHC) OUTPATIENT PHYSICAL THERAPY) OUTPATIENT OCCUPATIONAL THERAPY) OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									69.10 69.20 69.30 69.40 71
85.02 85.03	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS	868214	2597181	2771058	327863	1991272	216727	2491135	2452519	85.01 85.02 85.03 95
96.01	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN . CCRI 2 VRC CONTRACTS		10414							96 96.01 96.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET	В
PART I	

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES ' SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
96.03 LIFELINE 98 PHYSICIANS' PRIVATE OFFICES 100 VACANT SPACE 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER 103 TOTAL	3622 871836	11341 243790 2862726	2771058	192 328055	1991272	216727	14556 2505691	96.03 98 100 101 102 2452519 103

	COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS 26	TOTAL	
		18	25	26	27	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	18 290956	25	26	27	
21	NURSING SCHOOL					
	I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A					
	PARAMED ED PRGM-(SPECIFY)					
25	INPATIENT ROUTINE SERV COST CENT ADULTS & PEDIATRICS	TERS 124723	20735082		20735082	
26	INPATIENT ROUTINE SERV COST CEN ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER I SUB PROVIDER II NURSERY	6236	4318532		4318532	
31 31 01	SUBPROVIDER I	1754	3276166		3276166 4976033	
33	NURSERY	100040	943446		943446	
34	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO					
37	OPERATING ROOM	7600	8714042		8714042	
38	RECOVERY ROOM		2643153		2643153	
41	RADIOLOGY-DIAGNOSTIC		5040565		5040565	
41.01	MAGNETIC RESONANCE IMAGING		1683960		1683960	
43 44	LABORATORY		834445 5342323		834445 5342323	
46.30	BLOOD CLOTTING FACTORS ADMIN CO					
47	BLOOD STORING, PROCESSING & TRA		1287251		1287251	
50	PHYSICAL THERAPY		4115874		4115874	
50.01	RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND VRC CONTRACT PENAL DIALYSIS		450000		450000	
52 53	SPEECH PATHOLOGY ELECTROCARDIOLOGY		4/9233 1596546		479233 1596546	
54	ELECTROENCEPHALOGRAPHY		551027		551027	
55	MEDICAL SUPPLIES CHARGED TO PAT		1636298		1636298	
59	CAT SCAN		1791396		1791396	
59.01	ULTRASOUND		1261487		1261487	
59.02 59.03	VRC CONTRACT RENAL DIALYSIS		118094		118094	
	OUTPATIENT SERVICE COST CENTERS EMERGENCY				6692126	
	OCCUPATIONAL HEALTH		6682126 2178622		6682126 2178622	
61.02	PSYCH PARTIAL HOSPITAL		28745		28745	
62 63.50	OBSERVATION BEDS (NON-DISTINCT					
63.60	FQHC					
69.10	OTHER REIMBURSABLE COST CENTERS					
69.20	OUTPATIENT PHYSICAL THERAPY					
69.40 71	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY					
	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION					
	INTESTINAL ACQUISITION					
85.03	ISLET CELL ACQUISITION	290956	89453491		89453491	
85.03 95	ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS		89453491		89453491	
85.03 95	ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN		89453491 53765 13716		89453491 53765 13716	

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	total 27	
96.03 LIFELINE					
98 PHYSICIANS' PRIVATE OFFICES		100495		100495	
100 VACANT SPACE		1039378		1039378	
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	290956	90660845		90660845	

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B PART III

									PART	
	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL		NEW CAP MOVABLE	CAP REL COST TO	EMPLOYEE BENEFITS	ADMINIS- TRATIVE &	MAINT- TENANCE &	OPERATION OF PLANT	
	CODI CHATHA DIDCATI ITON	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS		
		0	3	4	4A	5	6	7	8	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2 3	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT									2 3
4	NEW CAP REL COSTS-BLDG & FIXI NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS		12667	4165	16832	16832				5
6	ADMINISTRATIVE & GENERAL		264535	100823	365358	1554	366912			6
7	MAINTENANCE & REPAIRS		15249 2366531	5583 44826	20832 2411357	65 363	2142 37254	23039 13378	2462352	7
8 9	OPERATION OF PLANT LAUNDRY & LINEN SERVICE		35557	1822	37379	303	2745	192	48979	9
10	HOUSEKEEPING		38751	14046	52797	567	10248	328		10
11	DIETARY	744	64866	29703	95313	444	9263	365	93052	11
12 13	CAFETERIA MAINTENANCE OF PERSONNEL		29711	1431	31142	75	401	173	44183	12 13
14	NURSING ADMINISTRATION		5543	74007	79550	493	7771	46	11824	14
15	CENTRAL SERVICES & SUPPLY		16284	13729	30013	12	373	94	23979	15
16	PHARMACY	47415	38087	4850	90352	501	9275	155	39435	16
17 18	MEDICAL RECORDS & LIBRARY	30	17984	177545	195559	412 78	8437 1170	267	68146	17 18
20	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS					78	11/0			20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23 24	I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY)									23 24
24	INPATIENT ROUTINE SERV COST CENTR	ERS								24
25	ADULTS & PEDIATRICS		621862	554934	1182313	3012	54049	2187	557420	25
26	INTENSIVE CARE UNIT	6335	121350	44524	172209	789	13537	326	82989	26
31 31 01	SUBPROVIDER I SUB PROVIDER II	2429	48546 65557	59362 8062	110337 73619	426 545	9315 14185	285 380	72722 96873	31 31.01
33	NURSERY		18007	5345	23352	147	2697	105	26777	33
34	SKILLED NURSING FACILITY	4877			4877					34
	ANCILLARY SERVICE COST CENTERS	00000					00405			
37 38	OPERATING ROOM RECOVERY ROOM	279325 25	121442 41354	605615 4354	1006382 45733	968 555	30425 8896	372 231	94782 58964	37 38
39	DELIVERY ROOM & LABOR ROOM	25	20843	119	20962	386	5875	122	30991	39
41	RADIOLOGY-DIAGNOSTIC		75457	849535	924992	699	17630	427	108855	41
	MAGNETIC RESONANCE IMAGING	189	193474	219066	412729	220	6102	113	28900	41.01
43 44	RADIOISOTOPE LABORATORY	66 28045	25720 36638	16005 226084	41791 290767	92 746	2593 18952	142 480	36196 122204	43 44
	BLOOD CLOTTING FACTORS ADMIN CO	20015	50050	220001	200707	, 10	10952	100	122201	46.30
47	BLOOD STORING, PROCESSING & TRA		3891		3891	120	4840	66		47
49 50	RESPIRATORY THERAPY	509 10243	20734	115634 20081	136877	360 878	6754	102 429	25881	49 50
	PHYSICAL THERAPY PSYCHOLOGY	10245	69340	20081	99664	0/0	13797	429	109279	50.01
52	SPEECH PATHOLOGY		21157	1285	22442	77	1273	123	31463	52
53	ELECTROCARDIOLOGY		43603	154960	198563	237	4942	253	64373	53
54 55	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT		10931	20750	31681	105	1843 6240	63	16101	54 55
56	DRUGS CHARGED TO PATIENTS						13041			56
59	CAT SCAN		138734	122049	260783	303	6710	86	21824	59
	ULTRASOUND	6	21720	91496	113222	247	4389	126	31982	59.01
	VRC CONTRACT RENAL DIALYSIS						478			59.02 59.03
55.05	OUTPATIENT SERVICE COST CENTERS						170			57.05
61	EMERGENCY		120646	110723	231369	1075	20978	617	157236	61
	OCCUPATIONAL HEALTH	255	13902	4492	18649	245	7921	158	40268	61.01
62	PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINCT						91			61.02 62
63.50										63.50
63.60	FQHC									63.60
60 10	OTHER REIMBURSABLE COST CENTERS CMHC									69.10
	OUTPATIENT PHYSICAL THERAPY									69.20
	OUTPATIENT OCCUPATIONAL THERAPY									69.30
	OUTPATIENT SPEECH PATHOLOGY									69.40
/ 1	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
85.01	PANCREAS ACQUISITION									85.01
	INTESTINAL ACQUISITION									85.02
	ISLET CELL ACQUISITION SUBTOTALS	386010	4760673	3707005	8853688	16827	366632	22191	2246246	85.03 95
د ر	NONREIMBURSABLE COST CENTERS	200010		5707005	0000000	10027	500032	66191	2210210	
	GIFT, FLOWER, COFFEE SHOP & CAN		7816		7816		40	33	8475	
	CCRI VRC CONTRACTS		10889		10889		56			96.01 96.02
20.02	VIC CONTRACTS									30.02

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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	MAINT- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	1
96.03 LIFELINE 98 PHYSICIANS' PRIVATE OFFICES 100 VACANT SPACE 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER 103 TOTAL	386010	8465 8924 4796767	3707005	8465 8924 8889782	5 16832	139 45 366912	36 779 23039	9230 198401 2462352	101 102

WORKSHEET B PART III

									PART	III
	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY		MEDICAL RECORDS & LIBRARY	<u>.</u>
		9	10	11	12	14	15	16	17	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	89326	147574 5894 2799 749 1519 2498 4317	204331	78773 2360 80 2327 3529 463	102793	56070	144543	280667	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
20	NONPHYSICIAN ANESTHETISTS				105					20
21 22 23 24	NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENT	ERS								21 22 23 24
25	ADULTS & PEDIATRICS	44953	35308	142295	18031	42011	8497	805	121529	25
26 31	INTENSIVE CARE UNIT SUBPROVIDER I	4694 4229	5257 4606	11815	3994 2349	9450 5907	2901 548	147 74	13505	26 31
	SUBPROVIDER I SUB PROVIDER II	4229	6136	19914 30081	2997	7130	148	49	17976 27204	31.01
33	NURSERY	53	1696		689	1649	562		11531	33
34	SKILLED NURSING FACILITY									34
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	10550	6004		5862	10981	5522	230	38010	37
38	RECOVERY ROOM		3735		2739	6418	897	12		38
39 41	DELIVERY ROOM & LABOR ROOM	910 2346	1963 6895		1810 4899	4327	13 370	25	207 8595	
	RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING	909	1831		1108		209	25		41.01
43	RADIOISOTOPE	353	2293		409		218	4		43
44	LABORATORY		7741		4676		1768			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA		1073		641		227			46.30 47
49	RESPIRATORY THERAPY		1639		1913		2936			49
50	PHYSICAL THERAPY	2455	6922		4700		70		11056	
50.01 52	PSYCHOLOGY SPEECH PATHOLOGY		1993		376		6			50.01 52
53	ELECTROCARDIOLOGY		4078		1787		0		3935	53
54	ELECTROENCEPHALOGRAPHY	914	1020		392		32		189	54
55 56	MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS						24417 338	141837		55 56
59	CAT SCAN	949	1382		1705		997			59
	ULTRASOUND	521	2026		1186		200	27		59.01
	VRC CONTRACT RENAL DIALYSIS									59.02 59.03
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	12831	9960		6332	14866	4533 660	313 180	25340	61 61.01
	OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL	156 16	2551	226	1351 22	54	1	100	207	61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50 63.60										63.50 63.60
03.00	OTHER REIMBURSABLE COST CENTERS									03.00
69.10	CMHC									69.10
69.30	OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									69.20 69.30 69.40 71
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION									85.01 85.02 85.03
95	SUBTOTALS	88955	133885	204331	78727	102793	56070	143703	280667	
96	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN		537							96
96.01	CCRI		557							96.01
96.02	VRC CONTRACTS									96.02

WORKSHEET B PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
96.03 LIFELINE 98 PHYSICIANS' PRIVATE OFFICES 100 VACANT SPACE 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER 103 TOTAL	371 89326	585 12567 147574	204331	46 78773	102793	56070	840 144543	96.03 98 100 101 102 280667 103

WORKSHEET B PART III

18 25 26 27 GENERAL SERVICE COST - HURLE RQUIP 0.D.CAP REL COSTS-HURLE RQUIP 0.D.CAP REL COSTS-HURLE RQUIP 0.D.CAP REL COSTS-HURLE RQUIP 18 D.D.CAP REL COSTS-HURLE RQUIP 0.D.CAP REL COSTS-HURLE RQUIP 0.D.CAP REL COSTS-HURLE RQUIP 18 D.D.CAP REL COSTS-HURLE RQUIP 0.D.CAP REL COSTS-HURLE RQUIP 0.D.CAP REL COSTS-HURLE RQUIP 18 D.D.CAP REL COSTS-HURLE RQUIP 0.D.CAP REL COSTS-HURLE RQUIP 0.D.CAP REL COSTS A 11 D.D.CAP REL COSTS & LIBRARY 10.C.CAP REL SERVICE 1711 10 CAPARITICA SERVICES & SUPPLY 10.C.CAP REL RECORDS & LIBRARY 10.C.CAP REL RECORDS & LIBRARY 12 NORSING SCHOOL NURSING SCHOOL 1711 0.C.CAP REL RECORDS & LIBRARY 13 CARSING SCHOOL NURSING SCHOOL 1711 0.C.CAP REL RECORDS & LIBRARY 14 NURSING SCHOOL NURSING SCHOOL 1711 0.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C			SOCIAL SERVICE		DOWN ADJS	TOTAL
1 OLD CAP REL COSTS-HUDE & FINT 2 OLD CAP REL COSTS-HUDE & FINT 3 NEW CAP REL COSTS-HUDE & FINT 5 EMPLOYER REMERITS 6 ADMINISTRATIVE & GEMERAL 7 MONETARY 1 DIETARY 1 DIE			18	25	26	27
22 IAR SERVICES-SALARY & FRINCES A 23 IAR SERVICES-SOTHER PROM COSTS A 24 PARAMED ED PROM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS 733 2213143 2213143 25 ADULTS & PEDIATRICS 733 2213143 2213143 26 INTENSIVE CARE UNIT 37 321650 321650 31 SUBPROVIDER I 10 246698 26349 31.01 SUBPROVIDER I 806 262349 263349 33 NURSERY 69258 69258 34 SKILLED NURSING FACILITY 4877 4877 ANCLLARY SERVICE COST CENTERS 1210133 1210133 35 RECOVERY ROOM 128180 128180 36 RECOVERY ROOM 132180 128180 37 OPERATING ROOM 67566 67566 36 RADOLOGY - TAGONGTIC 1075733 1075733 37 RADOLOGY - TAGONSTIC 1075733 15753 46.30 BLOOD CLOTTING FACTORS ADMIN CO 47 84030 <	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS				
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	22 23	I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A				
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	25	INPATIENT ROUTINE SERV COST CENT ADULTS & PEDIATRICS	ERS 733	2213143		2213143
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	26	INTENSIVE CARE UNIT	37	321650		321650
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	3⊥ 31.01	SUBPROVIDER I SUB PROVIDER II	10 886	∠48698 262349		∠48698 262349
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	33 34	NURSERY SKILLED NURSING FACILITY		69258 4877		69258 4877
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	71	ANCILLARY SERVICE COST CENTERS		-10//		1011
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	37 38	OPERATING ROOM RECOVERY ROOM	45	1210133 128180		1210133 128180
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	39	DELIVERY ROOM & LABOR ROOM		67566		67566
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	41 41.01	RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING		1075733 453504		1075733 453504
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERSINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	43	RADIOISOTOPE		84091		84091
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	44 46.30	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO		447334		447334
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	47	BLOOD STORING, PROCESSING & TRA		27792		27792
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	49 50	RESPIRATORY THERAPY PHYSICAL THERAPY		176462 249250		176462 249250
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	50.01	PSYCHOLOGY		E 77 F 3		Eddeo
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	52 53	ELECTROCARDIOLOGY		278168		278168
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	54	ELECTROENCEPHALOGRAPHY		52340		52340 30657
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	56	DRUGS CHARGED TO PATIENTS		155216		155216
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	59 59 01	CAT SCAN		294739		294739
OUTPATIENT SERVICE COST CENTERS 61 EMERGENCY 485450 485450 61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTERTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945	59.02	VRC CONTRACT		100020		100020
61.01 OCCUPATIONAL HEALTH 72139 72139 61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 617 617 63.50 RHC 617 617 63.60 FQHC 0THER REIMBURSABLE COST CENTERS 617 69.10 CMHC 617 617 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 0UTPATIENT OCCUPATIONAL THERAPY 69.40 OUTPATIENT OCCUPATIONAL THERAPY 69.40 0UTPATIENT SPECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 85.01 PANCREAS ACQUISITION 85.03 1SLET CELL ACQUISITION 85.03 ISLET CELL ACQUISITION 8621503 NONREIMBURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945 10945	59.03			478		478
61.02 PSYCH PARTIAL HOSPITAL 617 617 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.40 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945						
62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 0THER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.40 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945 10945						
63.60 FQHC OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.40 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945 10945	62	OBSERVATION BEDS (NON-DISTINCT		017		017
OTHER REIMBURSABLE COST CENTERS 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.40 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMBURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRL 10945						
69.20 OUTPATIENT PHYSICAL THERAPY 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.40 OUTPATIENT SPEECH PATHOLOGY 1 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945 10945		OTHER REIMBURSABLE COST CENTERS				
69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.40 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945						
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS NONREIMBURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 96.01 CCRI	69.30	OUTPATIENT OCCUPATIONAL THERAPY				
85.01 PANCREAS ACQUISITION 85.02 INTESTINAL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMBURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945						
85.02 INTESTINAL ACQUISITION 85.03 ISLET CELL ACQUISITION 95 SUBTOTALS 1711 8621503 8621503 NONREIMBURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945 10945	0E 01					
95 SUBTOTALS 1711 8621503 8621503 NONREIMEURSABLE COST CENTERS 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945 10945						
NONREIMBURSABLE COST CENTERS 16901 16901 96 GIFT, FLOWER, COFFEE SHOP & CAN 16901 16901 96.01 CCRI 10945 10945			1711	0601500		0601500
96.01 CCRI 10945 10945	95		1/11	0021505		0021303
				10945		10945

