

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/30/2009 14:03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
PARTS I & II

INTERMEDIARY [ ] AUDITED  
USE ONLY: [ ] DESK REVIEWED

DATE RECEIVED \_\_\_\_\_ [ ] INITIAL [ ] RE-OPENING  
INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK  
APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT  
\_\_\_ MANUALLY SUBMITTED COST REPORT

DATE: 11/30/2009  
TIME: 14:03

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY COMMUNITY HOSPITAL (15-0125) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, 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.

SCR Encryption: 11/30/2009 14:03  
SjZ9MGptAykxUjluhe4WoniBCW.F.0  
Nt5ddoze4NjDQisqE6lmlddXLXL.cK  
Dh:81xnZxX0w4Svw

(SIGNED) Russ J. Molinaro  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Chief Financial Officer  
TITLE

11/30/09  
DATE

PI Encryption: 11/30/2009 14:03  
GQzBwOnodScF7G6zZlyAY2d0Tb1jZ0  
S.:N10VJgu964oI:DSxXiXLclWkoFU  
lDa0a:TR8F00yQwH

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX
	PART A	PART B	
1 HOSPITAL	2	3	4
2 SUBPROVIDER I	1065698	368558	1
3 SWING BED - SNF	-64835		2
4 SWING BED - NF			3
5 SKILLED NURSING FACILITY			4
6 NURSING FACILITY			5
7 HOME HEALTH AGENCY			6
8 OUTPATIENT REHABILITATION PROVIDER			7
9 HEALTH CLINIC			8
100 TOTAL	1000863	368558	9

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED [ ] INITIAL [ ] RE-OPENING  
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PART I - CERTIFICATION

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 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL			1
2	SUBPROVIDER I	1065698	368558	2
3	SWING BED - SNF	-64835		3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	1000863	368558	100

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KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.08  
 11/30/2009 13:50

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 901 MACARTHUR BOULEVARD P.O.BOX: 1  
 1.01 CITY: MUNSTER STATE: IN ZIP CODE: 46321 COUNTY: LAKE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	15-0125	10/03/1973	N	P	P	2	
3	SUBPROVIDER I	THE REHAB CENTER AT COMMUNITY	15-T125	06/30/1996	N	P	3	
4	SWING BEDS - SNF						4	
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF						6	
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTG						8	
9	HOSPITAL-BASED HHA	COMMUNITY HOME HEALTH SERVICES	15-7487	01/07/1997	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC						14	
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2008	TO: 06/30/2009	1	2		17	
18	TYPE OF CONTROL			2			18	
19	HOSPITAL			1			19	
20	SUBPROVIDER I			5			20	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	N 23844	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO			21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			NO			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	158054	40
40.01	NAME: COMMUNITY FOUNDATION OF NW	FI/CONTRACTOR'S NAME: NGS		40.01
40.02	STREET: 10100 DON POWERS DRIVE	P.O.BOX:		40.02
40.03	CITY: MUNSTER	STATE: IN ZIP CODE: 46321		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY: 1	STATE: 2	ZIP CODE 3
		CBSA 4	FTE/ CAMPUS 5
SETTLEMENT DATA			
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	11/16/2009 63





PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.08  
 11/30/2009 13:50

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	DISCHARGES				TOTAL ALL PATIENTS	
	TITLE V	TITLE XVIII	TITLE XIX			
	12	13	14	15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		9324	512	21019		1
2 HMO XIX						2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF						3
4 HOSPITAL ADULTS & PEDS - SWING BED NF						4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS						5
6 INTENSIVE CARE UNIT						6
6.01 NEONATAL INTENSIVE CARE						6.01
7 CORONARY CARE UNIT						7
8 BURN INTENSIVE CARE UNIT						8
9 SURGICAL INTENSIVE CARE UNIT						9
10 OTHER SPECIAL CARE (SPECIFY)						10
11 NURSERY						11
12 TOTAL HOSPITAL		9324	512	21019		12
13 RPCH VISITS						13
14 SUBPROVIDER I		1023	4	1151		14
15 SKILLED NURSING FACILITY						15
16 NURSING FACILITY						16
17 OTHER LONG TERM CARE						17
18 HOME HEALTH AGENCY						18
20 ASC (DISTINCT PART)						20
21 HOSPICE (DISTINCT PART)						21
23 O/P REHAB PROVIDER						23
24 RHC I						24
25 TOTAL						25
26 OBSERVATION BED DAYS						26
27 AMBULANCE TRIPS						27
28 EMPLOYEE DISCOUNT DAYS						28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
SALARIES								
1	TOTAL SALARIES	142439802		142439802	5272071.00	27.02		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	2488153		2488153	29124.00	85.43		3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	5743883		5743883	29124.00	197.22		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	-232	232					8
8.01	EXCLUDED AREA SALARIES	16028372	37089	16065461	538680.00	29.82		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1260473		1260473	13810.00	91.27	PER DETAIL LIST	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	664467		664467	4675.00	142.13		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	10334322		10334322	295255.00	35.00		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	31103437		31103437			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2953170		2953170			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	349182		349182			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	706986		706986			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	707018		707018	27613.00	25.60		21
22	ADMINISTRATIVE & GENERAL	11927039	-71926	11855113	484615.00	24.46		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	688358		688358	10963.00	62.79		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	4207586		4207586	177066.00	23.76		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	3423039		3423039	239068.00	14.32		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3477829	-1487325	1990504	123418.00	16.13		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1487325	1487325	102959.00	14.45		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1105809		1105809	26018.00	42.50		30
31	CENTRAL SERVICES AND SUPPLY		71926	71926	4992.00	14.41		31
32	PHARMACY	3063203		3063203	89495.00	34.23		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3362806		3362806	179751.00	18.71		33
34	SOCIAL SERVICE	620797		620797	21547.00	28.81		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	134896124		134896124	5224786.00	25.82	1
2	EXCLUDED AREA SALARIES	16028140	37321	16065461	538680.00	29.82	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	118867984	-37321	118830663	4686106.00	25.36	3
4	SUBTOTAL OTHER WAGES & REL COSTS	12259262		12259262	313740.00	39.07	4
5	SUBTOTAL WAGE-RELATED COSTS	31103437		31103437		26.17%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	162230683	-37321	162193362	4999846.00	32.44	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	32583484		32583484	1487505.00	21.90	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	21878051 17
17.01	GROSS MEDICAID REVENUES	66135114 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	88013165 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.352614 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	66135114 28
29	TOTAL GROSS MEDICAID COST	23320167 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	21878051 30
31	UNCOMPENSATED CARE COST	7714507 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23320167 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		9976610	9976610	319562	10296172	-38245	10257927	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		9493967	9493967	534627	10028594	2237829	12266423	4
5	0500 EMPLOYEE BENEFITS	707018	34393147	35100165	-11658	35088507	589971	35678478	5
6	0600 ADMINISTRATIVE & GENERAL	11927039	35646285	47573324	-1711651	45861673	-9023801	36837872	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	4207586	7545085	11752671	489550	12242221	12556	12254777	8
9	0900 LAUNDRY & LINEN SERVICE		1431687	1431687		1431687		1431687	9
10	1000 HOUSEKEEPING	3423039	1088571	4511610	-11362	4500248	2253	4502501	10
11	1100 DIETARY	3477829	2370241	5848070	-2576597	3271473	-10457	3261016	11
12	1200 CAFETERIA				2530047	2530047	-1129077	1400970	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1105809	93596	1199405	-500	1198905		1198905	14
15	1500 CENTRAL SERVICES & SUPPLY		1121243	1121243	71926	1193169		1193169	15
16	1600 PHARMACY	3063203	12959122	16022325	-885	16021440		16021440	16
17	1700 MEDICAL RECORDS & LIBRARY	3362806	247828	3610634	-370	3610264	-16322	3593942	17
18	1800 SOCIAL SERVICE	620797	35615	656412		656412		656412	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	26367608	3544705	29912313	-229681	29682632	-57194	29625438	25
26	2600 INTENSIVE CARE UNIT	7459226	804262	8263488	73382	8336870		8336870	26
26.01	2606 NEONATAL INTENSIVE CARE	2630732	328636	2959368	22645	2982013	-35121	2946892	26.01
31	3100 SUBPROVIDER I	2944170	1458065	4402235	37089	4439324		4439324	31
33	3300 NURSERY	1884945	312005	2196950	18728	2215678	-5493	2210185	33
34	3400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	-232		-232	232				34
37	3700 OPERATING ROOM	21070456	26697730	47768186	-17802535	29965651	-9266204	20699447	37
39	3900 DELIVERY ROOM & LABOR ROOM	1825430	247175	2072605	17994	2090599		2090599	39
41	4100 RADIOLOGY-DIAGNOSTIC	7019242	5406986	12426228	-5083	12421145	-98038	12323107	41
44	4400 LABORATORY	4894318	5436246	10330564	17	10330581	-1314	10329267	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	356117	3064457	3420574		3420574		3420574	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	2999589	463052	3462641		3462641	-26500	3436141	49
50	5000 PHYSICAL THERAPY	4053824	3086299	7140123	-3366	7136757	-229377	6907380	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY								52
54	5400 ELECTROENCEPHALOGRAPHY	554835	238010	792845	-13270	779575	-4994	774581	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				33593889	33593889		33593889	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS								56
59	5900 CARDIOLOGY	7129943	18406352	25536295	-15794410	9741885	-987379	8754506	59
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	1476132	362409	1838541	-1646	1836895	35686	1872581	60
61	6100 EMERGENCY	4794139	2113398	6907537	59651	6967188	-867306	6099882	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	1566111	1113715	2679826	-16826	2663000		2663000	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	130921711	189486499	320408210	-410501	319997709	-18918527	301079182	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
97	9700 RESEARCH	263712	116142	379854	-1464	378390		378390	97
98	9800 PHYSICIANS' PRIVATE OFFICES	8919823	3188803	12108626	-56243	12052383	-66905	11985478	98
100	7950 ADVERTISING				685282	685282		685282	100
100.01	7951 FITNESS POINTE	1744677	1225216	2969893	-297361	2672532		2672532	100.01
100.02	7952 FITNESS POINTE SPA/PRO SHOP/DIE	255333	99780	355113		355113		355113	100.02
100.03	7953 RETAIL PHARMACY	334546	3221613	3556159		3556159	45894	3602053	100.03
100.04	7954 HOSPICE								100.04
100.05	7955 RUSH RESIDENTS				80287	80287		80287	100.05
101	TOTAL	142439802	197338053	339777855		339777855	-18939538	320838317	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 OPERATING RM SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		33593889	1
2	A					2
3 NURSING FLOAT SALARIES	B	INTENSIVE CARE UNIT	26	73382		3
4	B	NURSERY	33	18728		4
5	B	NEONATAL INTENSIVE CARE	26.01	22645		5
6	B	DELIVERY ROOM & LABOR ROOM	39	17994		6
7	B	EMERGENCY	61	59611		7
8	B	SUBPROVIDER I	31	37089		8
9						9
10 STOREROOM SALARY RECLASS	C	CENTRAL SERVICES & SUPPLY	15	71926		10
11 CAFETERIA EXPENSE	D	CAFETERIA	12	1487325	1042722	11
12 INTEREST EXPENSE	E					12
13	E					13
14	E	NEW CAP REL COSTS-MVBLE EQUIP	4		527627	14
15 BUILDING INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		319562	15
16	F	NEW CAP REL COSTS-MVBLE EQUIP	4		7000	16
17 UTILITY RECLASS	G	OPERATION OF PLANT	8		507676	17
18	G	LABORATORY	44		17	18
19	G					19
20	G					20
21	G					21
22	G					22
23	G					23
24	G					24
25	G					25
26 ADVERTISING NON-REIMBURSEABLE	H	ADVERTISING	100		689358	26
27	H	EMERGENCY	61		40	27
28	H					28
29	H					29
30	H					30
31	H					31
32	H					32
33	H					33
34	H					34
35	H					35
36 SUBTOTAL				1788700	36687891	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 OPERATING RM SUPPLIES	A	OPERATING ROOM	37		17802485	1
2	A	CARDIOLOGY	59		15791404	2
3 NURSING FLOAT SALARIES	B	ADULTS & PEDIATRICS	25	229449		3
4	B					4
5	B					5
6	B					6
7	B					7
8	B					8
9						9
10 STOREROOM SALARY RECLASS	C	ADMINISTRATIVE & GENERAL	6	71926		10
11 CAFETERIA EXPENSE	D	DIETARY	11	1487325	1042722	11
12 INTEREST EXPENSE	E	ADMINISTRATIVE & GENERAL	6		522046	11 12
13	E	CARDIOLOGY	59		589	13
14	E	RADIOLOGY-DIAGNOSTIC	41		4992	11 14
15 BUILDING INSURANCE	F	ADMINISTRATIVE & GENERAL	6		326562	12 15
16	F					12 16
17 UTILITY RECLASS	G	HOME HEALTH AGENCY	71		13791	17
18	G	ADMINISTRATIVE & GENERAL	6		109990	18
19	G	FITNESS POINTE	100.01		297361	19
20	G	PHYSICIANS' PRIVATE OFFICES	98		56243	20
21	G	HOUSEKEEPING	10		11362	21
22	G	ELECTROENCEPHALOGRAPHY	54		13270	22
23	G	CLINIC	60		136	23
24	G	RESEARCH	97		1464	24
25	G	ADVERTISING	100		4076	25
26 ADVERTISING NON-REIMBURSEABLE	H	CLINIC	60		1510	26
27	H	HOME HEALTH AGENCY	71		3035	27
28	H	NURSING ADMINISTRATION	14		500	28
29	H	ADMINISTRATIVE & GENERAL	6		600840	29
30	H	MEDICAL RECORDS & LIBRARY	17		370	30
31	H	PHYSICAL THERAPY	50		3366	31
32	H	RADIOLOGY-DIAGNOSTIC	41		91	32
33	H	DIETARY	11		46550	33
34	H	OPERATING ROOM	37		50	34
35	H	EMPLOYEE BENEFITS	5		11658	35
36 SUBTOTAL				1788700	36666463	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			1
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	H				1
2	H				2
3	H				3
4	K	RUSH RESIDENTS	100.05		80287 4
5	M	SKILLED NURSING FACILITY	34	232	5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		1788932	36768178 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		SALARY	OTHER	WKST A-7
			LINE #				REF.
	1	6	7		8	9	10
1	H	OPERATION OF PLANT	8			18126	1
2	H	PHARMACY	16			885	2
3	H	CARDIOLOGY	59			2417	3
4 RECLASS RESIDENTS COST	K	ADMINISTRATIVE & GENERAL	6			80287	4
5 RECLASS TCU EXPENSES	M	ADULTS & PEDIATRICS	25		232		5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36 TOTAL RECLASSIFICATIONS					1788932	36768178	36

