



Medicare

National Government Services, Inc.
P.O. Box 7191
Indianapolis, Indiana 46207-7191
A CMS Contracted Agent

Exhibit 03

Mr. Charles L Shetler
CFO
Bedford Regional Medical Center
2900 W. 16th St.
Bedford, IN 47421

Provider Name: Bedford Regional Medical Center
Provider Number(s): 15-1328, 15-Z328, 15-7086
Reporting Period: January 1, 2007 to December 31, 2007

We have reviewed the provider(s) Medicare cost report for the cost reporting period stated above.

Preparation of the cost report and compliance with Medicare laws, regulations, and instructions are the responsibility of the provider(s) management.

We have performed a review of the cost report. The attached Medicare cost report has been adjusted, where required, for items of noncompliance discovered during our review, which are listed in the attached adjustment report.

This report is intended for the information of the provider and the Centers for Medicare & Medicaid Services. This restriction is not intended to limit distribution of this report, which is a matter of public record, unless otherwise restricted by applicable laws.

Jonathan Smith – Senior Audit & Reimbursement

MAY 27 2009

Notice of Program Reimbursement Date

Audit Adjustment Report
 Date Prepared: 5/13/2009
 Data File: C:\Temp\HFS\D0_151328_12312007.mca
 Fiscal Year: 01/01/2007 To 12/31/2007
 Provider Name: BEDFORD REGIONAL MEDICAL CENTER
 Provider No: 151328

Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 1 Ref: 1

WPR:
 Completed cost reporting forms and pages in accordance with current regulations.
 42 CFR section 412ff and 413ff CMS PUB. 15-II Section 3600

Adjustment No. 2 Ref: 2

WPR:
 Corrected mathematical and flow through errors in cost reporting forms and pages as necessary.
 42 CFR section 412ff and 413ff CMS PUB. 15-II Section 3600

Adjustment No. 3 Ref: 6

WPR: C-27
 Inpatient Part A Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

S-3, Part I, Line 1.00 ADULTS & PEDIATRICS 4.00 I/P DAYS O/P VISITS/TRIPS TITLE XVIII	3,205	2	3,207	Replace
S-3, Part I, Line 3.00 ADULTS & PED-SB SNF 4.00 I/P DAYS O/P VISITS/TRIPS TITLE XVIII	343	6	349	Replace
S-3, Part I, Line 6.00 INTENSIVE CARE UNIT 4.00 I/P DAYS O/P VISITS/TRIPS TITLE XVIII	710	1	711	Replace
S-3, Part I, Line 27.00 AMBULANCE TRIPS 4.00 I/P DAYS O/P VISITS/TRIPS TITLE XVIII	914	4	918	Replace

Adjustment No. 4 Ref: 7

WPR: C-27
 Inpatient Part A Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

S-3, Part I, Line 1.00 ADULTS & PEDIATRICS 13.00 DISCHARGES TITLE XVIII	888	3	891	Replace
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Adjustment No. 5 Ref: 19

WPR: C-27
 [14020] Part A Visits Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