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
96.03 LIFELINE 98 PHYSICIANS' PRIVATE OFFICES 100 VACANT SPACE 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER 103 TOTAL	1711	19717 220716 8889782		19717 220716 8889782

COST ALLOCATION - STATISTICAL BASIS

	COST ALLOCATION - STATISTICAL BASIS							WORKSHE	ET B-1
	COST CENTER DESCRIPTION	NEW CAP BLDGS &	MOVABLE	BENEFITS	RECON-	TRATIVE &		OPERATION OF PLANT	
		FIXTURES DOLLAR VAL	EQUIPMENT DOLLAR VAL	GROSS SALA	CILIATION	GENERAL ACCUM	REPAIRS SOUARE FEE	SOUARE FEE	
		UE	UE	GROSS SALA RIES 5		COST	Т	т	
		3	4	5	6A	6	7	8	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-WVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE								1
2 3	NEW CAP REL COSTS-MUBLE EQUIP	3783460							2 3
4	NEW CAP REL COSTS-MVBLE EQUIP	5705100	2337301						4
5	EMPLOYEE BENEFITS	9991	2626	39111251					5
6 7	ADMINISTRATIVE & GENERAL	208653	63570	3614215	-18688438	71972407	373388		6 7
8	OPERATION OF PLANT	1866603	28263	844265		420248 7307651	216786	156602	8
9	LAUNDRY & LINEN SERVICE	28046	1149	71199		538403	3115	3115	9
10	HOUSEKEEPING	30565	8856	1317935		2010138	5319	156602 3115 5319 5918 2810	10
11 12	CARETERIA	51163	18728	1031598		1817036	5918	5918 2810	11
13	MAINTENANCE OF PERSONNEL	23433	502	1/1025		/0000	2010		13
14	NURSING ADMINISTRATION	4372	46662	1146366		1524353 73144 1819254 1654954 229448	752	752 1525 2508 4334	
15	CENTRAL SERVICES & SUPPLY	12844	8656	27419		73144	1525	1525	
16 17	MEDICAL RECORDS & LIBRARY	14185	3058 111944	958210		1654954	∠508 4334	2508 4334	
18	SOCIAL SERVICE	11100		182040		229448	1001	1001	18
20	NONFILIDICIAN ANEDILETIDID								20
21 22	NURSING SCHOOL I&R SERVICES-SALARY & FRINGES								21 22
23	I&R SERVICES-SALARI & FRINGES I&R SERVICES-OTHER PRGM COSTS								22
24	PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS	400405		6000000			05454	05454	
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	490495	349891 28073	6977381 1834779		2655265	35451 5278	35451 5278 4625 6161 1703	25
31	SUBPROVIDER I	38291	37428	990238		1827111	4625	4625	31
	SUB PROVIDER II	51708	5083	1834779 990238 1268158 341806		2782531	6161	6161	31.01
33 34	NURSERY SKILLED NURSING FACILITY	14203	3370	341806		529046	1703	1703	33 34
									24
	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN								
37 38	OPERATING ROOM	95788	381846	2250592		5968034 1745058			
39	DELIVERY ROOM & LABOR ROOM	16440	2/45	897198		1152373	1971		
41	RADIOLOGY-DIAGNOSTIC	59517	535642	1624580		3458231	6923	6923	41
41.01	MAGNETIC RESONANCE IMAGING	152603	138123	512089		1745058 1152373 3458231 1197005 508715 3717456	1838		41.01
43 44	LABORATORY	20287	142548	213954 1733762		3717456	2302 7772		
46.30	LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCEPHALOGRAPHY MEDICAL, SUPPLIES CHARGED TO P	20090	112010	1,00,01					46.30
47	BLOOD STORING, PROCESSING & T	3069		278912		949419 1324862 2706415	1077		47
49 50	RESPIRATORY THERAPY	16354	72908	837310 2041333		1324862 2706415	1646 6950		
50.01	PSYCHOLOGY	51052	12001	2011555				0,50	50.01
52	SPEECH PATHOLOGY	16688	810	178006		249750 969411 361417	2001		
53	ELECTROCARDIOLOGY	34392	97704	550647 243942		969411	4094 1024	4094 1024	
55	MEDICAL SUPPLIES CHARGED TO P	0022	13003	243942		1224073	1024		55
56	DRUGS CHARGED TO PATIENTS					2558120			56
59	MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND	109427				1316297			
59.01 59.02	ULTRASOUND VRC CONTRACT	17132	57689	573715		860933	2034	2034	59.01 59.02
	RENAL DIALYSIS			50		93751			59.02
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY OCCUPATIONAL HEALTH	95160 10965				4114885 1553688			61 61.01
	PSYCH PARTIAL HOSPITAL	10905	2032	569570		17915		2501	61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63.50									63.50
63.60	FQHC OTHER REIMBURSABLE COST CENTERS								63.60
69.10									69.10
	OUTPATIENT PHYSICAL THERAPY								69.20
	OUTPATIENT OCCUPATIONAL THERA OUTPATIENT SPEECH PATHOLOGY								69.30 69.40
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
	PANCREAS ACQUISITION INTESTINAL ACOUISITION								85.01
	INTESTINAL ACQUISITION ISLET CELL ACQUISITION								85.02 85.03
95	SUBTOTALS	3754990	2337301	39099582	-18688438	71917552	359644	142858	95
0.E	NONREIMBURSABLE COST CENTERS	6165				7010	EDO	E 2 0	06
96	GIFT, FLOWER, COFFEE SHOP & C	6165				7816	539	539	ספ

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES DOLLAR VAL UE 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VAL UE 4	EMPLOYEE BENEFITS GROSS SALA RIES 5	RECON- CILIATION 6A	ACCUM COST	MAINT- TENANCE & REPAIRS SQUARE FEE T 7	OPERATION OF PLANT SQUARE FEE T 8	
96.01	CCRI	8589				10889			96.01
	VRC CONTRACTS								96.02
	LIFELINE								96.03
98	PHYSICIANS' PRIVATE OFFICES	6677		11669		27226		587	
100	VACANT SPACE	7039				8924	12618	12618	100
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	4796767	3707005	10185509		18688438	529370	9512510	103
104	UNIT COST MULT-WS B PT I		1.586020				1.417748		104
104	UNIT COST MULT-WS B PT I	1.267825		.260424		.259661		60.743222	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			16832		366912	23039	2462352	107
108	UNIT COST MULT-WS B PT III						.061703		108
108	UNIT COST MULT-WS B PT III			.000430		.005098		15.723631	108

COST ALLOCATION - STATISTICAL BASIS

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/97)
 02/25/2010 08:46

	COST ALLOCATION - STATISTIC	CAL BASIS							WORKSHE	ET B-1
	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			SQUARE FEE		FTES			COSTED REQ	TIME SPENT	
		LAUNDRY 9	т 10	ED 11	12	SING HOURS 14		S 16	17	
1 2	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP	-	10				15	10	17	1 2
3 4 5 6 7 8	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-WUBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT									3 4 5 6 7 8
9 10	LAUNDRY & LINEN SERVICE HOUSEKEEPING	775310	148168							9 10
11 12	DIETARY CAFETERIA		5918 2810	79399	49490					11 12
13 14	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION		752		1483	561324				13 14
15 16	CENTRAL SERVICES & SUPPLY PHARMACY		1525 2508		50 1462		2505126	3214564		15 16
17 18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE		4334		2217 291				46076	17 18
20 21	NONPHYSICIAN ANESTHETISTS NURSING SCHOOL									20 21
22 23 24	I&R SERVICES-SALARY & FRINGES I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY)									22 23 24
25	INPATIENT ROUTINE SERV COST C ADULTS & PEDIATRICS	ENTERS 390198	35451	55293	11327	229412	379638	17904	19951	25
26 31	INTENSIVE CARE UNIT SUBPROVIDER I	40743 36702	5278	4591	2509					
	SUBPROVIDER I SUB PROVIDER II	18362								31.01
33 34	NURSERY SKILLED NURSING FACILITY	456	1703		433	9006	25123		1893	33 34
	ANCILLARY SERVICE COST CENTER:									
37 38	OPERATING ROOM RECOVERY ROOM	91573	6028 3750		3683 1721					37 38
39	DELIVERY ROOM & LABOR ROOM	7897			1137				34	
41 41.01	RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING	20360 7886			3078 696		16513 9358			41 41.01
43 44	RADIOISOTOPE LABORATORY	3063	2302 7772		257 2938		9722 78977			43 44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47 49	BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY		1077 1646		403 1202		10145 131182			47 49
50 50 01	PHYSICAL THERAPY PSYCHOLOGY	21306	6950		2953		3113		1815	50 50.01
52	SPEECH PATHOLOGY		2001		236		274			52
53 54	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	7933	4094 1024		1123 246		1432			53 54
55	MEDICAL SUPPLIES CHARGED TO P						1090943			55
56 59	DRUGS CHARGED TO PATIENTS CAT SCAN	8234	1388		1071		15111 44539			56 59
	ULTRASOUND VRC CONTRACT	4520	2034		745		8931	608		59.01 59.02
	RENAL DIALYSIS									59.03
61	OUTPATIENT SERVICE COST CENTER EMERGENCY	RS 111364	10000		3978	81179	202525	6959	4160	61
	OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL	1354 138		88	849 14		29476 50			61.01 61.02
62	OBSERVATION BEDS (NON-DISTINC			00	11	295	50	0	54	62
63.50 63.60										63.50 63.60
	OTHER REIMBURSABLE COST CENTER	RS								
69.10 69.20	CMHC OUTPATIENT PHYSICAL THERAPY									69.10 69.20
	OUTPATIENT OCCUPATIONAL THERA OUTPATIENT SPEECH PATHOLOGY									69.30 69.40
71	HOME HEALTH AGENCY									71
85.01	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02 85.03
85.03 95	ISLET CELL ACQUISITION SUBTOTALS	772089	134424	79399	49461	561324	2505123	3195890	46076	
96	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & C		539							96
	,, sorres shor a c		555							

COST ALLOCATION - STATISTICAL BASIS

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/97)
 02/25/2010 08:46

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEE T 10	DIETARY MEALS SERV ED 11	CAFETERIA FTES 12	NURSING ADMINIS- TRATION DIRECT NUR SING HOURS 14		PHARMACY COSTED REQ S 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
		9	10	11	12	14	15	10	1/	
	CCRI VRC CONTRACTS LIFELINE									96.01 96.02 96.03
98	PHYSICIANS' PRIVATE OFFICES	3221	587		29		3	18674		98
100	VACANT SPACE		12618							100
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	871836	2862726				216727		2452519	
104	UNIT COST MULT-WS B PT I	1.124500		34.900414		3.547456		.779481		104
104	UNIT COST MULT-WS B PT I		19.320812		6.628713		.086513		53.227689	
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	00000	148584	004001		100500	56050	144543	000000	106
107	COST TO BE ALLOC PER B PT III	89326	147574		78773		56070		280667	107
108	UNIT COST MULT-WS B PT III	.115213		2.573471		.183126		.044965		108
108	UNIT COST MULT-WS B PT III		.995991		1.591695		.022382		6.091392	T08

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

 $\begin{array}{c}1\\2\\3\\4\\5\\6\\7\\8\\9\\10\\11\\12\\13\\14\\15\\16\\17\\18\\20\\21\\22\\23\\24\end{array}$

50 50.01

50.01 52 53 54 55 56 59 59.01 59.02 59.03

61 61 61.01 61.02 62 63.50 63.60

69.10 69.20 69.30 69.40 71

85.01 85.02 85.03 95

96

SOCIAL COST CENTER DESCRIPTION SERVICE

TIME SPENT

18

	10	•	
	GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT		
2	OLD CAP REL COSTS-MVBLE EQUIP		
3	NEW CAP REL COSTS-BLDG & FIXT		
4	NEW CAP REL COSTS-MVBLE EQUIP		
5	EMPLOYEE BENEFITS		
6	ADMINISTRATIVE & GENERAL		
7	MAINTENANCE & REPAIRS		
8	OPERATION OF PLANT		
9 10	LAUNDRY & LINEN SERVICE HOUSEKEEPING		
11	DIETARY		
12	CAFETERIA		
13	MAINTENANCE OF PERSONNEL		
14	NURSING ADMINISTRATION		
15	CENTRAL SERVICES & SUPPLY		
	PHARMACY		
	MEDICAL RECORDS & LIBRARY		
18	SOCIAL SERVICE	1493	3
20	NONPHYSICIAN ANESTHETISTS		
21	NURSING SCHOOL		
22 23	I&R SERVICES-SALARY & FRINGES I&R SERVICES-OTHER PRGM COSTS		
24	PARAMED ED PRGM-(SPECIFY)		
	INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	640)
26	INTENSIVE CARE UNIT	32	
31	SUBPROVIDER I	9	
	SUB PROVIDER II	773	3
	NURSERY		
34	SKILLED NURSING FACILITY		
	ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	39	e
38	RECOVERY ROOM		
	DELIVERY ROOM & LABOR ROOM		
41	RADIOLOGY-DIAGNOSTIC		
	MAGNETIC RESONANCE IMAGING		
	RADIOISOTOPE		
	LABORATORY		
46.30 47	BLOOD CLOTTING FACTORS ADMIN		
47 49	BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY		
	PHYSICAL THERAPY		
	PSYCHOLOGY		
	SPEECH PATHOLOGY		
	ELECTROCARDIOLOGY		
	ELECTROENCEPHALOGRAPHY		
	MEDICAL SUPPLIES CHARGED TO P		
	DRUGS CHARGED TO PATIENTS		
	CAT SCAN		
59.01	ULTRASOUND		
59.02	VRC CONTRACT		
59.03	RENAL DIALYSIS		
	OUTPATIENT SERVICE COST CENTERS		
61	EMERGENCY		
	OCCUPATIONAL HEALTH		
61.02 62	PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINC		
62 63.50	-		
63.60			
00.00	OTHER REIMBURSABLE COST CENTERS		
69.10			
	OUTPATIENT PHYSICAL THERAPY		
	OUTPATIENT OCCUPATIONAL THERA		
	OUTPATIENT SPEECH PATHOLOGY		
71	HOME HEALTH AGENCY		
	SPECIAL PURPOSE COST CENTERS		
	PANCREAS ACQUISITION		
	INTESTINAL ACQUISITION		
	ISLET CELL ACQUISITION	1 4 0 2	-
95		1493	5
	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & C		
96			