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/30/2009 13:50

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3						
1 LAND									1
2 LAND IMPROVEMENTS									2
3 BUILDINGS AND FIXTURES									3
4 BUILDING IMPROVEMENTS									4
5 FIXED EQUIPMENT									5
6 MOVABLE EQUIPMENT									6
7 SUBTOTAL									7
8 RECONCILING ITEMS									8
9 TOTAL									9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3						
1 LAND	1940035						1940035		1
2 LAND IMPROVEMENTS	5439819	558512		558512			5998331		2
3 BUILDINGS AND FIXTURES	207737529	23503053		23503053			231240582		3
4 BUILDING IMPROVEMENTS	10194673	32712260		32712260	7272		42899661		4
5 FIXED EQUIPMENT	5231923	1772540		1772540	3868584		3135879		5
6 MOVABLE EQUIPMENT	107552958	18090615		18090615	12280159		113363414		6
7 SUBTOTAL	338096937	76636980		76636980	16156015		398577902		7
8 RECONCILING ITEMS									8
9 TOTAL	338096937	76636980		76636980	16156015		398577902		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	285214488		285214488	.715580				3
4 NEW CAP REL COSTS-MVBLE EQUIP	113363414		113363414	.284420				4
5 TOTAL	398577902		398577902	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	9938365			319562			10257927 3
4 NEW CAP REL COSTS-MVBLE EQUIP	12243347		16076	7000			12266423 4
5 TOTAL	22181712		16076	326562			22524350 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	9976610						9976610 3
4 NEW CAP REL COSTS-MVBLE EQUIP	9493967						9493967 4
5 TOTAL	19470577						19470577 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-511551	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-495	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-11460711			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-4144130			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-16322	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3		UTILIZATION REVIEW-SNF	89	28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP	4	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS	20	33
33 NON-PHYSICIAN ANESTHETIST					34
34 PHYSICIANS' ASSISTANT					
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4		ADMINISTRATIVE & GENERAL	6	37
37 OFFSET IHA LOBBYING DUES	A	-23185	NURSERY	33	38
38 BABY PHOTO INCOME	B	-5493	ADMINISTRATIVE & GENERAL	6	39
39 A&G OTHER INCOME	B	-594718	CARDIOLOGY	59	40
40 FITNESS POINTE RENTAL-CARDIAC R	B	-134784	PHYSICAL THERAPY	50	41
41 FITNESS POINTE RENTAL-PHYSICAL	B	-269028	RADIOLOGY-DIAGNOSTIC	41	42
42 PHYSICIAN RENTAL/X RAY SALES-RA	B	-12345	CARDIOLOGY	59	43
43 VARIOUS OTHER REV OFFSET	B	-48058	LABORATORY	44	44
44 PHYSICIAN RENTAL-LAB	B	-585	ADMINISTRATIVE & GENERAL	6	45
45 HOSPICE/OTHER RENTAL	B	-76030	EMPLOYEE BENEFITS	5	46
46 VARIOUS BH&W OFFSETS	B	-2572	EMERGENCY	61	47
47 OFFSET MISC ER EXPENSES	A	-17435	CLINIC	60	47.01
47.01 OTHER OP REV-DIABETES CLINIC	B	-1500	CARDIOLOGY	59	47.02
47.02 OFFSET RESEARCH COSTS HEART CTR	A	-219973	EMERGENCY	61	47.05
47.05 OFFSET RELEASED TEMP REST FUNDS	B	-100000	ADMINISTRATIVE & GENERAL	6	48
48 OFFSET BIOTERRORISM GRANT	B	-161435	ADMINISTRATIVE & GENERAL	6	49
49 MEDICAL RESTRICTED	A	-93425	CAFETERIA	12	49.01
49.01 EMPLOYEE CAFETERIA REVENUE	B	-1129077	DIETARY	11	49.03
49.03 GUEST TRAYS/CANDLELIGHT DINNERS	A	-1957	ADMINISTRATIVE & GENERAL	6	49.04
49.04 TELEPHONE SERVICE	A	-116209	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.05
49.05 TELEPHONE SERVICE	A	-10527	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.06
49.06 TELEPHONE SERVICE	A	-4715	EMPLOYEE BENEFITS	5	49.07
49.07 TELEPHONE SERVICE	A	-18807	OPERATION OF PLANT	8	49.08
49.08 TELEVISION SERVICE	A	-9611	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.09
49.09 TELEVISION SERVICE	A	-16981	EMPLOYEE BENEFITS	5	49.10
49.10 PENSION CONTRIBTN EXCESS OF EXP	A	611350	ADMINISTRATIVE & GENERAL	6	49.11
49.11 SERVICE CHGS ON CHECKING	A	-69392	OPERATING ROOM	37	49.12
49.12 SERVICE CHGS ON CHECKING	A	-3404	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.18
49.18 MOB-DEPRECIATION	A	-257734	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.19
49.19 CAPITALIZED INTEREST	A	1589	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.20
49.20 1992 MME DEPRECIATION	A	1183			

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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VERSION: 2009.08  
 11/30/2009 13:50