S-3, Part I, Line 18.00 HOME HEALTH AGENCY 4.00 I/P DAYS O/P VISITS/TRIPS TITLE XVIII	5,657	906	6,563	Replace
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	Previous Value	Difference	New Value	Action
Adjustment No. 6 Ref: 26				
WPR: C-27				
Full Episodes W/O Outlier Ref: 42CFR 412.110/413.20				
CMS PUB. 15-1 Sec. 2408.4				
S-4, Home Health Agency 1, Line 21.00 Skilled Nursing Visits 1.00 FULL EPISODES W/OUT OUTLIERS	2,367	375	2,742	Replace
S-4, Home Health Agency 1, Line 22.00 Skilled Nursing Visit 1.00 FULL EPISODES W/OUT OUTLIERS	401,876	64,001	465,877	Replace
S-4, Home Health Agency 1, Line 23.00 Physical Therapy Visit 1.00 FULL EPISODES W/OUT OUTLIERS	1,486	331	1,817	Replace
S-4, Home Health Agency 1, Line 24.00 Physical Therapy Visit 1.00 FULL EPISODES W/OUT OUTLIERS	254,573	57,022	311,595	Replace
S-4, Home Health Agency 1, Line 25.00 Occupational Therapy V 1.00 FULL EPISODES W/OUT OUTLIERS	371	65	436	Replace
S-4, Home Health Agency 1, Line 26.00 Occupational Therapy V 1.00 FULL EPISODES W/OUT OUTLIERS	65,526	11,580	77,106	Replace
S-4, Home Health Agency 1, Line 29.00 Medical Social Service 1.00 FULL EPISODES W/OUT OUTLIERS	66	16	82	Replace
S-4, Home Health Agency 1, Line 30.00 Medical Social Service 1.00 FULL EPISODES W/OUT OUTLIERS	18,076	4,409	22,485	Replace
S-4, Home Health Agency 1, Line 31.00 Home Health Aide Visit 1.00 FULL EPISODES W/OUT OUTLIERS	802	89	891	Replace
S-4, Home Health Agency 1, Line 32.00 Home Health Aide Visit 1.00 FULL EPISODES W/OUT OUTLIERS	84,048	9,380	93,428	Replace
S-4, Home Health Agency 1, Line 34.00 Other Charges 1.00 FULL EPISODES W/OUT OUTLIERS	11,673	-11,673	0	Replace
S-4, Home Health Agency 1, Line 36.00 Total Number of Episod 1.00 FULL EPISODES W/OUT OUTLIERS	231	34	265	Replace
S-4, Home Health Agency 1, Line 38.00 Total Non-Routine Medi 1.00 FULL EPISODES W/OUT OUTLIERS	21,663	16,829	38,492	Replace

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 MCRIF32

	Previous Value	Difference	New Value	Action
Adjustment No. 7 Ref: 27				
WPR: C-27 [ALL] Unknown Report Type Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
S-4, Home Health Agency 1, Line 2.00 Unduplicated Census Co 2.00 TITLE XVIII	167.00	28.00	195.00	Replace
S-4, Home Health Agency 1, Line 22.00 Skilled Nursing Visit 2.00 FULL EPISODES WITH OUTLIERS	32,227	-1	32,226	Replace
S-4, Home Health Agency 1, Line 34.00 Other Charges 2.00 FULL EPISODES WITH OUTLIERS	310	-310	0	Replace
S-4, Home Health Agency 1, Line 38.00 Total Non-Routine Medi 2.00 FULL EPISODES WITH OUTLIERS	410	309	719	Replace

Adjustment No. 8 Ref: 28				
WPR: C-27 LUPA Episodes W/O Outlier Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
S-4, Home Health Agency 1, Line 21.00 Skilled Nursing Visits 3.00 LUPA EPISODES	33	13	46	Replace
S-4, Home Health Agency 1, Line 22.00 Skilled Nursing Visit 3.00 LUPA EPISODES	5,632	2,219	7,851	Replace
S-4, Home Health Agency 1, Line 24.00 Physical Therapy Visit 3.00 LUPA EPISODES	344	1	345	Replace
S-4, Home Health Agency 1, Line 34.00 Other Charges 3.00 LUPA EPISODES	98	-98	0	Replace
S-4, Home Health Agency 1, Line 36.00 Total Number of Episod 3.00 LUPA EPISODES	13	6	19	Replace
S-4, Home Health Agency 1, Line 38.00 Total Non-Routine Medi 3.00 LUPA EPISODES	210	167	377	Replace

Adjustment No. 9 Ref: 29				
WPR: C-27 PEP Only Episodes W/ Outlier Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
S-4, Home Health Agency 1, Line 21.00 Skilled Nursing Visits 4.00 PEP ONLY EPISODES	39	7	46	Replace
S-4, Home Health Agency 1, Line 22.00 Skilled Nursing Visit 4.00 PEP ONLY EPISODES	6,656	1,195	7,851	Replace