COST ALLOCATION - STATISTICAL BASIS

COST	CENTER	DESCRIPTION	SOCIA SERVI	
			TIME	SPENT

18

96.01	CCRI	
96.02	VRC CONTRACTS	
96.03	LIFELINE	
98	PHYSICIANS' PRIVATE OFFICES	
100	VACANT SPACE	
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	COST TO BE ALLOC PER B PT I	290956
104	UNIT COST MULT-WS B PT I	194.880107
104	UNIT COST MULT-WS B PT I	
105	COST TO BE ALLOC PER B PT II	
106	UNIT COST MULT-WS B PT II	
106	UNIT COST MULT-WS B PT II	
107	COST TO BE ALLOC PER B PT III	1711
108	UNIT COST MULT-WS B PT III	1.146015
108	UNIT COST MULT-WS B PT III	

	9	6	0	1
	9	б	0	2
	9	6	0	3
	9	8		
1	0	0		
1	0	1		
1	0	2		
1	0	3		
1	0	4		
1	0	4		
1	0	5		
1	0	6		
1	0	6		
1	0	7		
1	0	8		
1	0	8		

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C

PART I	
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	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	20735082		20735082		20735082	25
26	INTENSIVE CARE UNIT	4318532		4318532		4318532	26
31	SUBPROVIDER I	3276166		3276166		3276166	31
	SUB PROVIDER II	4976033		4976033	8278	4984311	31.01
33	NURSERY	943446		943446		943446	33
34	SKILLED NURSING FACILITY						34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	8714042		8714042	4674	8718716	37
38	RECOVERY ROOM	2643153		2643153		2643153	38
39	DELIVERY ROOM & LABOR ROOM	1714297		1714297		1714297	39
41	RADIOLOGY-DIAGNOSTIC	5040565		5040565		5040565	41
	MAGNETIC RESONANCE IMAGING	1683960		1683960		1683960	41.01
43	RADIOISOTOPE	834445		834445	161000	834445	43
44	LABORATORY	5342323		5342323	161720	5504043	44
	BLOOD CLOTTING FACTORS ADMI	1005051		1000051		1005051	46.30 47
47	BLOOD STORING, PROCESSING &	1287251 1822313		1287251	12198	1287251 1834511	47
49 50	RESPIRATORY THERAPY	4115874		1822313 4115874	12198	4115874	49 50
	PHYSICAL THERAPY	4115874		41158/4		41158/4	50.01
50.01	PSYCHOLOGY	479233		470000		479233	50.01
52 53	SPEECH PATHOLOGY ELECTROCARDIOLOGY	1596546		479233 1596546	164926	479233 1761472	52 53
53 54	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	551027		551027	164926	551027	53
55	MEDICAL SUPPLIES CHARGED TO	1636298		1636298		1636298	54
55	DRUGS CHARGED TO PATIENTS	5682435		5682435		5682435	55
59	CAT SCAN	1791396		1791396		1791396	59
	ULTRASOUND	1261487		1261487		1261487	59.01
	VRC CONTRACT	1201487		120140/		120140/	59.01
	RENAL DIALYSIS	118094		118094		118094	59.02
59.05	OUTPATIENT SERVICE COST CENTERS	110094		110094		110094	59.05
61	EMERGENCY	6682126		6682126	50418	6732544	61
	OCCUPATIONAL HEALTH	2178622		2178622	8523	2187145	61.01
	PSYCH PARTIAL HOSPITAL	28745		28745	91	28836	61.02
62	OBSERVATION BEDS (NON-DISTI	2639635		2639635	91	2639635	62
63.50		2039033		2055055		2059055	63.50
	FOHC						63.60
00.00	OTHER REIMBURSABLE COST CENTERS						00.00
101	SUBTOTAL	92093126		92093126	410828	92503954	101
102	LESS OBSERVATION BEDS	2639635		2639635	120020	2639635	102
103	TOTAL	89453491		89453491	410828	89864319	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

COST CENTER DESCRIPTION		CHARGES		COST OR OTHER	TEFRA INPATIENT	PPS INPATIENT
COST CENTER DESCRIPTION	INPATIENT 6	OUTPATIENT 7	TOTAL 8		RATIO 10	RATIO 11
INPATIENT ROUTINE SERV COST C	ENTERS					
25 ADULTS & PEDIATRICS	19905289 4366335 2791924 4112747		19905289			25
26 INTENSIVE CARE UNIT 31 SUBPROVIDER I	4366335		4366335			26
31 SUBPROVIDER I	2791924		2791924			31
31.01 SUB PROVIDER II	4112747 1147135		4112747			31.01
33 NURSERY	1147135		1147135			33
 33 NURSERY 34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER 	S					34
37 OPERATING ROOM	8204880	18466930	26671810	.326714	.326714	.326889 37
 38 RECOVERY ROOM 39 DELIVERY ROOM & LABOR ROOM 41 RADIOLOGY-DIAGNOSTIC 	996234	3524291	4520525	.584700	.584700	.584700 38
39 DELIVERY ROOM & LABOR ROOM	2549663	460741	3010404	560/57	.569457	.569457 39
41 RADIOLOGY-DIAGNOSTIC	1752280	11511155	13263435	.380035	.380035	.380035 41
41.01 MAGNETIC RESONANCE IMAGING	1218772	8778778 1679283	9997550	.168437	.168437	.168437 41.01
43 RADIOISOTOPE	441345	1679283	2120628	.393490	.393490	.393490 43
44 LABORATORY	10048840	19222217	29271057	.182512	.182512	.188037 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1517544	1468392	2985936	.431105		.431105 47
49 RESPIRATORY THERAPY	1853018	434549	2287567	.796616	.796616	.801949 49
49 RESPIRATORY THERAPY 50 PHYSICAL THERAPY	2017757	4273292	6291049	.654243	.654243	
50.01 PSYCHOLOGY						50.01
52 SPEECH PATHOLOGY 53 ELECTROCARDIOLOGY	348389	261006	609395		.786408	.786408 52 .414640 53
53 ELECTROCARDIOLOGY	1590754	2657441	4248195	.375817	.375817	.414640 53
54 ELECTROENCEPHALOGRAPHY 55 MEDICAL SUPPLIES CHARGED TO 56 DRUGS CHARGED TO PATIENTS	31504	1060393	1091897	.504651		.504651 54
55 MEDICAL SUPPLIES CHARGED TO	3151207	2668584	2819/91	.281101	.281161	.281161 55
56 DRUGS CHARGED TO PATIENTS	6316824	7474437	13791261	.412032	.412032	.412032 56
59 CAT SCAN	2619699	9924452 3025346	12544151	.142807 .358523	.142807	.142807 59
59.01 ULTRASOUND	493221	3025346	3518567	.358523	.358523	.142807 59 .358523 59.01
59.02 VRC CONTRACT						
50 DRUGS CHARGED TO PATIENTS 59 CAT SCAN 59.01 ULTRASOUND 59.02 VRC CONTRACT 59.03 RENAL DIALYSIS OUTPATIENT SERVICE COST CENTE		10280	206383	.572208		.572208 59.03
61 EMERGENCY	2308619	15871901	18180520	.367543	.367543	.370316 61
61.01 OCCUPATIONAL HEALTH	337	15871901 1755850	18180520 1756187	1.240541	1.240541	.370316 61 1.245394 61.01 569488 61 02
61 EMERGENCY 61.01 OCCUPATIONAL HEALTH 61.02 PSYCH PARTIAL HOSPITAL 62 OBSERVATION REDS (NON-DISTI		50635		.567690	.567690	.569488 61.02
62 OBSERVATION BEDS (NON-DISTI	304851	2444521	2749372	.960087	.960087	.960087 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTE						
101 SUBTOTAL	80285271	117024474	197309745			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	80285271	117024474	197309745			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVIII-PT A [] TITLE XIX							
	COST CENTER DESCRIPTION	CAPITAL	OLD CAPITAL SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6	
25 26 27 28 29 30	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)				2213143 321650		2213143 321650	25 26 27 28 29 30
31	SUBPROVIDER I SUB PROVIDER II NURSERY TOTAL				248698 262349 69258 3115098		248698 262349 69258 3115098	31 31.01 33 101
					APITAL INPATIENT	NEW CA	INPATIENT	
	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	PROGRAM CAPITAL COST 10	PER DIEM 11	PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25 26 27 28 29 30	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	19654 1906	8416 1069			112.61 168.76	947726 180404	25 26 27 28 29 30
31 31.01 33 101	SUBPROVIDER I SUB PROVIDER II NURSERY TOTAL	2537 3869 1627 29593	1185 843 11513			98.03 67.81 42.57	116166 57164 1301460	31 31.01 33 101
TOT	TOTUT	29393	11513				1201400	TOT

WORKSHEET D PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

CHE	CK [] TITLE V LICABLE [XX] TITLE XVIII-PT A	[XX] H	IOSPITAL (41	0006) [] SUB III	[]	XX] PPS] TEFRA		
BOX				L] SOP IV	L	J IEFKA		
в02	ES [] IIILE AIA	1 1 2	OB II						
	OLD	NEW			OLD CAP	TTAL	NEW CAP	TTAL	
	CAPITAL	CAPITA	τ.	INPATIENT	RATIO OF	11/10	RATIO OF	11/11	
	COST CENTER DESCRIPTION RELATED		D TOTAL	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL	
	COST	COST		CHARGES	CHARGES	COSTS		COSTS	
	1	2		4		6		8	
	-	-	5	-	5	Ū		0	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	1210133	26671810	2664570			.045371	120894	37
38	RECOVERY ROOM	128180	4520525	364652			.028355		38
39	DELIVERY ROOM & LABOR ROOM	67566	3010404				.022444		39
41	RADIOLOGY-DIAGNOSTIC	1075733	13263435	975776			.081105	79140	41
41	.01 MAGNETIC RESONANCE IMAGING	453504	9997550	563813			.081105	25576	41.01
43	RADIOISOTOPE	84091	2120628	311440			.039654		
44	LABORATORY	447334	29271057	5560396			.015282	84974	44
46	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC .01 MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY .30 BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T	27792	2985936	675362			.009308	6286	47
49	RESPIRATORY THERAPY	176462	2287567	985378			.077140	76012	49
50	.30 BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY .01 PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS CAT SCAN .01 ULTRASOUND .02 VRC CONTRACT	249250	6291049	321745			.039620	12748	50
50	.01 PSYCHOLOGY								50.01
52	SPEECH PATHOLOGY	57753	609395	74508			.094771	7061	52
53	ELECTROCARDIOLOGY	278168	4248195	1187537			.065479	77759	53
54	ELECTROENCEPHALOGRAPHY	52340	1091897	15003			.047935	719	54
55	MEDICAL SUPPLIES CHARGED TO P	30657	5819791	1433469			.005268		55
56	DRUGS CHARGED TO PATIENTS	155216	13791261	3189165			.011255	35894	56
59	CAT SCAN	294739	12544151	1413009			.023496	33200	59
59	.01 ULTRASOUND	153926	3518567	58421			.043747	2556	59.01
59	.02 VRC CONTRACT								59.02
59	.03 RENAL DIALYSIS	478	206383	125318			.002316	290	59.03
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	485450	18180520	806664			.026702	21540	61
61	.01 OCCUPATIONAL HEALTH	72139	1756187				.041077		61.01
61	EMERGENCY .01 OCCUPATIONAL HEALTH .02 PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINC	617	50635				.012185		61.02
62	OBSERVATION BEDS (NON-DISTINC	281739	2749372	214258			.102474	21956	62
63	.50 RHC								63.50
63	.60 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	5783267	164986315	20940484				636847	101

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WORKSHEET D PART III

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

CHECK APPLIC BOXES	[] TITLE ABLE [XX] TITLE [] TITLE	XVIII-PT A								
	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 26 27 28 29 30 31 31.01 33	NURSERY					19654 1906 2537 3869 1627		8416 1069 1185 843		25 26 27 28 29 30 31 31.01 33
34 35 101	SKILLED NURSING FACILITY NURSING FACILITY TOTAL					29593		11513	1	34 35 101

	APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS WOR P							
CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVI [] TITLE XIX	III-PT A []		-0006) [] [] [] []	SNF NF		[] PPS [] TEFRA	
	COST CENTER DESCRIPTION	OU NONPHYSICIAN NON ANESTHETIST AN COST 1			N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
43 44 46.30 47 50 50.01 52 53 54 55 56 59.01 59.02 59.03 61 61.01								37 38 39 41 41.01 43 44 46.30 47 49 50 50.01 52 53 54 55 56 59 59.01 59.02 59.03 61 61.01 61.02 62 63.50 63.60 101

	APPORTIONMENT OF INPATIENT A	ANCILLARY SERVICE	OTHER PASS	THROUGH C	OSTS			WORKSP PART	
CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVI [] TITLE XIX	II-PT A []	SUB I SUB II	(41-0006)	[] SUB I [] SNF [] NF [] ICF/M		[] PPS [] TEFF	ZA	
	COST CENTER DESCRIPTION		TOTAL CHARGES 4				INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
43 44 46.30 47 50 50.01 52 53 54 55 56 59 59.01 59.02	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND VRC CONTRACT RENAL DIALYSIS		2120628 29271057 2985936 2287567 6291049 609395 4248195 1091897 5819791			2664570 364652 975776 563813 311440 5560396 675362 985378 321745 74508 1187537 15003 1433469 3189165 1413009 58421 125318		3568508 696742 1321268 2167194 695766 551814 265112 36500 1370912 12673 714451 2128019 2858139 265022 1028	37 38 39 41 41.01 43 44 46.30 47 50 50.01 52 53 54 55 56 59 59.01 59.02 59.03
61.01 61.02 62 63.50	OUTPATIENT SERVICE COST CENTERS EMERGENCY OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINC RHC FQHC OTHER DEIMPHERABLE COST CENTERS		18180520 1756187 50635 2749372			806664 214258		2457602 13316 1118810	61 61.01 62 63.50 63.60

61.01	OCCUPATIONAL HEALTH	1756187			61.0
61.02	PSYCH PARTIAL HOSPITAL	50635		13316	61.0
62	OBSERVATION BEDS (NON-DISTINC	2749372	214258	1118810	62
63.50) RHC				63.5
63.60) FQHC				63.6
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL	164986315	20940484	20242876	101

	APPORTIONMENT OF INPATIENT ANCILLARY	SERVICE OTHE	R PASS THROUGH (COSTS			WORKSHEET D PART IV
CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVIII-PT A [] TITLE XIX	[] SUB [] SUB		[] SUB IV [] SNF [] NF [] ICF/MR] PPS] TEFRA	
	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	
43 44 46.30 47 50 50.01 52 53 54 55 56 59 59.01 59.02	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND VRC CONTRACT RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS EMERGENCY						37 38 39 41 41.01 43 44 46.30 47 49 50 50.01 52 53 54 55 55 56 59 59.01 59.02 59.03 61
61.01	OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINC RHC						61.01 61.02 62 63.50 63.60
101	TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