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.21 PAREN ASSET DEP AJE	A	-2703	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.21
49.22 PARENT ASSET DEP AJE	A	-2547	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.22
49.23 1996 TRADE-IN DEPRECIATION	A	-99	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.23
49.24 1997 TRADE-IN DEPRECIATION	A	377	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.24
49.26 1999 TRADE-IN DEPRECIATION	A	-2377	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.26
49.28 1996 ASSET LIFE ADJUSTMENT	A	6312	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.28
49.33 NON-PT CARE RELATED EXPENSES	A	1	ADMINISTRATIVE & GENERAL	6	49.33
49.36 PT CLASSES	B	-520	PHYSICAL THERAPY	50	49.36
49.37 OTHER DIETARY INCOME	B	-8500	DIETARY	11	49.37
49.38 OFFSET OTHER EP LAB INCOME	B	-1177	CARDIOLOGY	59	49.38
49.39 OFFSET OTHER INCOME PLANT	B	-2012	OPERATION OF PLANT	8	49.39
49.40 OFFSET PHYSICIAN RENTAL	B	-8226	NEONATAL INTENSIVE CARE	26.01	49.40
50 TOTAL		-18939538			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	37	OPERATING ROOM		252849	-252849	1	
2	59	CARDIOLOGY		155587	-155587	2	
3	54	ELECTROENCEPHALOGRAPHY		44153	-44153	3	
4	60	CLINIC		7958	-7958	4	
4.01	6	ADMINISTRATIVE & GENERAL		998406	-998406	4.01	
4.02	98	PHYSICIANS' PRIVATE OFFICES		155664	-155664	4.02	
4.03	6	ADMINISTRATIVE & GENERAL		110445	110445	4.03	
4.04	8	OPERATION OF PLANT		21332	21332	4.04	
4.05	37	OPERATING ROOM		492129	492129	4.05	
4.06	50	PHYSICAL THERAPY		25199	25199	4.06	
4.07	54	ELECTROENCEPHALOGRAPHY		25930	25930	4.07	
4.08	59	CARDIOLOGY		182418	182418	4.08	
4.09	60	CLINIC		46336	46336	4.09	
4.10	10	HOUSEKEEPING		1413	1413	4.10	
4.11	44	LABORATORY		2957	2957	4.11	
4.12	98	PHYSICIANS' PRIVATE OFFICES		55678	55678	4.12	
4.13	100.03	RETAIL PHARMACY		28789	28789	4.13	
4.15	8	OPERATION OF PLANT		12675	12675	4.15	
4.16	10	HOUSEKEEPING		840	840	4.16	
4.17	37	OPERATING ROOM		292402	292402	4.17	
4.18	50	PHYSICAL THERAPY		14972	14972	4.18	
4.19	44	LABORATORY		1757	1757	4.19	
4.20	54	ELECTROENCEPHALOGRAPHY		15406	15406	4.20	
4.21	59	CARDIOLOGY		108385	108385	4.21	
4.22	60	CLINIC		27531	27531	4.22	
4.23	98	PHYSICIANS' PRIVATE OFFICES		33081	33081	4.23	
4.24	100.03	RETAIL PHARMACY		17105	17105	4.24	
4.25	6	ADMINISTRATIVE & GENERAL		65622	65622	4.25	
4.27	6	ADMINISTRATIVE & GENERAL		46603	46603	4.27	
4.28	8	OPERATION OF PLANT		15743	15743	4.28	
4.29	41	RADIOLOGY-DIAGNOSTIC		78609	78609	4.29	
4.30	59	CARDIOLOGY		2311	2311	4.30	
4.31	60	CLINIC		11974	11974	4.31	
4.32	44	LABORATORY		7330	7330	4.32	
4.33	6	ADMINISTRATIVE & GENERAL			25128	-25128	4.33
4.34	3	NEW CAP REL COSTS-BLDG & FIXT		224818	224818	9 4.34	
4.35	6	ADMINISTRATIVE & GENERAL		17636570	21858231	-4221661	4.35
4.36	4	NEW CAP REL COSTS-MVBLE EQUIP		2774539		2774539	9 4.36
4.37	6	ADMINISTRATIVE & GENERAL			2833427	-2833427	4.37
4.38	8	OPERATION OF PLANT			28814	-28814	4.38
4.39	41	RADIOLOGY-DIAGNOSTIC			161859	-161859	4.39
4.40	44	LABORATORY			13271	-13271	4.40
4.41	60	CLINIC			22270	-22270	4.41
4.42	59	CARDIOLOGY			897	-897	4.42
4.43	6	ADMINISTRATIVE & GENERAL		9599		9599	4.43
4.44	8	OPERATION OF PLANT		3243		3243	4.44
4.45	41	RADIOLOGY-DIAGNOSTIC		16191		16191	4.45
4.46	44	LABORATORY		1510		1510	4.46
4.47	59	CARDIOLOGY		476		476	4.47
4.48	60	CLINIC		2466		2466	4.48
5		TOTALS		22414384	26558514	-4144130	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.

SYMBOL (1)	NAME 2	PERCENT OF OWNERSHIP		NAME 4	PERCENT OF OWNERSHIP		TYPE OF BUSINESS 6	
		3			5			
1	B	100.00	CFNI			PARENT		1
2	C	40.00	CARDIOLOGY CENTER			CARDIOLOGY CENTER		2
3								3
4								4
5								5

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

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

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.08  
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	199787		199787	171400	1908	157227	7861
2	26.01	NEONATAL INTENSIVE CARE	36042	22500	13542	171400	111	9147	457
3	41	RADIOLOGY-DIAGNOSTIC	20000		20000	231100	85	9444	472
4	37	OPERATING ROOM	9794482	9494482					
5	44	LABORATORY	3334		3334	219500	22	2322	116
6	49	RESPIRATORY THERAPY	26500	26500					
7	59	CARDIOLOGY	803391	579347	224044	171400	1006	82898	4145
8	41	RADIOLOGY-DIAGNOSTIC	18300		18300	231100	92	10222	511
9	25	ADULTS & PEDIATRICS	50000		50000	171400	250	20601	1030
10	25	ADULTS & PEDIATRICS	27795	27795					
11	60	CLINIC	40835	16668	24167	171400	242	19942	997
12	54	ELECTROENCEPHALOGRAPHY	16845		16845	171400	178	14668	733
13	61	EMERGENCY	814228	719740	94448	171400	781	64357	3218
101		TOTAL	11851539	10887032	664467		4675	390828	19540

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KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2009.08  
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE				157227	42560	42560
2	26.01	NEONATAL INTENSIVE CARE	AGGREGATE				9147	4395	26895
3	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				9444	10556	10556
4	37	OPERATING ROOM	AGGREGATE						9794482
5	44	LABORATORY	AGGREGATE				2322	1012	1012
6	49	RESPIRATORY THERAPY	AGGREGATE						26500
7	59	CARDIOLOGY	AGGREGATE				82898	141146	720493
8	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				10222	8078	8078
9	25	ADULTS & PEDIATRICS	AGGREGATE				20601	29399	29399
10	25	ADULTS & PEDIATRICS	AGGREGATE						27795
11	60	CLINIC	AGGREGATE				19942	4225	20893
12	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				14668	2177	2177
13	61	EMERGENCY	AGGREGATE				64357	30091	749871
101		TOTAL					390828	273639	11460711

