

Plan Name: _____

Region: _____

Newborn Supplemental Payment (Kick)
(Average Newborn Inpatient Cost Per Birth)
Rate Calculation Sheet

Schedule E8-Mandatory

Note: Each line must be completed. Blank lines will be considered zero.

Category of Service	Proposed Newborn Inpatient Cost Per Birth	Projected Number Of Hospital Births	Total Cost
Supplemental Payment (Kick)			