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

						OGRAM CHARGES		
			TE DANTA DOOM	NODVOUDDE C	OUTPATIENT		OTTIDD	
	COM CRIMER DECORTONI			WORKSHEET C,			OTHER	
	COST CENTER DESCRIPTION	COL. 8	PART 1	COL. 9	SURGICAL CENTER		DIAGNOSTIC	
		1	COL. 9 1.01	1.02	2	RADIOLOGI 3		
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.326714 .584700 .569457 .380035 .168437 .393490 .182512	326714	326714				37
38	RECOVERY ROOM	584700	584700	584700				38
39	DELIVERY ROOM & LABOR ROOM	569457	569457	569457				39
41	RADIOLOGY-DIAGNOSTIC	380035	380035	380035				41
	MAGNETIC RESONANCE IMAGING	168437	168437	168437				41.01
43	RADIOISOTOPE	393490	393490	393490				43
44	LABORATORY	182512	182512	182512				44
	BLOOD CLOTTING FACTORS ADMIN CO	.102512	.102512	.102512				46.30
40.30	BLOOD CHOILING FACIORS ADMIN CO	421105	421105	.431105				40.30
49	BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY	706616	706616	.796616				49
49 50	RESPIRATORI INERAPI	.654243	. /90010	.654243				49 50
F0 01				.054243				50.01
50.01 52	PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND ULTRASOUND	706400	706400	.786408				50.01
52 53	SPEECH PATHOLOGY	./86408	.786408	.375817				52
53	ELECTROCARDIOLOGY	.3/581/	.3/581/					
54	ELECTROENCEPHALOGRAPHY	.504651	.504651	.504651				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.281161	.281161	.281161				55
56	DRUGS CHARGED TO PATIENTS	.412032	.412032	.412032				56
59	CAT SCAN	.142807	.142807	.142807				59
59.01	ULTRASOUND	.358523	.358523	.358523				59.01
59.02	VRC CONTRACT							59.02
59.03	RENAL DIALYSIS	.572208	.572208	.572208				59.03
	OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY	.367543	.367543	.367543				61
61.01	OCCUPATIONAL HEALTH	1.240541	1.240541	1.240541				61.01
	PSYCH PARTIAL HOSPITAL	.567690	.567690	.567690				61.02
62	OBSERVATION BEDS (NON-DISTINCT	.960087	.960087	.960087				62
63.50								63.50
63.60								63.60
	OTHER REIMBURSABLE COST CENTERS							
	AMBULANCE SERVICES (2ND PERIOD)							65.01
	AMBULANCE SERVICES (3RD PERIOD)							65.02
	AMBULANCE SERVICES (4TH PERIOD)							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY	CHRGS						
								103
104	NET CHARGES							104
	DADT VIT - VACCINE COST ADDODT	ONMENT						
	PART VI - VACCINE COST APPORTI	UNPIEIN I						1
1	DRUGS CHARGED TO PATIENTS - RATIC	OF COST TO CI	TARGES					412032 1
2	PROGRAM VACCINE CHARGES						•	2
-	PROGRAM VACCINE CHARGES							2.01
3	PROGRAM COSTS							3
	PROGRAM COSTS							3.01
5.01								5.01

WORKSHEET D PARTS V & VI

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XV [] TITLE XI	- O/P [XX III-PT B [(- O/P [[<pre>1 HOSPITAL 1 SUB I 1 SUB II 1 SUB III 1 SUB III 1 SUB IV</pre>	(41-0006)		[] SNF [] NF [] S/B-S [] S/B-N [] ICF/M			
		ALL PPS SER-		PPS SER-	PPS SER-	OUTPATIENT			
		OTHER (1) VICES	ALL OTHER	VICES	VICES	AMBULATORY		OTHER	
	COST CENTER DESCRIPTION	(SEE (SEE INSTRU) INSTRU)	(SEE INSTRU)	(SEE INSTRU)	(SEE INSTRU)	CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		OTHER (1) VICES (SEE (SEE INSTRU.) INSTRU.) 5 5.01	5.02	5.03	5.04	6	7	8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM RECOVERY ROOM	3568508							37
38 39	RECOVERY ROOM & LABOR ROOM	696742							38 39
4.1	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	1321268							41
41.01	RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING PADIOLSOTODE	1321268 2167194							41.01
45	RADIOISOIOPE	093700							43
44	LABORATORY	551814							44 46.30
46.30 47	BLOOD CLOTTING FACTORS ADMIN C BLOOD STORING, PROCESSING & TR	265112							46.30 47
49	RESPIRATORY THERAPY	36500							49
50	RESPIRATORY THERAPY PHYSICAL THERAPY								50
50.01	PHISTCAL THERE I PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PA DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND								50.01
52 53	SPEECH PATHOLOGY	1270012							52 53
54	ELECTROENCEPHALOGRAPHY	12673							54
55	MEDICAL SUPPLIES CHARGED TO PA	714451							55
56	DRUGS CHARGED TO PATIENTS	2128019							56
59	CAT SCAN	2858139							59
59.UI 59.01	ULTRASOUND VRC CONTRACT	265022							59.01 59.02
59.02	ULTRASOUND VRC CONTRACT RENAL DIALYSIS	1028							59.02
	OUTPATIENT SERVICE COST CENTERS	3							
61	EMERGENCY	2457602							61
61.01	OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL	13316							61.01 61.02
	OBSERVATION BEDS (NON-DISTINCT								61.02 62
63.50		1110010							63.50
63.60	FQHC								63.60
CF 01	OTHER REIMBURSABLE COST CENTERS	3							CF 01
	AMBULANCE SERVICES (2ND PERIOD AMBULANCE SERVICES (3RD PERIOD								65.01 65.02
	AMBULANCE SERVICES (4TH PERIOD								65.03
101	SUBTOTAL	20242876							101
102	CRNA CHARGES								102
103 104	PBP CLINIC LAB NET CHARGES	20242876							103 104
104	NEI CHARGES	20242876						-	104

WORKSHEET D PARTS V & VI

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

CHECK [] TITLE V - O/P APPLICABLE [XX] TITLE XVIII-PT B BOXES [] TITLE XIX - O/P	[XX] HOSPITAL (41-0006) [] SNF [] SUB I [] NF [] SUB II [] S/B-SNF [] SUB III [] S/B-NF [] SUB IV [] ICF/MR	
COST CENTER DESCRIPTION	PROGRAM COST	
 38 RECOVERY ROOM 39 DELIVERY ROOM & LABOR ROOM 41 RADIOLOGY-DIAGNOSTIC 41.01 MAGNETIC RESONANCE IMAGING 43 RADIOISOTOPE 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN CO 47 BLOOD STORING, PROCESSING & TRA 49 RESPIRATORY THERAPY 50 PHYSICAL, THEPAPY 	407385 502128 365036 273777 100713 114291 29076	37 38 39 41 41.01 43 44 46.30 47 49 50 50.01 52
50.01 PSYCHOLOGY 52 SPEECH PATHOLOGY 53 ELECTROCARDIOLOGY 54 ELECTROENCEPHALOGRAPHY 55 MEDICAL SUPPLIES CHARGED TO PAT 56 DRUGS CHARGED TO PATIENTS 59 CAT SCAN 59.01 ULTRASOUND 59.02 VRC CONTRACT 59.03 RENAL DIALYSIS 0UTPATIENT SERVICE COST CENTERS 61 EMERGENCY 61.01 OCCUPATIONAL HEALTH 61.02 PSYCH PARTIAL HOSPITAL 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC	515212 6395 200876 876812 408162 95016 588	53 54 55 56 59 59.01 59.02 59.03
61 EMERGENCY 61.01 OCCUPATIONAL HEALTH 61.02 PSYCH PARTIAL HOSPITAL 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS	903274 7559 1074155	61 61.01 61.02 62 63.50 63.60
65.01 AMBULANCE SERVICES (2ND PERIOD) 65.02 AMBULANCE SERVICES (3RD PERIOD) 65.03 AMBULANCE SERVICES (4TH PERIOD) 101 SUBTOTAL 102 CRNA CHARGES 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRG 104 NET CHARGES	7046337 5 7046337	65.01 65.02 65.03 101 102 103 104

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/96)
 02/25/2010 08:46

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVIII-PT A [] TITLE XIX	[] H [XX] S [] S		[1-T006) [] SUB III] SUB IV	[: [XX] PPS] TEFRA		
	OLD CAPITA COST CENTER DESCRIPTION RELATE COST 1	D RELATE	D TOTAL CHARGES			CAPITAL	RATIO OF COST TO CHARGES	CAPITAL	
44 46.30 47 50 50.01 52 53 54 55 56 59 59.01 59.02 59.03	OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINC RHC	447334 27792 176462 249250 57753 278168 52340 30657 155216 294739 153926 478	29271057 2985936 2287567 6291049 609395 4248195 1091897 5819791 13791261 12544151 3518567 206383	107169 10583 2847 166946 9304 2252			.045371 .028355 .022444 .081105 .045362 .039654 .015282 .009308 .077140 .039620 .094771 .065479 .047935 .05268 .011255 .023496 .043747 .002316 .026702 .041077 .012185 .102474	1585 363 86 1616 668 26650 10157 693 15 1879 219 99	41.01 43 44 46.30 47 49 50 50.01 52 53 54 55 55 56
101	TOTAL	5783267	164986315	1119698				44066	101

							WORKSHEET D PART IV	
CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVI [] TITLE XIX	III-PT A [XX] K []	HOSPITAL SUB I (41- SUB II SUB III	[] -T006) [] [] []	SUB IV SNF NF ICF/MR] PPS] TEFRA	
	COST CENTER DESCRIPTION	OU NONPHYSICIAN NON ANESTHETIST AN COST 1						TOTAL COSTS 3
43 44 46.30 47 49 50 50.01 52 53 54 55 56 59 59.01 59.02 59.03 61 61.01	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ULTRASOUND VRC CONTRACT RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS EMERGENCY OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL	5						37 38 39 41 41.01 43 44 46.30 47 49 50 50.01 52 53 54 55 56 59 59.01 59.02 59.03 61 61.01 61.02
61.02 62 63.50 63.60	OBSERVATION BEDS (NON-DISTINC RHC	7						61.02 62 63.50 63.60
101	TOTAL	-						101

						FAILI	τv
CHECK APPLIC BOXES	ABLE [] TITLE V (XX) TITLE X [] TITLE X	VIII-PT A [XX]		[] SUB IV [] SNF [] NF [] ICF/MR	[] PPS [] TEF		
	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS C 3.01	total Charges 4	OUTPATIENT INPATIENT RATIO OF COST PROGRAM TO CHARGES CHARGES 5.01 6	PASS THROUGH	OUTPATIENT PROGRAM CHARGES 8	
43 44 46.30 47 49 50.01 52 53 54 55 56 59 59.01 59.02 59.03 61 61.01	FQHC	RS	26671810 4520525 3010404 13263435 9997550 2120628 29271057 2985936 2287567 6291049 609395 4248195 1091897 5819791 13791261 12544151 3518567 206383 18180520 1756187 50635 2749372	195 80 21 1057 38 86 6726 1071 105 28 1669 93 22	13 57 14 49 55 50 59 33 47 46 04		37 38 39 41 41.01 43 50 50.01 52 53 54 55 55 56 59 59.01 59.02 59.03 61.01 61.02 62.63.50 63.50
101	OTHER REIMBURSABLE COST CENTER TOTAL		.64986315	111969	98		101

WORKSHEET D PART IV

	APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS						
CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] SUB I (41-T006) [] SUB II [] SUB III	[] SUB IV [] SNF [] NF [] ICF/MR	[] PPS [] TEFRA			
	COST CENTER DESCRIPTION	OUTPATIENT OUTPATIENT PROGRAM PROGRAM CHARGES CHARGES 8.01 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT OUTPATIENT PROGRAM PROGRAM PASS THROUGH PASS THROUGH COSTS COSTS 9.01 9.02	I		
43 44 46.30 47 50 50.01 52 53 54 55 56 59 59.01 59.02	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ULTRASOUND VRC CONTRACT RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS EMERGENCY				37 38 39 41 41.01 43 44 46.30 47 49 50 50.01 52 53 54 55 55 56 59 59.01 59.02 59.03 61		
61.01	OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINC RHC				61.01 61.02 62 63.50 63.60		
101	TOTAL				101		

63.60 FQHC OTHER REIMBURSABLE COST CENTERS 101 TOTAL

101

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WORKSHEET D PART II

6442 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAI [] SUB I [XX] SUB II	(41-S006)		[XX] PPS [] TEFRA		
COST CENTER	OLD CAPITAI DESCRIPTION RELATEI COST 1	NEW CAPITAL RELATED TOTA COST CHARC 2 3		CHARGES COSTS		CAPITAL	
37 OPERATING ROOM 38 RECOVERY ROOM 39 DELIVERY ROOM 41 RADIOLOGY-DIAG 41.01 MAGNETIC RESONA 43 RADIOLSOTOPE 44 LABORATORY 46.30 BLOOD CLOTTING 47 BLOOD STORING, 49 RESPIRATORY THI 50 PHYSICAL THERAI 50.01 PSYCHOLOGY 52 SPEECH PATHOLOG 53 ELECTROENCEPHAI 54 ELECTROENCEPHAI 55 MEDICAL SUPPLII 56 DRUGS CHARGED ? 59 CAT SCAN 59.01 ULTRASOUND 59.02 VRC CONTRACT 59.03 RENAL DIALYSIS OUTPATIENT SERV OUTPATIENT SERV	NOSTIC INCE IMAGING FACTORS ADMIN PROCESSING & T RRAPY PY GY OGY JOGRAPHY IS CHARGED TO P TO PATIENTS VICE COST CENTERS	1210133 26671 128180 4520 67566 3010 1075733 13263 453504 9997 84091 2120 447334 29271 27792 2988 176462 2287 249250 6291 57753 609 278168 4244 52340 1091 30657 5819 155216 13791 294739 12544 153926 3516 478 206	810 1404 1435 4009 550 1610 1628 057 149342 1936 1567 3082 049 2750 1395 419 195 8196 897 437 7791 332 261 106155 155 7799 567 383		.045371 .028355 .022444 .081105 .045362 .039654 .015282 .009308 .077140 .039620 .094771 .065479 .047935 .005268 .011255 .023496 .043747 .002316	325 73 2282 238 109 40 537 21 2 1195 183	$\begin{array}{c} 41.01\\ 43\\ 44\\ 46.30\\ 47\\ 49\\ 50\\ 50.01\\ 52\\ 53\\ 54\\ 55\\ 56\\ 59\\ 59.01\\ 59.02\\ 59.03\\ \end{array}$
61 EMERGENCY 61.01 OCCUPATIONAL HI 61.02 PSYCH PARTIAL H 62 OBSERVATION BEI 63.50 RHC 63.60 FQHC	EALTH HOSPITAL DS (NON-DISTINC	485450 18180 72139 1756 617 50 281739 2749	187 1635		.026702 .041077 .012185 .102474		61 61.01 61.02 62 63.50 63.60

337943

5783267 164986315

							WORKSHEET D PART IV
CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVI [] TITLE XIX	III-PT A [] (XX]	HOSPITAL SUB I SUB II (41-3 SUB III	[] [] s006) [] []	SUB IV SNF NF ICF/MR	[] PPS [] TEFF	2A
	COST CENTER DESCRIPTION	OU NONPHYSICIAN NON ANESTHETIST AN COST 1				N/A N/A 02 2.03	TOTAL COSTS 3
43 44 46.30 47 50 50.01 52 53 54 55 56 59 59.01 59.02	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND VRC CONTRACT RENAL DIALYSIS						37 38 39 41 41.01 43 44 46.30 47 49 50 50.01 52 53 54 55 56 59 59.01 59.02 59.03
61.02 62 63.50 63.60	FQHC OTHER REIMBURSABLE COST CENTERS						61 61.01 61.02 62 63.50 63.60
101	TOTAL						101