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 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	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	10257927	10257927							3
4 NEW CAP REL COSTS-MVBLE EQUIP	12266423		12266423						4
5 EMPLOYEE BENEFITS	35678478	37045	7261	35722784					5
6 ADMINISTRATIVE & GENERAL	36837872	2941942	558418	2987998	43326230	43326230			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	12254777	1184179	348061	1060493	14847510	2318053	17165563		8
9 LAUNDRY & LINEN SERVICE	1431687	22809			1454496	227082	64239	1745817	9
10 HOUSEKEEPING	4502501	43549	8215	862753	5417018	845727	122654	5347	10
11 DIETARY	3261016	144447	79891	501693	3987047	622474	406828	2623	11
12 CAFETERIA	1400970	137404	42651	374870	1955895	305362	386990		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1198905	23004	97083	278711	1597703	249440	64790		14
15 CENTRAL SERVICES & SUPPLY	1193169			18128	1211297	189113			15
16 PHARMACY	16021440	53282	177015	772059	17023796	2657823	150065		16
17 MEDICAL RECORDS & LIBRARY	3593942	94510	35066	847572	4571090	713657	266181		17
18 SOCIAL SERVICE	656412	27876	5234	156468	845990	132079	78511		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM- (SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	29625438	1537570	420795	6587909	38171712	5959452	4330485	720979	25
26 INTENSIVE CARE UNIT	8336870	247632	194257	1898541	10677300	1666983	697443	135324	26
26.01 NEONATAL INTENSIVE CARE	2946892	87087	90025	668765	3792769	592142	245275	15567	26.01
31 SUBPROVIDER I	4439324	229351	19596	751405	5439676	849264	645955	91925	31
33 NURSERY	2210185	24475	2150	479807	2716617	424129	68932	45406	33
34 SKILLED NURSING FACILITY									34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	20699447	439168	1998524	5310661	28447800	4441384	1236893	219784	37
39 DELIVERY ROOM & LABOR ROOM	2090599	145413	161573	464622	2862207	446859	409547	51703	39
41 RADIOLOGY-DIAGNOSTIC	12323107	478362	4747972	1769151	19318592	3016096	1347281	88852	41
44 LABORATORY	10329267	216413	229823	1233579	12009082	1874906	609514	2813	44
46 WHOLE BLOOD & PACKED RED BLOOD	3420574	12686	25516	89757	3548533	554011	35728		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3436141	54178	143101	756025	4389445	685298	152589	2421	49
50 PHYSICAL THERAPY	6907380	377820	54234	1021738	8361172	1305380	1064110	24270	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY	774581	25210	112546	139842	1052179	164270	71003	4660	54
55 MEDICAL SUPPLIES CHARGED TO PAT	33593889				33593889	5244812			55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59 CARDIOLOGY	8754506	329755	2172191	1797052	13053504	2037965	928738	94284	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1872581	51673	48848	372049	2345151	366134	145534	9894	60
61 EMERGENCY	6099882	216700	298587	1223354	7838523	1223782	610324	145611	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	2663000	41079	34842	394727	3133648	489238	115696		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTSTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	301079182	9224619	12113475	32819729	296989871	39602915	14255305	1661463	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		26991			26991	4214	76019		96
97 RESEARCH	378390	1448	142	66467	446447	69701	4078		97
98 PHYSICIANS' PRIVATE OFFICES	11985478	312209	34306	2248179	14580172	2276315	879320	147	98
100 ADVERTISING		685282			685282	106989			100
100.01 FITNESS POINTE	2672532	527714	111309	439734	3751289	585666	1486278	84207	100.01
100.02 FITNESS POINTE SPA/PRO SHOP/DIE	355113	81387	2643	64355	503498	78608	229223		100.02
100.03 RETAIL PHARMACY	3602053		4548	84320	3690921	576241			100.03
100.04 HOSPICE		83559			83559	13046	235340		100.04
100.05 RUSH RESIDENTS	80287				80287	12535			100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	320838317	10257927	12266423	35722784	320838317	43326230	17165563	1745817	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	6390746								10
11 DIETARY	276264	5295236							11
12 CAFETERIA	79215		2727462						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	7015		19501	1938449					14
15 CENTRAL SERVICES & SUPPLY					1404172				15
16 PHARMACY	25055		68097			19924836			16
17 MEDICAL RECORDS & LIBRARY	28479		136367				5715774		17
18 SOCIAL SERVICE	3508		16099					1076187	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM- (SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1965180	4133002	787052	857399			2120552	871958	25
26 INTENSIVE CARE UNIT	309813	437655	191672	208813			337231	102566	26
26.01 NEONATAL INTENSIVE CARE	46018		59256	64544			85737	25486	26.01
31 SUBPROVIDER I	200649	641364	96863	105516			205768		31
33 NURSERY	39512		48988	53365			68589	9737	33
34 SKILLED NURSING FACILITY									34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1290890		392703	427807			1508964	2499	37
39 DELIVERY ROOM & LABOR ROOM	244545	83215	47060	51261				3750	39
41 RADIOLOGY-DIAGNOSTIC	230113		153219				200052		41
44 LABORATORY	85772		143343				417252		44
46 WHOLE BLOOD & PACKED RED BLOOD			8544				17147		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	19317		73709				102884		49
50 PHYSICAL THERAPY	79458		68176				40010		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY	16461		15566						54
55 MEDICAL SUPPLIES CHARGED TO PAT					1404172				55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						19924836			56
59 CARDIOLOGY	254375		175244				97168	485	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	32396		15551						60
61 EMERGENCY	479435		155821	169744			514420	59706	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	12527		36306						71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	5725997	5295236	2712899	1938449	1404172	19924836	5715774	1076187	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97 RESEARCH	1670		6035						97
98 PHYSICIANS' PRIVATE OFFICES	234506								98
100 ADVERTISING									100
100.01 FITNESS POINTE	411035								100.01
100.02 FITNESS POINTE SPA/PRO SHOP/DIE	17538								100.02
100.03 RETAIL PHARMACY			8528						100.03
100.04 HOSPICE									100.04
100.05 RUSH RESIDENTS									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6390746	5295236	2727462	1938449	1404172	19924836	5715774	1076187	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	59917771		59917771	25
26 INTENSIVE CARE UNIT	14764800		14764800	26
26.01 NEONATAL INTENSIVE CARE	4926794		4926794	26.01
31 SUBPROVIDER I	8276980		8276980	31
33 NURSERY	3475275		3475275	33
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	37968724		37968724	37
39 DELIVERY ROOM & LABOR ROOM	4200147		4200147	39
41 RADIOLOGY-DIAGNOSTIC	24354205		24354205	41
44 LABORATORY	15142682		15142682	44
46 WHOLE BLOOD & PACKED RED BLOOD	4163963		4163963	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	5425663		5425663	49
50 PHYSICAL THERAPY	10942576		10942576	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	1324139		1324139	54
55 MEDICAL SUPPLIES CHARGED TO PAT	40242873		40242873	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	19924836		19924836	56
59 CARDIOLOGY	16641763		16641763	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2914660		2914660	60
61 EMERGENCY	11197366		11197366	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	3787415		3787415	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	289592632		289592632	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	107224		107224	96
97 RESEARCH	527931		527931	97
98 PHYSICIANS' PRIVATE OFFICES	17970460		17970460	98
100 ADVERTISING	792271		792271	100
100.01 FITNESS POINTE	6318475		6318475	100.01
100.02 FITNESS POINTE SPA/PRO SHOP/DIE	828867		828867	100.02
100.03 RETAIL PHARMACY	4275690		4275690	100.03
100.04 HOSPICE	331945		331945	100.04
100.05 RUSH RESIDENTS	92822		92822	100.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	320838317		320838317	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	LAUNDRY
	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BENEFITS		TRATIVE & GENERAL	OF PLANT	
	NEW- SQ FT	NEW- \$ VALUE	GROSS SALARIES	CILATION	ACCUM COST	SQUARE FEET	SERVICE POUNDS
	3	4	5	6A	6	8	9
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4	892729						4
5		9965448					5
6		3224	5899	141732784			6
7	256032	453668	11855113	-43326230	277512087		7
8							8
9	103057	282771	4207586		14847510	530416	9
10		1985			1454496	1985	449935
11		3790	6674	3423039	5417018	3790	1378
12		12571	64905	1990504	3987047	12571	676
13		11958	34650	1487325	1955895	11958	
14							13
15	2002	78872	1105809		1597703	2002	14
16							15
17		4637	143810	3063203	17023796	4637	16
18		8225	28488	3362806	4571090	8225	17
20		2426	4252	620797	845990	2426	18
21							20
22							21
23							22
24							23
INPATIENT ROUTINE SERV COST CENTERS							
25							24
26	133812	341861	26137927		38171712	133812	185812
26.01	21551	157818	7532608		10677300	21551	34876
31	7579	73138	2653377		3792769	7579	4012
33	19960	15920	2981259		5439676	19960	23691
34	2130	1747	1903673		2716617	2130	11702
ANCILLARY SERVICE COST CENTERS							
37							34
39	38220	1623635	21070456		28447800	38220	56643
41	12655	131265	1843424		2862207	12655	13325
44	41631	3857330	7019242		19318592	41631	22899
46	18834	186712	4894318		12009082	18834	725
46.30	1104	20730	356117		3548533	1104	
49							46
50	4715	116258	2999589		4389445	4715	624
51	32881	44061	4053824		8361172	32881	6255
52							51
54							52
55	2194	91434	554835		1052179	2194	1201
55.30					33593889		
56							54
59	28698	1764725	7129943		13053504	28698	24299
60							55
61	4497	39685	1476132		2345151	4497	2550
62	18859	242577	4853750		7838523	18859	37527
63.50							60
63.60							61
OTHER REIMBURSABLE COST CENTERS							
69.10							62
69.20							63.50
69.30							63.60
69.40							69.10
71	3575	28306	1566111		3133648	3575	69.20
85.01							69.30
85.02							69.40
85.03							71
95	802802	9841191	130214693	-43326230	253663641	440489	428195
NONREIMBURSABLE COST CENTERS							
96							85.01
97	2349				26991	2349	85.02
98	126	115	263712		446447	126	85.03
100	27171	27871	8919823		14580172	27171	
100.01							96
100.02	45926	90429	1744677		3751289	45926	21702
100.03	7083	2147	255333		503498	7083	
100.04		3695	334546		3690921		38
	7272				83559	7272	

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILLATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE
	BLDGS & FIXTURES NEW- SQ FT	MOVABLE EQUIPMENT NEW- \$ VALUE	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS
	3	4	5	6A	6	8	9
100.05 RUSH RESIDENTS					80287		100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	10257927	12266423	35722784		43326230	17165563	1745817
104 UNIT COST MULT-WS B PT I		1.230895				32.362453	
104 UNIT COST MULT-WS B PT I	11.490527		.252043		.156124		3.880154
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			60899		3847842	1748046	49518
108 UNIT COST MULT-WS B PT III						3.295613	
108 UNIT COST MULT-WS B PT III			.000430		.013865		.110056



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	TIME SPENT	PATIENT MEALS	ME FTES	NURSING HO URS	COSTED REQ	COSTED REQ	TIME SPENT	TIME SPENT
	10	11	12	14	15	16	17	18
100.05 RUSH RESIDENTS								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	6390746	5295236	2727462	1938449	1404172	19924836	5715774	1076187
104 UNIT COST MULT-WS B PT I	8.351656		15.676150		14041.720000		5715.774000	
104 UNIT COST MULT-WS B PT I		17.387254		.821030		1992.483600		4.851754
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	143374	355827	248999	175941	200599	495737	244635	59126
108 UNIT COST MULT-WS B PT III	.187366		1.431127		2005.990000		244.635000	
108 UNIT COST MULT-WS B PT III		1.168381		.074520		49.573700		.266557

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6	ADMINISTRATIVE & GENERAL	6
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
26.01	NEONATAL INTENSIVE CARE	26.01
31	SUBPROVIDER I	31
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
39	DELIVERY ROOM & LABOR ROOM	39
41	RADIOLOGY-DIAGNOSTIC	41
44	LABORATORY	44
46	WHOLE BLOOD & PACKED RED BLOO	46
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
54	ELECTROENCEPHALOGRAPHY	54
55	MEDICAL SUPPLIES CHARGED TO P	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
59	CARDIOLOGY	59
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
97	RESEARCH	97
98	PHYSICIANS' PRIVATE OFFICES	98
100	ADVERTISING	100
100.01	FITNESS POINTE	100.01
100.02	FITNESS POINTE SPA/PRO SHOP/D	100.02
100.03	RETAIL PHARMACY	100.03
100.04	HOSPICE	100.04

