SUPPLEMENTAL WORKSHEET KMAP-5

(TITLE XIX DEPRECIATION)

HOSPITAL _____
VENDOR # _____
PERIOD FROM _____ **PERIOD TO** _____

A. INSTRUCTIONS **B. CAPITAL COST COMPUTATION**

1A. TOTAL CAPITAL COST (W/S B, PART II 2A - LINE 118 LESS NON-ALLOWABLE COST CENTERS) LESS INTEREST/INSURANCE/TAXES (RELATED TO CAPITAL COST W/S A-7 PART III)= ADJUSTED TOTAL CAPITAL COST.

LINE 1B. | | | |

2A. ADJUSTED TOTAL CAPITAL COST (LINE1) / TOTAL CAPITAL COST = RATIO.

LINE 2B. | | | |

3A. RATIO (LINE 2) X TITLE XIX CAPITAL COST (ROUTINE AND ANCILLARY W/S D, PARTS I AND II) = ADJUSTED TITLE XIX CAPITAL COST (TITLE XIX CAPITAL COST LESS INT. /INS./TAXES).

LINE 3B. | | | |

4A. TOTAL BLDG. AND FIXTURES / TOTAL CAPITAL COST = RATIO (W/S B, Part II COL. 1, LINE 118 LESS NON-ALLOWABLE COST CENTERS) / (W/S B, Part II, 2A. LINE 118 LESS NON-ALLOWABLE COST CENTERS) = (RATIO OF BLDG. AND FIXTURES TO TOTAL CAPITAL COST).

LINE 4B. | | | |

5A. RATIO (LINE 4) X TITLE XIX ADJUSTED CAPITAL COST (LINE 3) = TITLE XIX BLDG. AND FIXTURES.

LINE 5B. | | | |

6A. TITLE XIX CAPITAL COST LESS TITLE XIX BLDG. & FIXTURES (LINE 5) = TITLE XIX MOVABLE EQUIP. AND INTEREST/INSURANCE/TAXES.

LINE 6B. | | | |

7A. 65% X TITLE XIX BLDG. & FIX.(LINE 5) = ALLOWABLE TITLE XIX BLDG. & FIX.

LINE 7B. | | | |

8A. TITLE XIX EQUIPMENT AND INTEREST/INSURANCE/TAXES (LINE 6) + TITLE XIX ALLOWABLE BLDG. & FIX.(LINE 7)=MEDICAID ALLOWABLE INPATIENT CAPITAL COST.

Line 8B. | | | |