	APPORTIONMENT OF INPATIENT A	NCILLARY SERVICE OTHER PA	SS THROUGH COSTS	WORKSHEET D PART IV
CHECK APPLIC BOXES		II-PTA [] SUB I	L [] SUB IV [] SNF (41-S006) [] NF [] ICF/MR	[] PPS [] TEFRA
	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH TOTAL COSTS CHARGES 3.01 4	RATIO OF OUTPATIENT INPATIENT COST TO RATIO OF COST PROGRAM CHARGES TO CHARGES CHARGES 5 5.01 6	
43 44 46.30 47 50 50.01 52 53 54 55 56 59 59.01 59.02	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ULTRASOUND VRC CONTRACT RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS	3518567 206383	4009 1610 149342 3082 2750 419 8196 437 332 106155 7799	41.01 43 44 46.30 47 49 50 50.01 52 53 54 55 56
61 61.01 61.02 62 63.50 63.60	EMERGENCY OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINC RHC	18180520 1756187 50635 2749372		61 61.01 61.02 62 63.50 63.60
101	TOTAL	164986315	337943	101

	APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS						
CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] SUB I [XX] SUB II (41-S006) [] SUB III	[] SUB IV [] SNF [] NF [] ICF/MR	[] PPS [] TEFRA			
	COST CENTER DESCRIPTION	OUTPATIENT OUTPATIENT PROGRAM PROGRAM CHARGES CHARGES 8.01 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT OUTPATIENT PROGRAM PASS THROUGH COSTS COSTS 9.01 9.02			
43 44 46.30 47 49 50 50.01 52 53 54 55 55 56 59 59.01 59.02 59.03 61 61.01	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PSYCHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND VRC CONTRACT RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS EMERGENCY				$\begin{array}{c} 37\\ 38\\ 39\\ 41\\ 41.01\\ 43\\ 44\\ 46.30\\ 47\\ 49\\ 50\\ 50.01\\ 52\\ 53\\ 54\\ 55\\ 56\\ 59\\ 59.01\\ 59.02\\ 59.03\\ 61\\ 61.01\\ \end{array}$		
61.02 62 63.50 63.60	FQHC				61.02 62 63.50 63.60		
101	OTHER REIMBURSABLE COST CENTERS TOTAL				101		

WORKSHEET D-1

PART I

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

COMPUTATION OF INPATIENT OPERATING COST

PART I - ALL PROVIDER COMPONENTS

PART I - ALL PROVIDER COMPONENTS							
	(PPS)	SUB I (PPS)	(PPS)	SUB III	SUB IV	SNF	
	(41-0006)		(41-S006)				
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	19654	2537	3869				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	19654	2537	3869				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13043						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6611	2537	3869				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE							5
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE							6
ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE							7
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							/
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE							8
ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE	8416	1185	843				9
PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)							
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII							10
ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE							
COST REPORTING PERIOD							
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII							11
ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE							
COST REPORTING PERIOD 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX							12
ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE							12
COST REPORTING PERIOD							
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX							13
ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE							10
COST REPORTING PERIOD							
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE							14
PROGRAM (EXCLUDING SWING-BED DAYS)							
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

15 TOTAL NURSERY DAYS 16 TITLE V OR XIX NURSERY DAYS

PROVIDER NO. 41-0006 NEWPORT HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009	KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)	VERSION: 2010.02 02/25/2010 08:46				
		WORKSHEET D-1				
[] TITLE V-INPT [XX] TITI	LE XVIII-PART A [] TITLE XIX-INPT	PART I (CONT)				
PART I - ALL PROVIDER COMPONENTS						
	HOSPITAL SUB I SUB II SUB III SUB IV (PPS) (PPS) (PPS) (41-0006)(41-T006)(41-S006)					
SWING-BED ADJUSTMENT	(41-0006)(41-T006)(41-S006) 1 1 1 1 1 1	1				
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO		17				
SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO		18				
SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO		19				
SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO		20				
SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	20735082 3276166 4084311	21				
22 BWING DED CODI MITEICADEL TO BAR TITE DERVICED TARGOOM	20735082 3276166 4984311	22				
DECEMBER 31 OF THE COST REPORTING PERIOD 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER		23				
DECEMBER 31 OF THE COST REPORTING PERIOD 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH		24				
DECEMBER 31 OF THE COST REPORTING PERIOD 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER		25				
DECEMBER 31 OF THE COST REPORTING PERIOD 26 TOTAL SWING-BED COST		26				
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20735082 3276166 4984311	20				
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	22112450 2791924 4112747	28				
	14790006	29				
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7322444 2791924 4112747	30				
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.937711 1.173444 1.211918	31				
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE 34 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL 36 DEVENDE DOUG COOR DEVENDENTIAL DEVENDENTIAL	1133.94 1107 62 1100 49 1062 00	32 33				
33 AVERAGE SEMI-PRIVALE ROOM PER DIEM CHARGE 34 AVERAGE DER DIEM DRIVATE ROOM CHARGE DIEFERENTING	26 32	33				
35 AVERAGE PER DIEM PRIVATE ROOM COARGE DIFFERENTIAL	24 68	35				
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	321901	36				
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	20413181 3276166 4984311	37				
AND FRIVATE ROOM COOL DIFFERENTIAL						

PROVI PERIC	PROVIDER NO. 41-0006NEWPORT HOSPITALKPMG LLP COMPU-MAX MICRO SYSTEMVERSION:PERIOD FROM10/01/2008 TO 09/30/2009IN LIEU OF FORM CMS-2552-96 (11/98)02/25/201			
COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1				
	[] TITLE V-INPT [XX] TITLE X	III-PART A [] TITLE XIX-INPT		
PART	II - HOSPITAL AND SUBPROVIDERS ONLY			
		HOSPITAL SUB I SUB II SUB III SUB IV (PPS) (PPS) (PPS)		
		(41-0006)(41-T006)(41-S006)		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1 1 1 1 1		
38 39	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1055.01 1291.35 1288.27 38 8878964 1530250 1086012 39		
40 41	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST			
		TOTAL TOTAL AVERAGE PROGRAM PROGRAM		
		I/P COST I/P DAYS PER DIEM DAYS COST		
		1 2 3 4 5		
42	NURSERY (TITLES V AND XIX ONLY)	42		
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT	4318532 1906 2265.76 1069 2422097 43		
44	CORONARY CARE UNIT	4310332 1900 2203.70 1009 2422097 43		
45	BURN INTENSIVE CARE UNIT	45		
46	SURGICAL INTENSIVE CARE UNIT	46		
47	OTHER SPECIAL CARE (SPECIFY)	47		
		HOSPITAL SUB I SUB II SUB III SUB IV		
		(PPS) (PPS) (PPS)		
		(41-0006)(41-T006)(41-S006)		
		1 1 1 1 1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7084517 638582 102970 48		
49	TOTAL PROGRAM INPATIENT COSTS	18385578 2168832 1188982 49		
	PASS THROUGH COST ADJUSTMENTS			
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE	1128130 116166 57164 50		
51	SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT	636847 44066 6442 51		
	ANCILLARY SERVICES			
52	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL	1764977 160232 63606 52		
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL	16620601 2008600 1125376 53		

RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS

[] TITLE XIX-INPT

COMPUTATION OF INPATIENT OPERATING COST [XX] TITLE XVIII-PART A

WORKSHEET D-1 PART II (CONT)

> 54 55 56

57

58

58.01

58.02

58.03

58.04 59 59.01 59.02 59.03 59.04 59.05 59.06

59.07 59.08

II - HOSPITAL AND SUBPROVIDERS ONLY					
	HOSPITAL (PPS)	SUB I (PPS)	SUB II (PPS)	SUB III	SUB IV
	(41-0006)(41-T006)(41-S006)		
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1
PROGRAM DISCHARGES					
TARGET AMOUNT PER DISCHARGE					
TARGET AMOUNT					
DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND					
TARGET AMOUNT					

58 BONUS PAYMENT

PART

54 55 56

57

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

[] TITLE V-INPT

- 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
- COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUN 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)

- 59.07 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

	FROMAM INFRITENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH	60
	DECEMBER 31 OF THE COST REPORTING PERIOD	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER	61
	DECEMBER 31 OF THE COST REPORTING PERIOD	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH	63
	DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER	64
	DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 PARTS III & IV

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

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

1

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

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COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1 PARTS III & IV				
[] TITLE V-INPT	[XX] TITLE XVIII-PART	F A [] TITLE XIX-INF		
	HOSPITAI (PPS) (41-0006)	L SUB I SUB II SUB III (PPS) (PPS))(41-T006)(41-S006)	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1 1 1	1	
83 TOTAL OBSERVATION BEDS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 85 OBSERVATION BED COST	2502 1055.01 2639635		83 84 85	
	ROUTINE COST DST (FROM LINE 27)		PASS-THROUGH COST 35) COL 3 TIMES COL 4	
	1 2	3 4	5	
86 OLD CAPITAL-RELATED COST 87 NEW CAPITAL-RELATED COST 2213 88 NON PHYSICIAN ANESTHETIST 89 MEDICAL EDUCATION	20735082 3143 20735082 20735082 20735082 20735082	2639635 .106734 2639635 2639635 2639635 2639635	86 281739 87 88 89	

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WORKSHEET D-4

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r[] r[XX] r[]	CITLE V [XX] HOSPITA CITLE XVIII-PT A [] SUB I CITLE XIX [] SUB II [] SUB III [] SUB III [] SUB IV		[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER	
	COST CENTER DESCRIPTION		INPATIENT PROGRAM CHARGES 2		
25 26 31 31.01	INPATIENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER I SUB PROVIDER II		9525622 2510211		25 26 31 31.01
37 38 39 41	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	.326889 .584700 .569457 .380035 169437	2664570 364652 975776 563813	871019 213212 370829 94967	37 38 39 41 41_01
41.01 43 44 46.30 47	ARADIC RESONANCE FRAGING RADICISTOPE LABORATORY) BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA BECOLDATORY THERAPY	.100437 .393490 .188037 .431105	311440 5560396 675362 985378	94907 122549 1045560 291152 790223	41.01 43 44 46.30 47 49
50 50.01 52 53 54	PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY	.654243 .786408 .414640 504651	321745 74508 1187537 15003	210499 58594 492400 7571	50 50.01 52 53 54
55 56 59 59.01	SUB PROVIDER I SUB PROVIDER II ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PSYCHOLOGY SEBECH PATHOLOGY ELECTROERCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND 2 VRC CONTRACT	.281161 .412032 .142807 .358523	1433469 3189165 1413009 58421	403036 1314038 201788 20945	55 56 59 59.01 59.02
61	9 RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS EMERGENCY OCCUPATIONAL HEALTH 2 PSYCH PARTIAL HOSPITAL	.572208 .370316 1.245394	125318 806664	71708 298721	59.02 59.03 61 61.01 61.02
62 63.50 63.60	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS) RHC) FQHC	.509488 .960087	214258	205706	62 63.50 63.60
101 102 103	TOTAL LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES NET CHARGES		20940484 20940484	7084517	101 102 103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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[] T [XX] T [] T] HOSPITAL [XX] SUB I (41-] SUB II] SUB III] SUB IV	T006)	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER	
	COST CENTER DESCRIPTION		TO CHARGES	INPATIENT PROGRAM CHARGES 2	PROGRAM COSTS	
25 26 31 31.01	INPATIENT ROUTINE SERVICE COST ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER I SUB PROVIDER II ANCILLARY SERVICE COST CENTERS.			1303500		25 26 31 31.01
37 38 39 41 41.01 43 44 46.30 47 50 50 50 50 50 51 55 55 56	SUB PROVIDER II ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOLOGY-DIAGNOSTIC LABORATORY BLOOD CLOTTING FACTORS ADMIN CC BLOOD STORING, PROCESSING & TRI RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND VEC CONTRACT	C	.326889 .584700 .569457 .380035 .168437 .393490 .188037 .431105 .801949 .654243 .786408 .414640 .504651 .281161 .412032	8665 672650 107169 10583 2847 166946	68787	$\begin{array}{c} 37\\ 38\\ 39\\ 41\\ 41.01\\ 43\\ 44\\ 46.30\\ 47\\ 49\\ 50\\ 50.01\\ 52\\ 53\\ 54\\ 55\\ 56\\ 6\end{array}$
55.05	CAT SCAN ULTRASOUND VRC CONTRACT RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS		.142807 .358523 .572208	9304 2252	1329 807	59 59.01 59.02 59.03
61 61.01 61.02 62	OUTPATIENT SERVICE COST CENTERS EMERGENCY OCCUPATIONAL HEALTH PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		.370316 1.245394 .569488 .960087			61 61.01 61.02 62
63.50 63.60 101 102 103	RHC			1119698 1119698	638582	63.50 63.60 101 102 103
102	NEI CIARGES			1112020		103

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INPATIENT ANCILLARY COST APPORTIONMENT

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	INFILIENT INCLEDING CODI INFORT	TOWNENT			WORKDHIELT D I
נ [] נ [xx] נ []	CITLE XIX [XX]	HOSPITAL SUB I SUB II (41-S006) SUB III SUB IV	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER	
	COST CENTER DESCRIPTION		INPATIENT PROGRAM CHARGES 2		
25 26 31 31.01	INPATIENT ROUTINE SERVICE COST CEN ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER I SUB PROVIDER II ANCILLARY SERVICE COST CENTERS	VTERS	895038		25 26 31 31.01
43	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE	.393490	4009 1610	1524 271	37 38 39 41 41.01 43
47	LABORATORY) BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY L PSYCHOLOGY	.188037 .431105 .801949 .654243	149342 3082 2750	28082 2472 1799	44 46.30 47 49 50 50.01
52 53 54 55 56 59	RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS CAT SCAN ULTRASOUND	.786408 .414640 .504651 .281161 .412032 .142807	419 8196 437 332 106155 7799	330 3398 221 93 43739 1114	52 53 54 55 56 59
59.02 59.03	3 RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS EMERGENCY	.572208	53812	19927	59.01 59.02 59.03 61
61.01 61.02 62 63.50	L OCCUPATIONAL HEALTH 2 PSYCH PARTIAL HOSPITAL OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS) RHC	1.245394 .569488			61.01 61.02 62 63.50
	FQHC TOTAL LESS PBP CLINIC LAB SVCS-PGM ONLY NET CHARGES	CHARGES	337943 337943	102970	63.60 101 102 103

CALCULATION OF REIMBURSEMENT SETTLEMENT

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WORKSHEET E

CALCOLATION OF REINDORDEMENT SETTLEMENT						PART A
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						
	HOSPITAL (41-0006)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3315305					1 1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	1 9661892					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001						1.03 1.04 1.05 1.06 1.07
THROUGH SEPTEMBER 30, 2001 1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER						1.08
APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001 2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	463868					2.01
 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I O2 INDIRECT MEDICAL EDUCATION PERCENTAGE O3 INDIRECT MEDICAL EDUCATION ADJUSTMENT O4 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE 	95.94					3 3.01 3.02 3.03 3.04
MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW						3.05
PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING [ON OR AFTER 7/1/2005)					3.06
[ON OR AFTER 7/1/2005 [E-3,PT.VI,LN.15][PLUS LN.3.06]					
3.07 SUM OF LINES 3.04-3.06 0.00 0.00	1					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS 3.14 CURRENT YEAR ALLOWABLE FTE 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE 						3.11 3.12 3.13 3.14 3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERI RES. IN INIT Y	E N RS					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE 0.00 NUMBER OF THOSE LINES IN EXCESS OF ZERO	J					3.17