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

100.05	RUSH RESIDENTS	100.05
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	59917771		59917771	29399	59947170	25
26 INTENSIVE CARE UNIT	14764800		14764800		14764800	26
26.01 NEONATAL INTENSIVE CARE	4926794		4926794	4395	4931189	26.01
31 SUBPROVIDER I	8276980		8276980		8276980	31
33 NURSERY	3475275		3475275		3475275	33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	37968724		37968724		37968724	37
39 DELIVERY ROOM & LABOR ROOM	4200147		4200147		4200147	39
41 RADIOLOGY-DIAGNOSTIC	24354205		24354205	18634	24372839	41
44 LABORATORY	15142682		15142682	1012	15143694	44
46 WHOLE BLOOD & PACKED RED BL	4163963		4163963		4163963	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5425663		5425663		5425663	49
50 PHYSICAL THERAPY	10942576		10942576		10942576	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY	1324139		1324139	2177	1326316	54
55 MEDICAL SUPPLIES CHARGED TO	40242873		40242873		40242873	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	19924836		19924836		19924836	56
59 CARDIOLOGY	16641763		16641763	141146	16782909	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2914660		2914660	4225	2918885	60
61 EMERGENCY	11197366		11197366	30091	11227457	61
62 OBSERVATION BEDS (NON-DISTI	4787050		4787050		4787050	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	290592267		290592267	231079	290823346	101
102 LESS OBSERVATION BEDS	4787050		4787050		4787050	102
103 TOTAL	285805217		285805217	231079	286036296	103

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WORKSHEET C  
 PART I (CONT)

COMPUTATION OF RATIO OF COST TO CHARGES

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
			52715079			25
25 INPATIENT ROUTINE SERV COST CENTERS			52715079			26
25 ADULTS & PEDIATRICS	52715079		11813174			26.01
26 INTENSIVE CARE UNIT	11813174		7646917			31
26.01 NEONATAL INTENSIVE CARE	7646917		6134864			33
31 SUBPROVIDER I	6134864		2729304			34
33 NURSERY	2729304					
34 SKILLED NURSING FACILITY						
ANCILLARY SERVICE COST CENTERS			105087181	.361307	.361307	.361307 37
37 OPERATING ROOM	50027015	55060166	4827316	.870079	.870079	.870079 39
39 DELIVERY ROOM & LABOR ROOM	3613723	1213593	150516599	.161804	.161804	.161928 41
41 RADIOLOGY-DIAGNOSTIC	43856888	106659711	105938418	.142939	.142939	.142948 44
44 LABORATORY	50736969	55201449	7975519	.522093	.522093	.522093 46
46 WHOLE BLOOD & PACKED RED BL	6112677	1862842				46.30
46.30 BLOOD CLOTTING FACTORS ADMI			22240579	.243953	.243953	.243953 49
49 RESPIRATORY THERAPY	21059670	1180909	26889986	.406939	.406939	.406939 50
50 PHYSICAL THERAPY	15532711	11357275				51
51 OCCUPATIONAL THERAPY						52
52 SPEECH PATHOLOGY			6600632	.200608	.200608	.200938 54
54 ELECTROENCEPHALOGRAPHY	1643464	4957168	84147414	.478243	.478243	.478243 55
55 MEDICAL SUPPLIES CHARGED TO	54264800	29882614				55.30
55.30 IMPL. DEV. CHARGED TO PATIE			84050235	.237059	.237059	.237059 56
56 DRUGS CHARGED TO PATIENTS	64913732	19136503	73621394	.226045	.226045	.227962 59
59 CARDIOLOGY	36646772	36974622				
OUTPATIENT SERVICE COST CENTERS			3288568	.886301	.886301	.887585 60
60 CLINIC	141381	3147187	46065947	.243073	.243073	.243726 61
61 EMERGENCY	16855974	29209973	8243097	.580734	.580734	.580734 62
62 OBSERVATION BEDS (NON-DISTI		8243097				63.50
63.50 RHC						63.60
63.60 FOHC						
OTHER REIMBURSABLE COST CENTERS			810532223			101
101 SUBTOTAL	446445114	364087109	810532223			102
102 LESS OBSERVATION BEDS						103
103 TOTAL	446445114	364087109	810532223			

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				3585068		3585068	25
26 INTENSIVE CARE UNIT				771836		771836	26
26.01 NEONATAL INTENSIVE CARE				273741		273741	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				476835		476835	31
33 NURSERY				87091		87091	33
101 TOTAL				5194571		5194571	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	81473	43469			44.00	1912636	25
26 INTENSIVE CARE UNIT	10194	5527			75.71	418449	26
26.01 NEONATAL INTENSIVE CARE	5554				49.29		26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	12513	11123			38.11	423898	31
33 NURSERY	5479				15.90		33
101 TOTAL	115213	60119				2754983	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0125) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	--- OLD CAPITAL ---		--- NEW CAPITAL ---		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3308474	105087181	23977379			.031483	754880	37
39 DELIVERY ROOM & LABOR ROOM		413002	4827316	9151			.085555	783	39
41 RADIOLOGY-DIAGNOSTIC		6393165	150516599	23945343			.042475	1017078	41
44 LABORATORY		815358	105938418	26908843			.007697	207117	44
46 WHOLE BLOOD & PACKED RED BLOO		92707	7975519	3418060			.011624	39732	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		317076	22240579	13223403			.014257	188526	49
50 PHYSICAL THERAPY		685268	26889986	4885763			.025484	124509	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY		246032	6600632	951951			.037274	35483	54
55 MEDICAL SUPPLIES CHARGED TO P		666378	84147414	33923671			.007919	268642	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		495737	84050235	32947045			.005898	194322	56
59 CARDIOLOGY		2994448	73621394	24821387			.040674	1009585	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		190974	3288568	58837			.058072	3417	60
61 EMERGENCY		767101	46065947	9719447			.016652	161848	61
62 OBSERVATION BEDS (NON-DISTINC		286285	8243097				.034730		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		17672005	729492885	198790280				4005922	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					81473		43469	25
26	INTENSIVE CARE UNIT					10194		5527	26
26.01	NEONATAL INTENSIVE CARE					5554			26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					12513		11123	31
33	NURSERY					5479			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					115213		60119	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (15-0125)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 PQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0125) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105087181			23977379		14861001 37
39 DELIVERY ROOM & LABOR ROOM		4827316			9151		39
41 RADIOLOGY-DIAGNOSTIC		150516599			23945343		37558107 41
44 LABORATORY		105938418			26908843		2506411 44
46 WHOLE BLOOD & PACKED RED BLOO		7975519			3418060		628494 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		22240579			13223403		443746 49
50 PHYSICAL THERAPY		26889986			4885763		130713 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		6600632			951951		1365363 54
55 MEDICAL SUPPLIES CHARGED TO P		84147414			33923671		14788739 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		84050235			32947045		6829131 56
59 CARDIOLOGY		73621394			24821387		20703886 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3288568			58837		1301970 60
61 EMERGENCY		46065947			9719447		5686186 61
62 OBSERVATION BEDS (NON-DISTINC		8243097					3164002 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		729492885			198790280		109967749 101

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.08  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0125) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TBPRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIOLOGY						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0125) [ ] SNF  
 APPLICABLE [XX] TITLE XVIIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.361307	.361307	.361307			37
39 DELIVERY ROOM & LABOR ROOM	.870079	.870079	.870079			39
41 RADIOLOGY-DIAGNOSTIC	.161804	.161804	.161804			41
44 LABORATORY	.142939	.142939	.142939			44
46 WHOLE BLOOD & PACKED RED BLOOD	.522093	.522093	.522093			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.243953	.243953	.243953			49
50 PHYSICAL THERAPY	.406939	.406939	.406939			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY	.200608	.200608	.200608			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.478243	.478243	.478243			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.237059	.237059	.237059			56
59 CARDIOLOGY	.226045	.226045	.226045			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.886301	.886301	.886301			60
61 EMERGENCY	.243073	.243073	.243073			61
62 OBSERVATION BEDS (NON-DISTINCT	.580734	.580734	.580734			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.237059	1
2 PROGRAM VACCINE CHARGES	491	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	116	3
3.01 PROGRAM COSTS		3.01

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KPMG LLP COMPU-MAX MICRO SYSTEM  
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 11/30/2009 13:50

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0125) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		14861001						37
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC		37558107						41
44 LABORATORY		2506411						44
46 WHOLE BLOOD & PACKED RED BLOOD		628494						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		443746						49
50 PHYSICAL THERAPY		130713						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		1365363						54
55 MEDICAL SUPPLIES CHARGED TO PA		14788739						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		6829131	100					56
59 CARDIOLOGY		20703886						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1301970						60
61 EMERGENCY		5686186						61
62 OBSERVATION BEDS (NON-DISTINCT		3164002						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		109967749	100					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		109967749	100					104

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KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK  TITLE V - O/P  HOSPITAL (15-0125)  SNF  
 APPLICABLE  TITLE XVIII-PT B  SUB I  NF  
 BOXES  TITLE XIX - O/P  SUB II  S/B-SNF  
 SUB III  S/B-NF  
 SUB IV  ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		5369384					37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC		6077052					41
44 LABORATORY		358264					44
46 WHOLE BLOOD & PACKED RED BLOOD		328132					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		108253					49
50 PHYSICAL THERAPY		53192					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		273903					54
55 MEDICAL SUPPLIES CHARGED TO PAT		7072611					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		1618907	24				56
59 CARDIOLOGY		4680010					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1153937					60
61 EMERGENCY		1382158					61
62 OBSERVATION BEDS (NON-DISTINCT		1837444					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		30313247	24				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		30313247	24				104

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T125) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	INPATIENT PROGRAM CHARGES	RATIO OF CAPITAL COSTS		CAPITAL COSTS	CAPITAL COSTS
	RELATED COST	RELATED COST		TOTAL CHARGES	OLD CAPITAL COSTS		
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3308474	105087181	91100		.031483	2868 37
39 DELIVERY ROOM & LABOR ROOM		413002	4827316			.085555	39
41 RADIOLOGY-DIAGNOSTIC		6393165	150516599	700179		.042475	29740 41
44 LABORATORY		815358	105938418	1423779		.007697	10959 44
46 WHOLE BLOOD & PACKED RED BLOO		92707	7975519	81013		.011624	942 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		317076	22240579	483305		.014257	6890 49
50 PHYSICAL THERAPY		685268	26889986	7313498		.025484	186377 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		246032	6600632	124299		.037274	4633 54
55 MEDICAL SUPPLIES CHARGED TO P		666378	84147414	723517		.007919	5730 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		495737	84050235	2995130		.005898	17665 56
59 CARDIOLOGY		2994448	73621394	310079		.040674	12612 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		190974	3288568	1287		.058072	75 60
61 EMERGENCY		767101	46065947			.016652	61
62 OBSERVATION BEDS (NON-DISTINC		286285	8243097			.034730	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		17672005	729492885	14247186			278491 101

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL  SUB IV  PPS  
 APPLICABLE  TITLE XVIII-PT A  SUB I (15-TL25)  SNF  TEFRA  
 BOXES  TITLE XIX  SUB II  NF  
 SUB III  ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 PQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T125) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ]  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105087181			91100		37
39 DELIVERY ROOM & LABOR ROOM		4827316					39
41 RADIOLOGY-DIAGNOSTIC		150516599			700179		41
44 LABORATORY		105938418			1423779		44
46 WHOLE BLOOD & PACKED RED BLOO		7975519			81013		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		22240579			483305		49
50 PHYSICAL THERAPY		26889986			7313498		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		6600632			124299		54
55 MEDICAL SUPPLIES CHARGED TO P		84147414			723517		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		84050235			2995130		56
59 CARDIOLOGY		73621394			310079		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3288568			1287		60
61 EMERGENCY		46065947					61
62 OBSERVATION BEDS (NON-DISTINC		8243097					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		729492885			14247186		101

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KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	SUB I (15-T125)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				3585068		3585068	25
26 INTENSIVE CARE UNIT				771836		771836	26
26.01 NEONATAL INTENSIVE CARE				273741		273741	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				476835		476835	31
33 NURSERY				87091		87091	33
101 TOTAL				5194571		5194571	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	81473	1477			44.00	64988	25
26 INTENSIVE CARE UNIT	10194	252			75.71	19079	26
26.01 NEONATAL INTENSIVE CARE	5554	616			49.29	30363	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	12513	41			38.11	1563	31
33 NURSERY	5479	453			15.90	7203	33
101 TOTAL	115213	2839				123196	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0125) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	RATIO OF		CAPITAL COSTS	CAPITAL COSTS
	CAPITAL RELATED COST	CAPITAL RELATED COST			COST TO CHARGES	RATIO OF COST TO CHARGES		
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3308474	105087181	620834		.031483	19546	37
39 DELIVERY ROOM & LABOR ROOM		413002	4827316	135001		.085555	11550	39
41 RADIOLOGY-DIAGNOSTIC		6393165	150516599	1065049		.042475	45238	41
44 LABORATORY		815358	105938418	1308267		.007697	10070	44
46 WHOLE BLOOD & PACKED RED BLOO		92707	7975519	56143		.011624	653	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		317076	22240579	295933		.014257	4219	49
50 PHYSICAL THERAPY		685268	26889986	181700		.025484	4630	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		246032	6600632	31697		.037274	1181	54
55 MEDICAL SUPPLIES CHARGED TO P		666378	84147414	372306		.007919	2948	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		495737	84050235	1521961		.005898	8977	56
59 CARDIOLOGY		2994448	73621394	455685		.040674	18535	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		190974	3288568			.058072		60
61 EMERGENCY		767101	46065947	270112		.016652	4498	61
62 OBSERVATION BEDS (NON-DISTINC		286285	8243097			.034730		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		17672005	729492885	6314688			132045	101

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT					
	COST	COST	AMOUNT	COSTS	DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					81473		1477	25
26 INTENSIVE CARE UNIT					10194		252	26
26.01 NEONATAL INTENSIVE CARE					5554		616	26.01
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					12513		41	31
33 NURSERY					5479		453	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					115213		2839	101

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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 11/30/2009 13:50

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (15-0125)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

OUTPATIENT

COST CENTER DESCRIPTION	NONPHYSICIAN	NONPHYSICIAN	MEDICAL	N/A	N/A	N/A	TOTAL COSTS
	ANESTHETIST	ANESTHETIST	EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL (15-0125)  SUB IV  PPS  
 APPLICABLE  TITLE XVIII-PT A  SUB I  SNF  TEFRA  
 BOXES  TITLE XIX  SUB II  NF  OTHER  
 SUB III  ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105087181			620834		37
39 DELIVERY ROOM & LABOR ROOM		4827316			135001		39
41 RADIOLOGY-DIAGNOSTIC		150516599			1065049		41
44 LABORATORY		105938418			1308267		44
46 WHOLE BLOOD & PACKED RED BLOO		7975519			56143		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		22240579			295933		49
50 PHYSICAL THERAPY		26889986			181700		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		6600632			31697		54
55 MEDICAL SUPPLIES CHARGED TO P		84147414			372306		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		84050235			1521961		56
59 CARDIOLOGY		73621394			455685		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3288568					60
61 EMERGENCY		46065947			270112		61
62 OBSERVATION BEDS (NON-DISTINC		8243097					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		729492885			6314688		101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL (15-0125)  SUB IV  PPS  
 APPLICABLE  TITLE XVIII-PT A  SUB I  SNF  TEFRA  
 BOXES  TITLE XIX  SUB II  NF  OTHER  
 SUB III  ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIOLOGY						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-T125) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3308474	105087181				.031483		37
39 DELIVERY ROOM & LABOR ROOM		413002	4827316				.085555		39
41 RADIOLOGY-DIAGNOSTIC		6393165	150516599	5495			.042475	233	41
44 LABORATORY		815358	105938418	8335			.007697	64	44
46 WHOLE BLOOD & PACKED RED BLOO		92707	7975519	337			.011624	4	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		317076	22240579	9000			.014257	128	49
50 PHYSICAL THERAPY		685268	26889986	25155			.025484	641	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY		246032	6600632				.037274		54
55 MEDICAL SUPPLIES CHARGED TO P		666378	84147414	6296			.007919	50	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		495737	84050235	18437			.005898	109	56
59 CARDIOLOGY		2994448	73621394	830			.040674	34	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		190974	3288568				.058072		60
61 EMERGENCY		767101	46065947				.016652		61
62 OBSERVATION BEDS (NON-DISTINC		286285	8243097				.034730		62
63.50 RHC									63.50
63.60 FGHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		17672005	729492885	73885					1263 101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-T125) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105087181					37
39 DELIVERY ROOM & LABOR ROOM		4827316					39
41 RADIOLOGY-DIAGNOSTIC		150516599			5495		41
44 LABORATORY		105938418			8335		44
46 WHOLE BLOOD & PACKED RED BLOO		7975519			337		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		22240579			9000		49
50 PHYSICAL THERAPY		26889986			25155		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		6600632					54
55 MEDICAL SUPPLIES CHARGED TO P		84147414			6296		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		84050235			18437		56
59 CARDIOLOGY		73621394			830		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3288568					60
61 EMERGENCY		46065947					61
62 OBSERVATION BEDS (NON-DISTINC		8243097					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		729492885			73885		101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (15-0125)	(PPS) (15-T125)	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	81473	12513					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	81473	12513					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19422	1524					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62051	10989					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	43469	11123					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		1317					14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	59947170	8276980					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	59947170	8276980					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	50000000	5447659					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8365795	646362					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	41634205	4801297					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.198943	1.519365					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	430.74	424.12					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	670.97	436.92					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	59947170	8276980					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	735.79	661.47				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31984056	7357531				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31984056	7357531				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	14764800	10194	1448.38	5527	8005196	43
43.01 NEONATAL INTENSIVE CARE	4931189	5554	887.86			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	55698659	4639012				48
49 TOTAL PROGRAM INPATIENT COSTS	95687911	11996543				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2331085	423898				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4005922	278491				51
52 TOTAL PROGRAM EXCLUDABLE COST	6337007	702389				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	89350904	11294154				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	6506	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	735.79	84
85 OBSERVATION BED COST	4787050	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
 ROUTINE COST (FROM LINE 27)

	COST 1	COST 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		59947170		4787050		86
87 NEW CAPITAL-RELATED COST	3585068	59947170	.059804	4787050	286285	87
88 NON PHYSICIAN ANESTHETIST		59947170		4787050		88
89 MEDICAL EDUCATION		59947170		4787050		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF
	(PPS) (15-0125)	(PPS) (15-T125)				
	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	81473	12513				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	81473	12513				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19422	1524				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62051	10989				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1477	41				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	5479					15
16 TITLE V OR XIX NURSERY DAYS	453					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	59947170	8276980					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	59947170	8276980					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	50000000	5447659					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8365795	646362					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	41634205	4801297					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.198943	1.519365					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	430.74	424.12					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	670.97	436.92					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	59947170	8276980					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	735.79	661.47					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1086762	27120					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1086762	27120					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)	3475275	5479	634.29	453	287333		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	14764800	10194	1448.38	252	364992		43
43.01	NEONATAL INTENSIVE CARE	4931189	5554	887.86	616	546922		43.01
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1591625	22261					48
49	TOTAL PROGRAM INPATIENT COSTS	3877634	49381					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	121633	1563					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	132045	1263					51
52	TOTAL PROGRAM EXCLUDABLE COST	253678	2826					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	3623956	46555					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1				
54 PROGRAM DISCHARGES			4			54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/30/2009 13:50

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/30/2009 13:50

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (15-0125) (15-T125)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	6506	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	735.79	84
85 OBSERVATION BED COST	4787050	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
 ROUTINE COST (FROM LINE 27)