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CALCULATION OF REIMBURSEMENT SETTLEMENT						WORKSHEET E PART A
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						(CONT)
	HOSPITAL (41-0006)	SUB I	SUB II	SUB III	SUB IV	
3.18 CURRENT YEAR RESIDENT TO BED RATIO 3.19 PRIOR YEAR RESIDENT TO BED RATIO 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER						3.18 3.19 3.20
OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3. 3.21 IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1 3.22 IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 3.23 IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY [SUM OF LINES][PLUS E-3,PT.VI	1					3.21 3.22 3.23
[3.24 SUM OF LINES 3.21-3.23] LINE 23 DISPROPORTIONATE SHARE ADJUSTMENT						3.24
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0652					4
 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS 4.02 SUM OF 4 AND 4.01 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE 4.04 DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD 	0.1150 0.1802 0.0445 577485					4.01 4.02 4.03 4.04
BENEFICIARY DISCHARGES 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDI	NG					5
DISCHARGES FOR DRGs 302, 316 AND 317 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02 DIVIDE LINE 5.01 BY LINE 5 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.02 5.03
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS 5.06 TOTAL ADDITIONAL PAYMENT						5.04 5.05 5.06
6 SUBTOTAL 7 HOSPITAL SPECIFIC PAYMENTS 7 AL MORDITAL SPECIFIC PAYMENTS (1996 MCP)	14018550					6 7 7.01
 7.01 HOSPITAL SPECIFIC PAYMENTS (1996 HSR) 8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS 9 PAYMENT FOR INPATIENT PROGRAM CAPITAL 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL 	14018550 1112754					7.01 8 9 10
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT 11.01 NURSING AND ALLIED HEALTH MANAGED CARE 11.02 ADD-ON PAYMENT FOR NEW TECHNOLOGIES 12 NET ORGAN ACQUISITION COST 13 COST OF TEACHING PHYSICIANS 14 ROUTINE SERVICE OTHER PASS THROUGH COSTS 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS						11 11.01 11.02 13 14 15
 TOTAL PRIMARY PAYER PAYMENTS TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES COINSURANCE BILLED TO PROGRAM BENEFICIARIES REIMBURSABLE BAD DEBTS REDUCED PROGRAM REIMBURSABLE BAD DEBTS 	15131304 3388 15127916 1138860 75356 89233 62463					16 17 18 19 20 21 21.01
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIE 22 SUBTOTAL						21.01 21.02 22

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CALCULATION OF REIMBURSEMENT SETTLEMENT					KSHEET E
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					PART A (CONT)
	HOSPITAL (41-0006)	SUB I SUB I	I SUB III	SUB IV	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDE TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	IR				23
24 OTHER ADJUSTMENTS25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS					24 25
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS 26 AMOUNT DUE PROVIDER 27 SEQUESTRATION ADJUSTMENT	13976163				26 27
28 INTERIM PAYMENTS 28.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)	14028319				28 28.01
 BALANCE DUE PROVIDER (PROGRAM) PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 	-52156 360082				29 30
TO BE COMPLETED BY INTERMEDIARY OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.0 CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.) CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS HE RATE USED TO CALCULATE THE TIME VALUE OF MONEY TIME VALUE OF MONEY (SEE INSTRUCTIONS) CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					50 51 52 53 54 55 56

WORKSHEET E

CALCULATION OF REIMBURSEMENT SETTLEMENT

	HOSPITAL (41-0006) 1	HOSPITAL (41-0006) 1.01	HOSPITAL (41-0006) 1.02	
1 MEDICAL AND OTHER SERVICES 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	7046337			1 1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	5785629 0.821			1.02 1.03
1.04 LINE 1.01 TIMES LINE 1.03 1.05 LINE 1.02 DIVIDED BY LINE 1.04 1.06 TRANSITIONAL CORRIDOR PAYMENT 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	5785043			1.04 1.05 1.06 1.07
2 INTERNS AND RESIDENTS 3 ORGAN ACQUISITIONS 4 COST OF TEACHING PHYSICIANS 5 TOTAL COST				2 3 4 5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				6 7 8 9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	7			12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	5785629			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

		HOSPITAL (41-0006) 1	HOSPITAL (41-0006) 1.01	HOSPITAL (41-0006) 1.02	
18	MPUTATION OF REIMBURSEMENT SETTLEMENT DEDUCTIBLES AND COINSURANCE DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1517480			18 18.01
19 20 21 22	SUBTOTAL SUM OF AMOUNTS FROM WKST E, PARTS C,D & E DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS ESRD DIRECT MEDICAL EDUCATION COSTS	4268149			19 20 21 22
	SUBTOTAL PRIMARY PAYER PAYMENTS SUBTOTAL IMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR	4268149 3220 4264929			23 24 25
26 27	DFESSIONAL SERVICES) COMPOSITE RATE ESRD BAD DEETS	234361			26 27
	REDUCED REIMBURSABLE BAD DEBTS REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	164053 191340			27.01 27.02
28 29	SUBTOTAL RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	4428982			28 29
30 30.99	OTHER ADJUSTMENTS OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30 30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 33	SUBTOTAL SEQUESTRATION ADJUSTMENT	4428982			32 33
34 34.01 35	INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FI USE ONLY) BALANCE DUE PROVIDER/PROGRAM	4388750 40232			34 34.01 35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	24690			36
50 51 52 53 54	TO BE COMPLETED BY CONTRACTOR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT THE RATE USED TO CALCULATE THE TIME VALUE TIME VALUE OF MONEY (SEE INSTRUCTIONS) TOTAL (SUM OF LINES 51 AND 53)				50 51 52 53 54

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WORKSHEET E

PART B

CALCULATION OF REIMBURSEMENT SETTLEMENT

		SUB I (41-T006) 1	SUB I (41-T006) 1.01	SUB I (41-T006) 1.02	
1 1.01	MEDICAL AND OTHER SERVICES MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1 1.01
	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.02 1.03
1.05 1.06	LINE 1.01 TIMES LINE 1.03 LINE 1.02 DIVIDED BY LINE 1.04 TRANSITIONAL CORRIDOR PAYMENT AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.04 1.05 1.06 1.07
2 3 4 5	INTERNS AND RESIDENTS ORGAN ACQUISITIONS COST OF TEACHING PHYSICIANS TOTAL COST				2 3 4 5
RE. 6 7 8 9	MPUTATION OF LESSER OF COST OR CHARGES ASONABLE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				6 7 8 9
10	TOTAL REASONABLE CHARGES				10
CU 11	STOMARY CHARGES AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	A CURROE DATE 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 14 15	RATIO OF LINE 11 TO LINE 12 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				13 14 15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 17.01	LESSER OF COST OR CHARGES TOTAL PPS PAYMENTS				17 17.01

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/2000)
 02/25/2010 08:46

WORKSHEET E PART B

CALCULATION OF REIMBURSEMENT SETTLEMENT

	SUB I (41-T006) 1	SUB I (41-T006) 1.01	SUB I (41-T006) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT 18 DEDUCTIBLES AND COINSURANCE 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18 18.01
 SUBTOTAL SUM OF AMOUNTS FROM WKST E, PARTS C,D & E DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS ESRD DIRECT MEDICAL EDUCATION COSTS SUBTOTAL PRIMARY PAYER PAYMENTS SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR 				19 20 21 22 23 24 25
PROFESSIONAL SERVICES) 26 COMPOSITE RATE ESRD 27 BAD DEBTS 27.01 REDUCED REIMBURSABLE BAD DEBTS 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				26 27 27.01 27.02
 28 SUBTOTAL 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION 				28 29
30 OTHER ADJUSTMENTS 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30 30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF				31
DEPRECIABLE ASSETS 32 SUBTOTAL 33 SEQUESTRATION ADJUSTMENT 34 INTERIM PAYMENTS 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) 35 BALANCE DUE PROVIDER/PROGRAM 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				32 33 34 34.01 35 36
TO BE COMPLETED BY CONTRACTOR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) UUTLIER RECONILIATION AMOUNT (SEE INSTRUCT THE RATE USED TO CALCULATE THE TIME VALUE TIME VALUE OF MONEY (SEE INSTRUCTIONS) TOTAL (SUM OF LINES 51 AND 53)				50 51 52 53 54

WORKSHEET E

PART B

CALCULATION OF REIMBURSEMENT SETTLEMENT

		SUB II (41-S006) 1	SUB II (41-S006) 1.01	SUB II (41-S006) 1.02	
1.01 MEDI	CAL AND OTHER SERVICES CAL AND OTHER SERVICES RENDERED ON OR R AUGUST 1, 2000				1 1.01
1.02 PPS 1	PAYMENTS RECEIVED INCLUDING OUTLIERS HOSPITAL SPECIFIC PAYMENT TO COST				1.02 1.03
1.04 LINE 1.05 LINE 1.06 TRAN 1.07 AMOU	1.01 TIMES LINE 1.03 1.02 DIVIDED BY LINE 1.04 SITIONAL CORRIDOR PAYMENT NT FROM WORKSHEET D, PART IV, MN 9, LINE 101				1.04 1.05 1.06 1.07
2 INTE 3 ORGAI 4 COST	NNS AND RESIDENTS N ACQUISITIONS OF TEACHING PHYSICIANS L COST				2 3 4 5
REASONAI 6 ANCI 7 INTE 8 ORGAI 9 CHAR 7 TEAC	TION OF LESSER OF COST OR CHARGES BLE CHARGES LLARY SERVICE CHARGES RNS AND RESIDENTS SERVICE CHARGES N ACQUISITION CHARGES 3ES OF PROFESSIONAL SERVICES OF HING PHYSICIANS L REASONABLE CHARGES				6 7 8 9 10
11 AGGRI PATII	RY CHARGES EGATE AMOUNT ACTUALLY COLLECTED FROM ENTS LIABLE FOR PAYMENT FOR SERVICES ON				11
12 AMOU PATI CHAR	ARGE BASIS VTS THAT WOULD HAVE BEEN REALIZED FROM ENTS LIABLE FOR PAYMENT FOR SERVICES ON A 3E BASIS HAD SUCH PAYMENT BEEN MADE CCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO 14 TOTA	D OF LINE 11 TO LINE 12 L CUSTOMARY CHARGES SS OF CUSTOMARY CHGES OVER REASONABLE				13 14 15
	SS OF REASONABLE COST OVER CUSTOMARY				16
17 LESS	ER OF COST OR CHARGES L PPS PAYMENTS				17 17.01

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/2000)
 02/25/2010 08:46

WORKSHEET E PART B

CALCULATION OF REIMBURSEMENT SETTLEMENT

	SUB II (41-S006) 1	SUB II (41-S006) 1.01	SUB II (41-S006) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT 18 DEDUCTIBLES AND COINSURANCE 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18 18.01
 SUBTOTAL SUM OF AMOUNTS FROM WKST E, PARTS C,D & E DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS ESRD DIRECT MEDICAL EDUCATION COSTS SUBTOTAL PRIMARY PAYER PAYMENTS SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR 				19 20 21 22 23 24 25
PROFESSIONAL SERVICES) 26 COMPOSITE RATE ESRD 27 BAD DEBTS 27.01 REDUCED REIMBURSABLE BAD DEBTS 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				26 27 27.01 27.02
 28 SUBTOTAL 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION 				28 29
30 OTHER ADJUSTMENTS 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30 30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF				31
DEPRECIABLE ASSETS 32 SUBTOTAL 33 SEQUESTRATION ADJUSTMENT 34 INTERIM PAYMENTS 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) 35 BALANCE DUE PROVIDER/PROGRAM 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				32 33 34 34.01 35 36
TO BE COMPLETED BY CONTRACTOR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT THE RATE USED TO CALCULATE THE TIME VALUE TIME VALUE OF MONEY (SEE INSTRUCTIONS) TOTAL (SUM OF LINES 51 AND 53)				50 51 52 53 54

WORKSHEET E-1

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

HOSPITAL (41-0006)				
		INPATIENT PART A PART B		
DESCRIPTION	PAR'I MM/DD/YYYY	A AMOUNT MM/DD/YYYY	PART B Z AMOUNT	
DESCRIPTION	1	2 3	4	
	1	2 5	-	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14028319	4388750	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER		NONE	NONE	2
SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF				
NONE, WRITE 'NONE', OR ENTER A ZERO.				
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM				3.02
REVISION OF THE INTERIM RATE FOR THE COST TO		NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDE				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05 .50			3.05 3.50
PROVIDE				3.51
ТО	.52	NONE	NONE	3.52
PROGRAM				3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		14028319	4388750	4
4 IOTAL INTERIM PAIMENTS		14028319	4300/50	4
TO BE C	OMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM	. 01			5.01
	.02	NONE	NONE	5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDE				5.03
PROVIDE				5.50
TO PROGRAM		NONE	NONE	5.51 5.52
PROGRAM	.52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO				
(BALANCE DUE) BASED ON THE COST PROVIDER REPORT. PROVIDER TO		-52156	40232	6.01 6.02
PROGRAM	.02	-52150		0.02
7 TOTAL MEDICARE PROGRAM LIABILITY		13976163	4428982	7
NAME OF INTERMEDIARY:		INTERMEDIARY NUMBER:		
SIGNATURE OF AUTHORIZED PERSON:		DATE (MO/DAY/YR):		

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

WORKSHEET	E-1

		INPATIEN PART		PART	R	
DESCRIPTION		MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FO. SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.)R		1585728 NONE		NONE	1 2
REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PRO PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 OGRAM .02 TO .03 DVIDER .04 .05 .50 DVIDER .51		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51
· · · · · · · · · · · · · · · · · · ·	TO .52 DGRAM .53 .54		NONE		NONE	3.52 3.53 3.54
SUBTOTAL	.99					3.99
4 TOTAL INTERIM PAYMENTS			1585728			4
TO	BE COMPLETED	BY INTERMEDIARY				
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PRO	TO .02		NONE		NONE	5.01 5.02 5.03 5.50
	TO .51)GRAM .52		NONE		NONE	5.51 5.52
SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT PROGRA	.99 AM TO					5.99
(BALANCE DUE) BASED ON THE COST PROVI REPORT. PROVIDE PROVE	ER TO .02		26571			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			1612299			7
NAME OF INTERMEDIARY:			INTERMED:	IARY NUMBER:		
SIGNATURE OF AUTHORIZED PERSON:			DATE (MO,	/DAY/YR):		

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

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02/25/2010	08:	40

WORKSHEET	E-1

	SUBPROVIDER II (41-S006)							
				INPATIENT				
				PART	PART A		ГВ	
	DESCRIPTION			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
				1	2	3	4	
				-	-	5	-	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				557804			1
	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EI	מתוות			NONE		NONE	2
2	SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIAR				NONE		NONE	2
	SERVICES RENDERED IN THE COST REPORTING PERIOD.	TF.						
	NONE, WRITE 'NONE', OR ENTER A ZERO.							
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM		.01					3.01
	ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM						3.02
	REVISION OF THE INTERIM RATE FOR THE COST	TO	.03		NONE		NONE	3.03
	REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	.04					3.04
	PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.05					3.05
			.50					3.50
		PROVIDER	.51					3.51
		TO	.52		NONE		NONE	3.52
		PROGRAM			110112		110112	3.53
		1100010101	.54					3.54
			.54					5.54
	SUBTOTAL		.99					3.99
	SUBTOTAL							5.75
4	TOTAL INTERIM PAYMENTS				557804			4
-					557001			-
		TO BE COM	IPLETED	BY INTERMEDIARY	7			
		10 22 001			-			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-	PROGRAM	01					5.01
	MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	TO	.02		NONE		NONE	5.02
	PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				NONE		NONE	5.02
	FRIMENI. IF NOME, WRITE NOME ON EWIER A ZERO.	PROVIDER						5.50
			.50		NONT		NONE	5.50
		TO			NONE		NONE	
		PROGRAM	.52					5.52
	011D TO TO T		0.0					F 00
	SUBTOTAL		.99					5.99
6		OGRAM TO						
		ROVIDER	.01					6.01
	REPORT. PRO	VIDER TO	.02					6.02
	P	ROGRAM						
7	TOTAL MEDICARE PROGRAM LIABILITY				557804			7
NA	ME OF INTERMEDIARY:				INTERMEI	DIARY NUMBER:		
SI	GNATURE OF AUTHORIZED PERSON:				DATE (MO	O/DAY/YR):		

PERIO	JD FROM 10/01/2008 10 09/30/2009	1	N LIEU OF F	ORM CM3-255	2-90 (5/200	/)	02/23/2010
	CALCULATION OF REIMBURSEMENT SETTLE	MENT					WORKSHEI
	MEDICARE PART A SERVICES - TEFRA						PART
				SUB II (41-S006)	SUB III	SUB IV	
			(41 1000)	(41 5000)			
1	INPATIENT HOSPITAL SERVICES						1
	L HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		1010585				1.01
1.0.	2 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		1319575				1.02
1.0.	 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTRUCTIONS) INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS) 		0.0203				1.03
1.04	5 OUTLIER PAYMENTS		39973 264700				1.04 1.05
	5 TOTAL PPS PAYMENTS		1624248				1.05
	7 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		1021210				1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER,			648582			1.08
	STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						
	O NET IPF PPS OUTLIER PAYMENTS						1.09
) NET IPF PPS ECT PAYMENTS						1.10
1.13	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR						1.11
	LATEST COST REPORT FILED PRIOR TO NOVEMBER 15,						
1 1	2004. (SEE INSTRUCTIONS)						1.12
	2 NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						
1.1.	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R						1.13
	OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						
1 1/	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR						1.14
1.1	RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW						1.11
	TEACHING PROGRAM'. (SEE INSTR.)						
1.15	5 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL						1.15
	EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.10	5 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)			10.600000			1.16
	7 MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18	3 MEDICAL EDUCATION ADJUSTMENT						1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS			648582			1.19
1.20) STOP LESS PAYMENT FLOOR						1.20
	L ADJUSTED NET PAYMENT FLOOR						1.21
	2 STOP LOSS ADJUSTMENT						1.22
1.23	3 TOTAL IPF PPS PAYMENTS			648582			1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1.3	5 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR						1.35
	COST REPORT PERIODS ENDING ON/OR PRIOR TO						
	NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						
	5 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.3	7 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER						1.37
	THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						
1 20	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR						1.38
1.30	RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW						1.30
	TEACHING PROGRAM". (SEE INSTRUCTIONS)						
1.30	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL						1.39
	EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						
1.40) AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		6.950685				1.40
1.43	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42	2 MEDICAL EDUCATION ADJUSTMENT						1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		1624248	648582			4
5	PRIMARY PAYER PAYMENTS						5
б	SUBTOTAL		1624248				6
7	DEDUCTIBLES		4272				7
8	SUBTOTAL		1619976				8
9	COINSURANCE		7677				9
10 11	SUBTOTAL		1612299	557804			10 11
ΤŢ	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)						ΤT
11 0.	FOR PROFESSIONAL SERVICES) L REDUCED REIMBURSABLE BAD DEBTS						11.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						11.01
±±.0.	BENEFICIARIES (SEE INSTRUCTIONS)						11.02
12	SUBTOTAL		1612299	557804			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		2				13

PROVIDER NO. 41-0006 NEWPORT HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

DRKSHEET E-3 PART I

21

50 51

52

53

CALCULATION OF R

CALCULATION OF REIMBURSEMENT SETTLEMENT MEDICARE PART A SERVICES - TEFRA							WORKSHEET E-3 PART I	
		HOSPITAL	SUB I (41-T006)	SUB II (41-S006)	SUB III	SUB IV		
13.01 14	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						13.01 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		1612299	557804			17	
18	SEQUESTRATION ADJUSTMENT						18	
19	INTERIM PAYMENTS		1585728	557804			19	
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01	
20	BALANCE DUE PROVIDER/PROGRAM		26571				20	

T /	IOTAL AMOUNT PATABLE TO THE PROVIDER	1012299	
18	SEQUESTRATION ADJUSTMENT		
19	INTERIM PAYMENTS	1585728	
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	26571	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT	30482	
	ITEMS) IN ACCORDANCE WITH CMS PUB 15-II,		
	SECTION 115.2		

TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) THE RATE USED TO CALCULATE THE TIME VALUE OF 50 51

52 MONEY

53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)

PROVIDER NO.	41-0006	NEWPORT HOSPITAL
PERIOD FROM	10/01/2008	B TO 09/30/2009

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE	ENDOWMENT FUND	PLANT FUND	
		1	FUND 2	3	4	
	CURRENT ASSETS	1	2	2	÷	
1 2 3	CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS NOTES RECEIVABLE	2508000				1 2 3
4	ACCOUNTS RECEIVABLE	11622000				4
5	OTHER RECEIVABLES	6328000				5
6	ALLOWANCE FOR UNCOLLECTIBLE	00000				~
7	NOTES & ACCOUNTS RECEIVABLE INVENTORY	-2375000 1599000				6 7
8	PREPAID EXPENSES	427000				8
9	OTHER CURRENT ASSETS	497000				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	20606000				11
	FIXED ASSETS					
12	LAND	1406761				12
	ACCUMULATED DEPRECIATION LAND IMPROVEMENTS	1209959				12.01 13
	ACCUMULATED DEPRECIATION	-1071951				13.01
	BUILDINGS	91424785				14
	ACCUMULATED DEPRECIATION	-40066672				14.01
	LEASEHOLD IMPROVEMENTS ACCUMULATED AMORTIZATION	17338 -11667				15 15.01
	FIXED EQUIPMENT	12109573				16
	ACCUMULATED DEPRECIATION	-8182167				16.01
	AUTOMOBILES AND TRUCKS					17
	ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT	39542093				17.01 18
	ACCUMULATED DEPRECIATION	-26853584				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
	ACCUMULATED DEPRECIATION					19.01
20 21	MINOR EQUIPMENT-NONDEPRECIABLE TOTAL FIXED ASSETS	69524468				20 21
21	TOTAL FINED ASSETS	00024400				21
	OTHER ASSETS					
22 23	INVESTMENTS	74426532				22 23
23	DEPOSITS ON LEASES DUE FROM OWNERS/OFFICERS					23
	OTHER ASSETS	128107000				25
25	OTHER RODELD					
25 26	TOTAL OTHER ASSETS	202533532				26
						26 27
26	TOTAL OTHER ASSETS TOTAL ASSETS	202533532 292664000				
26	TOTAL OTHER ASSETS	202533532 292664000 GENERAL	SPECIFIC PURPOSE	ENDOWMENT FUND	PLANT FUND	
26	TOTAL OTHER ASSETS TOTAL ASSETS	202533532 292664000	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
26	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES	202533532 292664000 GENERAL	PURPOSE			
26 27	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES	202533532 292664000 GENERAL FUND 1	PURPOSE FUND	FUND	FUND	27
26	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES	202533532 292664000 GENERAL FUND	PURPOSE FUND	FUND	FUND	
26 27 28 29 30	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE	202533532 292664000 GENERAL FUND 1 2368000 4349000	PURPOSE FUND	FUND	FUND	27 28 29 30
26 27 28 29 30 31	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM)	202533532 292664000 GENERAL FUND 1 2368000	PURPOSE FUND	FUND	FUND	27 28 29 30 31
26 27 28 29 30 31 32	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME	202533532 292664000 GENERAL FUND 1 2368000 4349000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32
26 27 28 29 30 31	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS	202533532 292664000 GENERAL FUND 1 2368000 4349000	PURPOSE FUND	FUND	FUND	27 28 29 30 31
26 27 28 29 30 31 32 33 34 35	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35
26 27 28 29 30 31 32 33 34	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS	202533532 292664000 GENERAL FUND 1 2368000 4349000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34
26 27 28 29 30 31 32 33 34 35	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35
26 27 28 29 30 31 32 33 34 35 36 37	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37
26 27 28 29 30 31 33 34 35 36 37 38	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38
26 27 28 29 30 31 32 33 34 35 36 37 38 39	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE NOTES PAYABLE UNSECURED LOANS	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39
26 27 28 29 30 31 33 34 35 36 37 38	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES NOTES PAYABLE NOTES PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000 49821000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000 49821000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000 49821000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 41 42 43	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE NOTES PAYABLE NOTES PAYABLE NOTES PAYABLE NOTES PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000 49821000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 41 42 43 44
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES NOTES PAYABLE LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000 49821000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 40 41 42 43 44
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 41 42 43	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES NORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED - ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED - ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED - ENDOWMENT FUND BAL-NCE	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000 49821000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 41 42 43 44
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES NOTES PAYABLE LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000 49821000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 40 41 42 43 44
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 41 42 43 41 42 50	TOTAL OTHER ASSETS TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	202533532 292664000 GENERAL FUND 1 2368000 4349000 2789000 9506000 23535000 16780000 40315000 49821000 242843000	PURPOSE FUND	FUND	FUND	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 40 41 42 43 44 45 46 47 48 49 50

PROVIDER NO. 41-0006 NEWPORT HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERA	l fund 1	SPECIFIC PURPOSE FUND 2	ENI	OWMENT FU 3	JND	PLANT FUND 4
1	FUND BALANCES AT BEGINNING OF PERIOD		269707000					1
2	NET INCOME (LOSS)		897586					2
3	TOTAL		270604586					3
4	ADDITIONS (CREDIT ADJUSTMENTS)							4
5	NET UNREALIZED GAIN ON INVSTMTS	261000						5
6	NET ASSETS RELEASED FROM RESTR FOR	440000						б
7	INCR IN INT IN NET ASSETS OF NHF							7
8	INCOME FROM RESTR INVSTMTS	374000						8
9	TRANSFERS FROM NHF	1034000						9
10	TOTAL ADDITIONS		2109000					10
11	SUBTOTAL		272713586					11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)	4634586						12
13	DECR IN INT IN NET ASSETS OF NHF	2267000						13
14	NET ASSETS RELEASED FROM RESTR FOR	1149000						14
15	CHANGE IN ACCOUNTING PRINCIPLE	21820000						15
16								16
17								17
18	TOTAL DEDUCTIONS		29870586					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		242843000					19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/96)
 02/25/2010 08:46

WORKSHEET G-2 PARTS I & II

	PARTS	PARTS I & II			
	PART I - PATIENT	REVENUES			
	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
1	GENERAL INPATIENT ROUTINE CARE SERVICES HOSPITAL	20598151		20598151	1
2	SUBPROVIDER I	2791924		2791924	2
	SUBPROVIDER II	4112747		4112747	2.01
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE	27502822		27502822	8
9	TOTAL GENERAL INPATIENT CARE SERVICES INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES	2/502822		2/502822	9
10	INTENSIVE CARE INFE INFAILENT HOSPITAL SERVICES	4365307		4365307	10
11	CORONARY CARE UNIT	190990,		1000007	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	4365307		4365307	15
16 17	TOTAL INPATIENT ROUTINE CARE SERVICES ANCILLARY SERVICES	31868129 50570174		31868129 50570174	16 17
18	OUTPATIENT SERVICES	303/01/4	129266411	129266411	18
18.50			129200111	129200111	18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21 22
22 23	ASC HOSPICE				22
24	HOSPICE				23
25	TOTAL PATIENT REVENUES	82438303	129266411	211704714	25
	PART II - OPERATIN	g expenses 1		2	
26	OPERATING EXPENSES			101593345	26
27	PROVISION FOR BAD DEBTS	428	8000		27
28					28
29					29 30
30 31					30 31
32					32
33	TOTAL ADDITIONS			4288000	33
34	RETIREMENT				34
35					35
36					36
37 38					37 38
38 39	TOTAL DEDUCTIONS				38 39
40	TOTAL OPERATING EXPENSES			105881345	40

WORKSHEET G-3

DESCRIPTION

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	211704714	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	106115783	2
3	NET PATIENT REVENUES	105588931	3
4	LESS - TOTAL OPERATING EXPENSES	105881345	4
5	NET INCOME FROM SERVICE TO PATIENTS	-292414	5
6 7 8 9 10	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. INCOME FROM INVESTMENTS REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE REVENUE FROM TELEVISION AND RADIO SERVICE PURCHASE DISCOUNTS	1006000 66000	6 7 8 9 10
11	REBATES AND REFUNDS OF EXPENSES	363000	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	55500	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	475000	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23 24 25 26 27 28	GOVERNMENTAL APPROPRIATIONS DSH SHARE RECOVERY TOTAL OTHER INCOME TOTAL	-720000 1190000 897586	23 24 25 26 27 28
29 30 31	TOTAL OTHER EXPENSES NET INCOME (OR LOSS) FOR THE PERIOD	897586	29 30 31

			NEWPORT HOSPITA 08 TO 09/30/2009	L	KPMG LLE IN LIEU	OCOMPU-MAX I OF FORM CMS	MICRO SYST -2552-96 (EM 9/97)		RSION: 20 /25/2010	
		c	ALCULATION OF CAR	PITAL PAYMENT - TITLE XVIII	I - FULLY	PROSPECTIVE	METHOD			WORKSH	IEET L
	ד יייסגם		PROSPECTIVE METHO	סו		HOSPITAL (41-0006) (41-0006)	SUB I	SUB II	SUB III	SUB IV	
1		L HOSPITA L FEDERAL	L SPECIFIC RATE H AMOUNT	PAYMENTS							1
2 3	CAPITA	L DRG OUI	ER THAN OUTLIER LIER PAYMENTS FOR R 1, 1997	SERVICES RENDERED		1072013					2 3
3.01	CAPITA ON OR	L DRG OUT AFTER OCT	LIER PAYMENTS FOR OBER 1, 1997	SERVICES RENDERED		40741					3.01
4				OF DAYS IN CR PERIOD [E-3,PT VI,I							4
4.01	NO. OF	INTERNS		PT A,LN.3.17][x E-3,PT VI 0.00							4.01
4.02	INDIRE INDIRE	CT MEDICA CT MEDICA	L EDUCATION PERCH L EDUCATON ADJUST E SHARE ADJUSTMEN	NTAGE MENT							4.02
5.01	% OF % OF M	SSI RECIF EDICAID F	IENT PAT DAYS TO	MEDICARE PART A PAT DAYS DAYS ON WKST S-3, PART I		0.0652	0.0203				5 5.01 5.02
5.03	ALLOWA	BLE DISPR	OPORTIONATE SHARE								5.03
5.04 6			'E SHARE ADJUSTMEN VE CAPITAL PAYMEN			1112754					5.04 6
	PART I	I - HOLD	HARMLESS METHOD								
	NEW CA										1
2 3	OLD CA TOTAL	CAPITAL									2 3
4			PITAL TO TOTAL CA								4
5 6			AYMENTS UNDER 100 R FOR HOLD HARMLE								5 6
7	REDUCE	D OLD CAF	ITAL AMOUNT								7
8 9	HOLD H SUBTOT		AYMENT FOR NEW CA	APITAL							8 9
10			OLD HARMLESS (GRE	CATER OF LINE 5 OR LINE 9)							10
	PART I	II - PAYM	IENT UNDER REASONA	ABLE COST							
1			NT ROUTINE CAPITA								1
2 3			NT ANCILLARY CAPI ' PROGRAM CAPITAL	TAL COST							2 3
4	CAPITA	L COST PA	YMENT FACTOR								4
5	TOTAL	INPATIENI	PROGRAM CAPITAL	COST							5
1			TATION OF EXCEPTI	ON PAYMENTS							1
1 2			INT CAPITAL COSTS	FOR EXTRAORDINARY CIRCUMS	TANCES						1 2
3			ATIENT CAPITAL CO	DSTS							3
4 5			PTION PERCENTAGE R COMPARISON TO P	PAYMENTS							4 5
6	PERCEN	TAGE ADJU	STMENT FOR EXTRAC	RDINARY CIRCUMSTANCES							6
7			APITAL MINIMUM PA	YMENT LEVEL FOR							7
8	CAPITA	L MINIMUM	PAYMENT LEVEL								8
9 10			PITAL PAYMENTS	AL MINIMUM PAYMENT LEVEL							9 10
τu	TO CAP	ITAL PAYM	ENTS								
11		VER OF AC APITAL PA		MINIMUM PAYMENT LEVEL							11
12	NET CO	MPARISON	OF CAPITAL MINIMU	IM PYMNT LEVEL TO CAPITAL I	PYMNTS						12
13 14			CEPTION PAYMENT	MINIMUM PAYMENT LEVEL							13 14
	OVER C	APITAL PA	YMENT FOR FOLLOW	NG PERIOD							
15		T YEAR AL NSTRUCTIC		AND CAPITAL PAYMENT							15
16	CURREN	T YEAR OF	ERATING AND CAPIT	CAL COSTS (SEE INSTRUCTIONS	5)						16
17	CURREN	I IEAR EX	CEPTION OFFSET AN	100011							17