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		59947170		4787050		86
87 NEW CAPITAL-RELATED COST	3585068	59947170	.059804	4787050	286285	87
88 NON PHYSICIAN ANESTHETIST		59947170		4787050		88
89 MEDICAL EDUCATION		59947170		4787050		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (15-0125) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		31831447		25
26 INTENSIVE CARE UNIT		7477785		26
26.01 NEONATAL INTENSIVE CARE				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.361307	23977379	8663195	37
39 DELIVERY ROOM & LABOR ROOM	.870079	9151	7962	39
41 RADIOLOGY-DIAGNOSTIC	.161928	23945343	3877422	41
44 LABORATORY	.142948	26908843	3846565	44
46 WHOLE BLOOD & PACKED RED BLOOD	.522093	3418060	1784545	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.243953	13223403	3225889	49
50 PHYSICAL THERAPY	.406939	4885763	1988208	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.200938	951951	191283	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.478243	33923671	16223758	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.237059	32947045	7810394	56
59 CARDIOLOGY	.227962	24821387	5658333	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.887585	58837	52223	60
61 EMERGENCY	.243726	9719447	2368882	61
62 OBSERVATION BEDS (NON-DISTINCT	.580734			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		198790280	55698659	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		198790280		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-T125)	<input type="checkbox"/> NF	<input type="checkbox"/> TERRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NEONATAL INTENSIVE CARE				26.01
31 SUBPROVIDER I		5774215		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.361307	91100	32915	37
39 DELIVERY ROOM & LABOR ROOM	.870079			39
41 RADIOLOGY-DIAGNOSTIC	.161928	700179	113379	41
44 LABORATORY	.142948	1423779	203526	44
46 WHOLE BLOOD & PACKED RED BLOOD	.522093	81013	42296	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.243953	483305	117904	49
50 PHYSICAL THERAPY	.406939	7313498	2976148	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.200938	124299	24976	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.478243	723517	346017	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.237059	2995130	710023	56
59 CARDIOLOGY	.227962	310079	70686	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.887585	1287	1142	60
61 EMERGENCY	.243726			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.580734			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		14247186	4639012	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		14247186		103



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-T125)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NEONATAL INTENSIVE CARE				26.01
31 SUBPROVIDER I		19985		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.361307			37
39 DELIVERY ROOM & LABOR ROOM	.870079			39
41 RADIOLOGY-DIAGNOSTIC	.161928	5495	890	41
44 LABORATORY	.142948	8335	1191	44
46 WHOLE BLOOD & PACKED RED BLOOD	.522093	337	176	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.243953	9000	2196	49
50 PHYSICAL THERAPY	.406939	25155	10237	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.200938			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.478243	6296	3011	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.237059	18437	4371	56
59 CARDIOLOGY	.227962	830	189	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.887585			60
61 EMERGENCY	.243726			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.580734			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		73885	22261	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		73885		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET B  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0125)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1						1
1.01	18269122					1.01
OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						
OCTOBER 1 AND BEFORE JANUARY 1						
1.02	36538245					1.02
OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1						
MANAGED CARE PATIENTS						
1.03						1.03
PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						
1.04						1.04
PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						
1.05						1.05
PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						
1.06						1.06
ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						
1.07						1.07
PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001						
THROUGH SEPTEMBER 30, 2001						
1.08						1.08
SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER						
APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						
2						2
OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						
2.01	1970138					2.01
OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997						
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3						3
BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD						
3.01	342.87					3.01
NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						
3.02						3.02
INDIRECT MEDICAL EDUCATION PERCENTAGE						
3.03						3.03
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3.04						3.04
FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE						
MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						
3.05						3.05
FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH						
MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW						
PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						
3.06						3.06
ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS						
FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION						
1886(d)(5)(B)(viii)						
[ FOR CR PERIODS ENDING ]						
[ ON OR AFTER 7/1/2005 ]						
[E-3,PT.VI,LN.15][PLUS LN.3.06]						
3.07						3.07
SUM OF LINES 3.04-3.06						
3.08	0.00					3.08
FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN						
THE CURRENT YEAR FROM YOUR RECORDS						
3.09						3.09
FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE						
PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						
3.10						3.10
FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE						
PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						
3.11						3.11
FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						
3.12						3.12
FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						
3.13						3.13
FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						
3.14						3.14
CURRENT YEAR ALLOWABLE FTE						
3.15						3.15
TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE						
BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						
3.16						3.16
TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF						
THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997,						
OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS						
PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						
RES. IN						
INIT YRS						
3.17	0.00					3.17
SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE						
NUMBER OF THOSE LINES IN EXCESS OF ZERO						

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0125)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	77662765					6
7						7
7.01						7.01
8	77662765					8
9	6411018					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	84073783					16
17	69515					17
18	84004268					18
19	6726600					19
20	326222					20
21	1131188					21
21.01	791832					21.01
21.02	475895					21.02
22	77743278					22

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0125)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	SEQUESTRATION PER PSR					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	77743278				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	76677580				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1065698				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1291658				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0125) 1	HOSPITAL (15-0125) 1.01	HOSPITAL (15-0125) 1.02	
1 MEDICAL AND OTHER SERVICES	140			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	30313247			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	29960979			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	140			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	591			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	591			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(B)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	591			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	451			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	140			17
17.01 TOTAL PPS PAYMENTS	29960979			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0125) 1	HOSPITAL (15-0125) 1.01	HOSPITAL (15-0125) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	20		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	7156496		18.01
19 SUBTOTAL	22804603		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	22804603		23
24 PRIMARY PAYER PAYMENTS	7212		24
25 SUBTOTAL	22797391		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1049622		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	734735		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	558377		27.02
28 SUBTOTAL	23532126		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO LOSS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	23532126		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	23163568		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	368558		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-T125)	SUB I (15-T125)	SUB I (15-T125)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-T125) 1	SUB I (15-T125) 1.01	SUB I (15-T125) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18				18.01
18.01				
				19
19				20
20				21
21				22
22				23
23				24
24				25
25				
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
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 IN LIEU OF FORM CMS-2552-96 (11/98)

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (15-0125)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		76189145		22797447
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		492996		433228
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01	03/16/2009	116838	03/26/2009	97018
TO .02				
PROVIDER .03				
PROVIDER .04				
TO .05				
PROGRAM .50	02/09/2009	121399	02/09/2009	164125
TO .51				
PROVIDER .52				
PROVIDER .53				
PROGRAM .54				
SUBTOTAL .99		-4561		-67107
4 TOTAL INTERIM PAYMENTS		76677580		23163568
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				
TO .02		NONE		NONE
PROVIDER .03				
PROVIDER .50				
TO .51		NONE		NONE
PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01		1065698		368558
PROVIDER TO .02				
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		77743278		23532126

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (15-T125)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14618992		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	TO .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		14618992		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	TO .50			5.50
	PROVIDER .51	NONE	NONE	5.51
	TO .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-64835		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		14554157		7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-TL25)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03		14379567				1.03
1.04		0.0083				1.04
1.05		103475				1.05
1.06		162622				1.06
1.07		14645664				1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40		34.282192				1.40
1.41						1.41
1.42						1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL					4
5		14645664				5
6	PRIMARY PAYER PAYMENTS					6
7		17536				7
8	SUBTOTAL					8
9		14628128				9
10	DEDUCTIBLES					10
11		53996				11
11.01	SUBTOTAL					11.01
11.02		14574132				11.02
12	COINSURANCE					12
13		31410				13
	SUBTOTAL					
		14542722				
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
		16335				
	REDUCED REIMBURSABLE BAD DEBTS					
		11435				
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					
		7549				
	SUBTOTAL					
		14554157				
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					

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WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-T125)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	14554157				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	14618992				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-64835				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

	HOSPITAL (15-0125) (PPS)	SUB I (15-T125) (PPS)	SUB II	SUB III	SUB IV	NF I	
1	1	1	1	1	1	1	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

[ ]	TITLE V	[ ]	TITLE XVIII	[XX] TITLE XIX			
		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF I
		(15-0125)	(15-T125)				
		(PPS)	(PPS)				
		1	1	1	1	1	1

	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
34	EXCESS OF REASONABLE COST	34
35	SUBTOTAL	35
36	COINSURANCE	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,	37
38	REIMBURSABLE BAD DEBTS	38
38.01	REDUCED REIMBURSABLE BAD DEBTS	38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	38.02
39	UTILIZATION REVIEW	39
40	SUBTOTAL	40
41	INPATIENT ROUTINE SERVICE COST	41
42	MEDICARE INPATIENT ROUTINE CHARGES	42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE	43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	44
45	RATIO OF LINE 43 TO LINE 44	45
46	TOTAL CUSTOMARY CHARGES	46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION	49
50	REMOVE IP COSTS	50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS	51
52	SUBTOTAL	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT	53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	55
56	SEQUESTRATION ADJUSTMENT	56
57	INTERIM PAYMENTS	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	57.01
58	BALANCE DUE PROVIDER/PROGRAM	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)	59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	21588192	346911		1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	84301438	72578		4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-34126180			6
7 INVENTORY	6334278			7
8 PREPAID EXPENSES	4206525			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS	881835			10
11 TOTAL CURRENT ASSETS	83186088	419489		11
<b>FIXED ASSETS</b>				
12 LAND	1940035			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	5998331			13
13.01 ACCUMULATED DEPRECIATION	-4005625			13.01
14 BUILDINGS	231072476			14
14.01 ACCUMULATED DEPRECIATION	-141811689			14.01
15 LEASEHOLD IMPROVEMENTS	1138228			15
15.01 ACCUMULATED AMORTIZATION	-386828			15.01
16 FIXED EQUIPMENT	41724075			16
16.01 ACCUMULATED DEPRECIATION	-3218230			16.01
17 AUTOMOBILES AND TRUCKS	474444			17
17.01 ACCUMULATED DEPRECIATION	-457637			17.01
18 MAJOR MOVABLE EQUIPMENT	116129118			18
18.01 ACCUMULATED DEPRECIATION	-78548656			18.01
19 MINOR EQUIPMENT DEPRECIABLE	131029			19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE	5736			20
21 TOTAL FIXED ASSETS	170184807			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	2494366			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS				25
26 TOTAL OTHER ASSETS	2494366			26
27 TOTAL ASSETS	255865261	419489		27
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
28 ACCOUNTS PAYABLE	7904722			28
29 SALARIES, WAGES & FEES PAYABLE	21591359			29
30 PAYROLL TAXES PAYABLE	1985328			30
31 NOTES & LOANS PAYABLE (SHORT TERM)	640462			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	22138560			35
36 TOTAL CURRENT LIABILITIES	54260431			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	44069264			41
42 TOTAL LONG TERM LIABILITIES	44069264			42
43 TOTAL LIABILITIES	98329695			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	157535566			44
45 SPECIFIC PURPOSE FUND BALANCE		419489		45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	157535566	419489		51
52 TOTAL LIABILITIES AND FUND BALANCES	255865261	419489		52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	130308874	798104		1
2 NET INCOME (LOSS)	29636404			2
3 TOTAL	159945278	798104		3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 ENDOWMENT FUND				5
6 TRANSFER FROM PARENT	27707109			6
7 RELEASED ASSETS	12188			7
8				8
9				9
10 TOTAL ADDITIONS	27719297			10
11 SUBTOTAL	187664575	798104		11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 MINIMUM PENSION LIABILITY				13
14 TRANSFER SMMC	1169			14
15 TRANSFER TO RIDGEWOOD ARTS	80000			15
16 MINIMUM LIABILITY PENSION	30047840			16
17 NET ASSETS RELEASED FROM RESTRICTN		378615		17
18 TOTAL DEDUCTIONS	30129009	378615		18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	157535566	419489		19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	52715079		52715079	1
2 SUBPROVIDER I	6134864		6134864	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	58849943		58849943	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	11578097		11578097	10
10.01 NEONATAL INTENSIVE CARE	7646897		7646897	10.01
11 CORONARY CARE UNIT				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	19224994		19224994	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	78074937		78074937	16
17 ANCILLARY SERVICES	368133786		368133786	17
18 OUTPATIENT SERVICES		326547407	326547407	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		5603365	5603365	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 EMERGENCY		29297201	29297201	24
24.01 PHYSICIAN OFFICES		20449647	20449647	24.01
24.02 OBSERVATION		8478193	8478193	24.02
25 TOTAL PATIENT REVENUES	446208723	390375813	836584536	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		339777855	26
27 BAD DEBTS	12764933		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		12764933	33
34 CDC/CCC EXPENSES	-16735986		34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-16735986		39
40 TOTAL OPERATING EXPENSES		335806802	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	836584536	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	483758621	2
3	NET PATIENT REVENUES	352825915	3
4	LESS - TOTAL OPERATING EXPENSES	335806802	4
5	NET INCOME FROM SERVICE TO PATIENTS	17019113	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	3216	6
7	INCOME FROM INVESTMENTS	511551	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	8957	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1129077	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	3966331	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, CANTEN		20
21	RENTAL OF VENDING MACHINES	36032	21
22	RENTAL OF HOSPITAL SPACE	898046	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	501271	24
24.01	REVENUE-CLASSES	82599	24.01
24.02	ASSETS RELEASED FROM RESTRICTION	698802	24.02
24.03	FITNESS REVENUE	3606312	24.03
24.04	JV INCOME	1522599	24.04
25	TOTAL OTHER INCOME	12964793	25
26	TOTAL	29983906	26
27	LOSS ON SALE OF ASSETS	347502	27
28			28
29			29
30	TOTAL OTHER EXPENSES	347502	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	29636404	31

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7487

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDG & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION						4
6 ADMINISTRATIVE AND GENERAL	532197		13806		82885	628888 5
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE	863472					863472 6
9 PHYSICAL THERAPY	1965			748363		750328 7
10 OCCUPATIONAL THERAPY				174384		174384 8
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES	2088					2088 10
13 HOME HEALTH AIDE	68332					68332 11
14 SUPPLIES					90574	90574 12
15 DRUGS						
16 COST OF ADMINISTERING VACCINES						13.20 13
17 DME						
18 HHA NONREIMBURSABLE SERVICES						13.20 14
19 HOME DIALYSIS AIDE SERVICES						
20 RESPIRATORY THERAPY						15
21 PRIVATE DUTY NURSING	98057				3703	101760 17
22 CLINIC						16
23 HEALTH PROMOTION ACTIVITIES						18
24 DAY CARE PROGRAM						19
25 HOME DELIVERED MEALS PROGRAM						20
26 HOMEMAKER SERVICE						21
27 ALL OTHERS						22
28 TELEMEDICINE						23
29 TOTAL	1566111		13806	922747	177162	2679826 24



COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7487

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL	TOTAL 6	
	0	1	2	3	4		5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDG & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION									4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	612062					612062	612062		5
6 SKILLED NURSING CARE	863472					863472	257553	1121025	6
7 PHYSICAL THERAPY	750328					750328	224120	974448	7
8 OCCUPATIONAL THERAPY	174384					174384	52015	226399	8
9 SPEECH PATHOLOGY									9
10 MEDICAL SOCIAL SERVICES	2088					2088	623	2711	10
11 HOME HEALTH AIDE	68332					68332	20382	88714	11
12 SUPPLIES	90574					90574	27016	117590	12
13 DRUGS									13
13.20 COST OF ADMINISTERING VACCINES									13.20
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING	101760					101760	30353	132113	17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
23.50 TELEMEDICINE									23.50
24 TOTAL	2663000					2663000		2663000	24

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7487

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDG & FIXT						2
3	CAPITAL RELATED-MOVABLE EQUIP						3
4	PLANT OPERATION & MAINTENANCE						4
5	TRANSPORTATION						5
6	ADMINISTRATIVE AND GENERAL				-612062	2051992	6
7	HHA REIMBURSABLE SERVICES					863472	7
8	SKILLED NURSING CARE					751382	8
9	PHYSICAL THERAPY				1054	174384	9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY					2088	11
12	MEDICAL SOCIAL SERVICES					68332	12
13	HOME HEALTH AIDE					90574	13
14	SUPPLIES						13.20
15	DRUGS						14
16	COST OF ADMINISTERING VACCINES						15
17	DME						16
18	HHA NONREIMBURSABLE SERVICES						17
19	HOME DIALYSIS AIDE SERVICES						18
20	RESPIRATORY THERAPY						19
21	PRIVATE DUTY NURSING					101760	20
22	CLINIC						21
23	HEALTH PROMOTION ACTIVITIES						22
24	DAY CARE PROGRAM						23
25	HOME DELIVERED MEALS PROGRAM						23.50
26	HOMEMAKER SERVICE						24
27	ALL OTHERS						25
28	TELEMEDICINE						26
29	TOTAL				-611008	2051992	24
30	COST TO BE ALLOC (PER W/S H)					612062	25
31	UNIT COST MULTIPLIER					.298277	26







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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7487

WORKSHEET H-5  
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		708656		708656			1
2 SKILLED NURSING CARE		1296045		1296045	298319	1594364	2
3 PHYSICAL THERAPY		1126583		1126583	259312	1385895	3
4 OCCUPATIONAL THERAPY		261745		261745	60247	321992	4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES		3134		3134	721	3855	6
7 HOME HEALTH AIDE		102564		102564	23608	126172	7
8 SUPPLIES		135949		135949	31292	167241	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING		152739		152739	35157	187896	13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		3787415		3787415	708656	3787415	20
21 UNIT COST MULTIPLIER					.230176		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7487

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES OLD- SQ FT	OLD CAP MOVABLE EQUIPMENT OLD- \$ VALUE	NEW CAP BLDGS & FIXTURES NEW- SQ FT	NEW CAP MOVABLE EQUIPMENT NEW- \$ VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
	1	2	3	4	5		6	7	
1 ADMINISTRATIVE AND GENERAL			3575	28306	1566111		470648		1
2 SKILLED NURSING CARE							1121025		2
3 PHYSICAL THERAPY							974448		3
4 OCCUPATIONAL THERAPY							226399		4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES							2711		6
7 HOME HEALTH AIDE							88714		7
8 SUPPLIES							117590		8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING							132113		13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			3575	28306	1566111		3133648		20
21 TOTAL COST TO BE ALLOCATED			41079	34842	394727		489238		21
22 UNIT COST MULTIPLIER			11.490629		.252043		.156124		22
22 UNIT COST MULTIPLIER				1.230905					22





APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7487

WORKSHEET H-6  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	1594364		1594364	18380	86.74	1
2	PHYSICAL THERAPY	3	1385895		1385895	12641	109.63	2
3	OCCUPATIONAL THERAPY	4	321992		321992	2884	111.65	3
4	SPEECH PATHOLOGY	5				10		4
5	MEDICAL SOCIAL SERV	6	3855		3855	36	107.08	5
6	HOME HEALTH AIDE SERV	7	126172		126172	3777	33.41	6
7	TOTAL		3432278		3432278	37728		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	2960					8
9	PHYSICAL THERAPY	2960					9
10	OCCUPATIONAL THERAPY	2960					10
11	SPEECH PATHOLOGY	2960					11
12	MEDICAL SOCIAL SERV	2960					12
13	HOME HEALTH AIDE SERV	2960					13
14	TOTAL						14

  

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	167241		167241	249992	.668985	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

  

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4		2960	17
18	PER BENEFICIARY COST LIMITATION		2960	18
19	PER BENEFICIARY COST LIMITATION			19



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7487

WORKSHEET H-6  
 PARTS II & III

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
		1	2	3	4	
1	PHYSICAL THERAPY	50	.406939		COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51			COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.478243		COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS	56	.237059		COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I COL. 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
			PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98		PROGRAM VISITS ON OR AFTER 1/1/99
	1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	109.63					1
2	OCCUPATIONAL THERAPY	3	111.65					2
3	SPEECH PATHOLOGY	4						3
4	TOTAL							4

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 15-7487

WORKSHEET H-7  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ X ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	----- PART B -----		1
	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
	PART A	2	3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
3 TOTAL CHARGES			3
CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			4
5 AMOUNT 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(B)			5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			6
7 TOTAL CUSTOMARY CHARGES			7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			8
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			9
PRIMARY PAYOR PAYMENTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A	PART B	
	SERVICES	SERVICES	
	1	2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3194904	1476162	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	12468	43262	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	7078	6448	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	19741	12451	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2020	12998	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	3236211	1551321	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	3236211	1551321	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	3236211	1551321	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3236211	1551321	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	3236211	1551321	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	3236211	1551321	24
25 TOTAL INTERIM PAYMENTS	3236211	1551321	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/30/2009 13:50

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 15-7487

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3236211		1551321
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3236211		1551321
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3236211		1551321

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0125)	HOSPITAL (15-0125)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	6091671				2
3					3
3.01	111621				3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5	0.0280				5
5.01	0.1378				5.01
5.02	0.1658				5.02
5.03	0.0341				5.03
5.04	207726				5.04
6	6411018				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (15-0125)	HOSPITAL (15-0125)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17