WORKSHEET L-1 PART I

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

							PART 1
	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	4A	25	26	27	
1 2 3 4 5	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS						1 2 3 4 5
6 7 8	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT						6 7 8
9 10 11	LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY						9 10 11
12 13 14	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION						12 13 14
15 16 17	CENTRAL SERVICES & SUPPLY PHARMACY						14 15 16 17
18 20 21	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL						17 18 20 21
22 23 24	I&R SERVICES-SALARY & FRINGES I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY)						22 23 24
25 26	INPATIENT ROUTINE SERV COST CEN ADULTS & PEDIATRICS INTENSIVE CARE UNIT	TERS					25 26
33	SUBPROVIDER I SUB PROVIDER II NURSERY						31 31.01 33
34 37	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS OPERATING ROOM						34 37
38 39 41 41.01 43	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE						38 39 41 41.01 43
44 46.30 47 49	LABORATORY BLOOD CLOTTING FACTORS ADMIN C BLOOD STORING, PROCESSING & TR RESPIRATORY THERAPY						44 46.30 47 49
52	PHYSICAL THERAPY PSYCHOLOGY SPEECH PATHOLOGY						50 50.01 52
53 54 55 56	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PA DRUGS CHARGED TO PATIENTS						53 54 55 56
59.02	CAT SCAN ULTRASOUND VRC CONTRACT RENAL DIALYSIS						59 59.01 59.02 59.03
61	OUTPATIENT SERVICE COST CENTERS EMERGENCY OCCUPATIONAL HEALTH						61 61.01
62 63.50							61.02 62 63.50
63.60 69.10	OTHER REIMBURSABLE COST CENTERS CMHC						63.60 69.10
69.30	OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAP OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY DEPECIAL DURDOSE COST CENTERS						69.20 69.30 69.40 71
85.02	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS						85.01 85.02 85.03 95
96 96.01	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CA CCRI						96 96.01
96.02	VRC CONTRACTS						96.02

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

COST CENTER DESCRIP	EXTRAORDI- PTION NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
96.03 LIFELINE 98 PHYSICIANS' PRIVATE 100 VACANT SPACE 101 CROSS FOOT ADJUSTMEN 102 NEGATIVE COST CENTER 103 TOTAL 104 TOTAL STATISTICAL BA 105 UNIT COST MULTIPLIER 105 UNIT COST MULTIPLIER	NTS R ASIS R				

WORKSHEET L-1 PART I

.03

HOSPITAL

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

---- TITLE XVIII ---- TITLE XIX ---- TITLE V ----- TOTAL THIRD PART A PART B INPATIENT OUTPATIENT INPATIENT OUTPATIENT PARTY UTIL COST CENTERS 1 2 3 4 5 6 UTILIZATION PERCENTAGES BASED ON DAYS 25 ADULTS & PEDIATRICS 42.82 42.82 25 26 INTENSIVE CARE UNIT 56 09 56 09 26

 TILIZATION PERCENTAGES PROFE
 9.99

 37
 OPERATING ROOM
 9.99

 38
 RECOVERY ROOM
 8.07

 41
 RADIOLOGY-DIAGNOSTIC
 7.36

 41.01
 MAGNETIC RESONANCE IMAGING
 5.64

 43
 RADIOLSOTOPE
 14.69

 19.00

 2.2002

 UTILIZATION PERCENTAGES BASED ON CHARGES 13.38 23.37 37 13.38 15.41 9.96 21.68 23.48 17.32 38 41 21.68 27.32 41.01 32.81 47.50 43 LABORATORY 12.00 BLOOD STORING, PROCESSING & TRA 22.62 43.08 1.89 8.88 1.60 20.89 44 47 BLOOD STORING, PROCESSING & TKA22.02RESPIRATORY THERAPY43.08PHYSICAL THERAPY5.11SPECH PATHOLOGY12.23ELECTROCARDIOLOGY27.95ELECTROENCEPHALOGRAPHY1.37MEDICAL SUPPLIES CHARGED TO PAT24.63DRUGS CHARGED TO PATIENTS23.12CAT SCAN11.26ULTRASOUND1.66 31.50 47 49 44.68 49 5.11 12.23 50 50 52 52 32.27 53 60.22 53 1.16 12.28 54 2.53 54 55 55 36.91 56 15.43 38.55 56 59 CAT SCAN 59.01 ULTRASOUND 22.78 7.53 34.04 59 59.01 9.19 0.50 61 DIALYSIS 61 EMERGENCY 61.02 PSYCH PARTIAL HOSPITAL 62 ORSEPUTATION 60.72 61.22 59.03 4.44 13.52 17.96 61 61.02 26.30 26.30 OBSERVATION BEDS (NON-DISTINCT 7.79 40.69 48.48 62 101 TOTAL CHARGES 10.61 10.26 20.87 101

SUBPROVIDER I

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

---- TITLE XVIII ---- TITLE XIX ---- TITLE V ----- TOTAL THIRD PART A PART B INPATIENT OUTPATIENT INPATIENT OUTPATIENT PARTY UTIL COST CENTERS 1 2 3 4 5 6 UTILIZATION PERCENTAGES BASED ON DAYS 31 SUBPROVIDER I 46.71 46.71 31 UTILIZATION PERCENTAGES BASED ON CHARGES RADIOLOGY-DIAGNOSTIC 0.15 41 0.15 41 41. 01 MAGNETIC RESONANCE IMAGING 43. RADIOLOGYOPE 0.08 0.08 41.01 0.10 0.36 0.10 0.36 43 44 LABORATORY 44 LABORATORY BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY ELECTPOCADDIOLOGY 47 49 50 0.13 0.13 47 0.38 0.38 10.69 49 50 SPEECH PATHOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS 52 17.59 17.59 52 53 55 53 55 0.25 0.25 0.05 1.21 0.05 56 1.21 56 59 0.07 0.07 59 59.01 ULTRASOUND 59.01 0.06 0.06 0.57 101 101 TOTAL CHARGES 0.57

SUBPROVIDER II

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

---- TITLE XVIII ---- TITLE XIX ---- TITLE V ----- TOTAL THIRD PART A PART B INPATIENT OUTPATIENT INPATIENT OUTPATIENT PARTY UTIL COST CENTERS 1 2 3 4 5 б UTILIZATION PERCENTAGES BASED ON DAYS 31.01 SUB PROVIDER II 21.79 21.79 31.01 UTILIZATION PERCENTAGES BASED ON CHARGES RADIOLOGY-DIAGNOSTIC 0.03 0.03 41 0.02 0.02 41.01 0.51 0.13 44 0.51 0.13 49 0.04 0.04 50 0.07 0.07 52 53 0.04 0.04 54 MEDICAL SUPPLIES CHARGED TO PAT 0.01 DRUGS CHARGED TO PATIENTS 0.77 CAT SCAN 0.06 0.01 0.77 55 55 56 56 59 0.06 0.06 59 61 EMERGENCY 0.30 0.30 61 101 TOTAL CHARGES 0.17 0.17 101

	COST CENTER	DIRECT	COSTS	ALLOCATED		TOTAL C AMOUNT		
		ANOUNT	0	ANOUNT	-8	AHOONI	0	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MUBLE EQUIP NEW CAP REL COSTS-MUBLE EQUIP NEW CAP REL COSTS-MUBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY							2
3	NEW CAP REL COSTS-BLDG & FIXT	4796767	5.29	-4796767	-9.85			3
4	NEW CAP REL COSTS-MVBLE EQUIP	3707005	4.09	-3707005	-7.61			4
5	EMPLOYEE BENEFITS	10168677	11.22	-10168677	-20.88			5
6	ADMINISTRATIVE & GENERAL	17381852	19.17	-17381852	-35.70			5 6
7	MAINTENANCE & REPAIRS	360225	.40	-360225	74			7
8	OPERATION OF PLANT	4676427	5.16	-4676427	-9.60			8
9	LAUNDRY & LINEN SERVICE	482482	.53	-482482	99			9
10	HOUSEKEEPING	1614119	1.78	-1614119	-3.32			10
11	DIETARY	1453814	1.60	-1453814	-2.99			11
12	CAFETERIA	1996		-1996				12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1146262	1.26	-1146262	-2.35			14
15	CENTRAL SERVICES & SUPPLY	35990	.04	-35990	07			15
16	PHARMACY	1472806	1.62	-1472806	-3.02			16
17	CENTRA SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	1209884	1.33	-1209884	-2.48			17
18	SOCIAL SERVICE	182040	.20	-182040	37			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 CENTER	RS						
25	ADULTS & PEDIATRICS	7608623	8.39	13126459	26.96	20735082		25
26	INTENSIVE CARE UNIT	2011571	2.22	2306961	4.74	4318532	4.76	26
31	SUBPROVIDER I	1461321	1.61	1814845	3.73	3276166		31
31.01	ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER I SUB PROVIDER II NURSERY SKILLED NURSING FACILITY	2378653	2.62	2597380	5.33	4976033	5.49	31.01
33				526766	1.08	943446	1.04	33
34	ACTION AND A CONTRACT							34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	4654869	5.13	4059173		8714042		37
38	RECOVERY ROOM	1362973	1.50	1280180		2643153	2.92	38
39	DELIVERY ROOM & LABOR ROOM	897759	.99	816538		1714297	1.89	39
41	RADIOLOGY-DIAGNOSTIC	2110159	2.33	2930406	6.02	5040565	5.56	41
41.01	MAGNETIC RESONANCE IMAGING	651105		1032855	2.12	1683960	1.86	41.01
43	RADIOISOTOPE	411271	.45	423174		834445	.92	43
44	RECOVERT ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC MAGNETIC RESONANCE IMAGING RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO	3003221	3.31	2339102	4.80	5342323	5.89	44
	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY DOWNLOAD	872893	.96	414358		1287251	1.42	47
49	RESPIRATORY THERAPY	970438	1.07			1822313	2.01	49
50	PHYSICAL THERAPY	2085382	2.30	2030492	4.17	4115874	4.54	50
	PSYCHOLOGY							50.01
52	PSYCHOLOGY SPEECH PATHOLOGY ELECTROCARDIOLOGY	180951	.20	298282	.61	479233	.53	52
53	ELECTROCARDIOLOGY	627446	.69	969100	1.99			53
54	ELECTROENCEPHALOGRAPHY	266208	.29	284819	.58	551027	.61	54

	COST CENTER	DIRECT AMOUNT	COSTS %	ALLOCATED AMOUNT	OVERHEAD %	TOTAL AMOUNT	COSTS	
		AMOUNT	6	AMOUNI	6	AMOUNT	6	
55	MEDICAL SUPPLIES CHARGED TO PAT	1224073	1.35	412225	.85	1636298	1.80	55
56	DRUGS CHARGED TO PATIENTS	2558120	2.82	3124315	6.42	5682435	6.27	56
59	CAT SCAN	871794	.96	919602	1.89	1791396	1.98	59
59.01	ULTRASOUND	598308	.66	663179	1.36	1261487	1.39	59.01
59.02	VRC CONTRACT							59.02
59.03	RENAL DIALYSIS	93738	.10	24356	.05	118094	.13	59.03
61	EMERGENCY	3232367	3.57	3449759	7.09	6682126	7.37	61
61.01	OCCUPATIONAL HEALTH	1386964	1.53	791658	1.63	2178622	2.40	61.01
61.02	PSYCH PARTIAL HOSPITAL	17890	.02	10855	.02	28745	.03	61.02
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10								69.10
	OUTPATIENT PHYSICAL THERAPY							69.20
	OUTPATIENT OCCUPATIONAL THERAPY							69.30
	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
	PANCREAS ACQUISITION							85.01
	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN			53765	.11	53765	.06	96
96.01				13716	.03	13716	.02	96.01
	VRC CONTRACTS							96.02
	LIFELINE	15500		04552	1 1	100405		96.03
98	PHYSICIANS' PRIVATE OFFICES	15722	.02	84773	.17	100495	.11	98
100 101	VACANT SPACE CROSS FOOT ADJUSTMENTS			1039378	2.13	1039378	1.15	100 101
101	NEGATIVE COST CENTER							101
102	TOTAL	90660845	100.00	0	.00	90660845	100.00	102
102	TOTAL	20000040	100.00	0	.00	20000045	100.00	102

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

co	ST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	1210133	26671810	.045371	2664570	120894	37
38	RECOVERY ROOM	128180	4520525	.028355	364652	10340	38
39	DELIVERY ROOM & LABOR ROOM	67566	3010404	.022444			39
41	RADIOLOGY-DIAGNOSTIC	1075733	13263435	.081105	975776	79140	41
41.01	MAGNETIC RESONANCE IMAGING	453504	9997550	.045362	563813	25576	41.01
43	RADIOISOTOPE	84091	2120628	.039654	311440	12350	43
44	LABORATORY	447334	29271057	.015282	5560396	84974	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	27792	2985936	.009308	675362	6286	47
49	RESPIRATORY THERAPY	176462	2287567	.077140	985378	76012	49
50	PHYSICAL THERAPY	249250	6291049	.039620	321745	12748	50
50.01	PSYCHOLOGY						50.01
52	SPEECH PATHOLOGY	57753	609395	.094771	74508	7061	52
53	ELECTROCARDIOLOGY	278168	4248195	.065479	1187537	77759	53
54	ELECTROENCEPHALOGRAPHY	52340	1091897	.047935	15003	719	54
55	MEDICAL SUPPLIES CHARGED TO PAT	30657	5819791	.005268	1433469	7552	55
56	DRUGS CHARGED TO PATIENTS	155216	13791261	.011255	3189165	35894	56
59	CAT SCAN	294739	12544151	.023496	1413009	33200	59
59.01	ULTRASOUND	153926	3518567	.043747	58421	2556	59.01
	VRC CONTRACT						59.02
59.03	RENAL DIALYSIS	478	206383	.002316	125318	290	59.03
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY	485450	18180520	.026702	806664	21540	61
61.01	OCCUPATIONAL HEALTH	72139	1756187	.041077			61.01
61.02	PSYCH PARTIAL HOSPITAL	617	50635	.012185			61.02
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	281739	2749372	.102474	214258	21956	62
63.50							63.50
63.60							63.60
101	TOTAL	5783267	164986315		20940484	636847	101

PROVIDER NO. 41-0006NEWPORT HOSPITALKPMG LLP COMPU-MAX MICRO SYSTEMVERSION: 2010.02PERIOD FROM 10/01/2008TO 09/30/200902/25/2010

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	2213143		2213143	19654	112.61		947726 25
26 101	INTENSIVE CARE UNIT TOTAL	321650 2534793		321650 2534793	1906	168.76	1069 9485	180404 26 1128130 101
	MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						1128130 636847	
						1764977		
	TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS					1/649//		
	MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)					1715		
	MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)					9485		
	PER DISCHARGE CAPITAL COSTS					1029.14		
	PER DIEM CAPITAL COSTS						1	86.08

	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)	16620601						
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	32976317						
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.504						
	COST TO CHARGE RATIO FOR REHAB SUBPROVIDER							
1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2168832						
2.	TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	2423765						
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.895						
	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))	1188982						
2.	TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1232981						
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.964						
	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)	1764977						
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.054						
	III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES							
1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	7046337						
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	20242876						
2	DATIO OF COST TO CHADGES (LINE 1 / LINE 2)	348						

3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) .348