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 MCRIF32

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Adjustment No. 9 Ref: 29				
WPR: C-27				
PEP Only Episodes W/ Outlier Ref: 42CFR 412.110/413.20				
CMS PUB. 15-1 Sec. 2408.4				
S-4, Home Health Agency 1, Line 23.00 Physical Therapy Visit 4.00 PEP ONLY EPISODES	26	4	30	Replace
S-4, Home Health Agency 1, Line 24.00 Physical Therapy Visit 4.00 PEP ONLY EPISODES	4,479	689	5,168	Replace
S-4, Home Health Agency 1, Line 25.00 Occupational Therapy V 4.00 PEP ONLY EPISODES	22	2	24	Replace
S-4, Home Health Agency 1, Line 26.00 Occupational Therapy V 4.00 PEP ONLY EPISODES	3,920	356	4,276	Replace
S-4, Home Health Agency 1, Line 31.00 Home Health Aide Visit 4.00 PEP ONLY EPISODES	11	4	15	Replace
S-4, Home Health Agency 1, Line 32.00 Home Health Aide Visit 4.00 PEP ONLY EPISODES	1,159	422	1,581	Replace
S-4, Home Health Agency 1, Line 34.00 Other Charges 4.00 PEP ONLY EPISODES	96	-96	0	Replace
S-4, Home Health Agency 1, Line 36.00 Total Number of Episod 4.00 PEP ONLY EPISODES	4	1	5	Replace
S-4, Home Health Agency 1, Line 38.00 Total Non-Routine Medi 4.00 PEP ONLY EPISODES	335	114	449	Replace

Adjustment No. 10 Ref: 33				
WPR: C-14d				
To reclass asthma expense and remove the asthma revenue from cost center 60 in accordance with Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2105				
A-6, Code [K], Line 60.00 4.00 INCREASE SALARY	0	0	0	Replace
7.00 DECREASE LINE NUMBER	0.00		60.00	Replace
9.00 DECREASE NON SALARY	0	497	497	Replace
A-6, Code [K], Line 98.00 3.00 INCREASE LINE NUMBER	0.00		98.00	Replace
4.00 INCREASE SALARY	0	0	0	Replace
5.00 INCREASE NON SALARY	0	497	497	Replace

	Previous Value	Difference	New Value	Action
Adjustment No. 11 Ref: 37				
WPR: C-14d				
The provider has directly assigned overhead costs to the Physician Office building. We have reclassified the expense to the overhead cost center and set up the applicable stat for appropriate step down in accordance with CMS 15-I, Sections 2307.A, 2302, 2313.1 and 42 CFR Section 413.24(a)-(d)(7)				
A-6, Code [L], Line 5.00				
3.00 INCREASE LINE NUMBER	0.00		5.00	Replace
4.00 INCREASE SALARY	0	0	0	Replace
5.00 INCREASE NON SALARY	0	1,122,075	1,122,075	Replace
A-6, Code [L], Line 98.00				
4.00 INCREASE SALARY	0	0	0	Replace
7.00 DECREASE LINE NUMBER	0.00		98.00	Replace
9.00 DECREASE NON SALARY	0	1,122,075	1,122,075	Replace

Adjustment No. 12 Ref: 44				
WPR: C-26				
To adjust Home Office allowable to the submitted Home Office Cost Statement in accordance with CMS 15-I Section 1000				
A-8-1, Part A, See detail, Line 3.00	3.00			
4.00 AMOUNT ALLOWABLE IN COST	86,945	-980	85,965	Replace
A-8-1, Part A, See detail, Line 4.00	4.00			
4.00 AMOUNT ALLOWABLE IN COST	1,543,018	-17,384	1,525,634	Replace
A-8-1, Part A, See detail, Line 4.01	4.01			
4.00 AMOUNT ALLOWABLE IN COST	43,640	-492	43,148	Replace
A-8-1, Part A, See detail, Line 4.02	4.02			
4.00 AMOUNT ALLOWABLE IN COST	7,130	-80	7,050	Replace
A-8-1, Part A, See detail, Line 4.03	4.03			
4.00 AMOUNT ALLOWABLE IN COST	355	-4	351	Replace
A-8-1, Part A, See detail, Line 4.04	4.04			
4.00 AMOUNT ALLOWABLE IN COST	3,693	-42	3,651	Replace
A-8-1, Part A, See detail, Line 4.05	4.05			
4.00 AMOUNT ALLOWABLE IN COST	4,564	-51	4,513	Replace
A-8-1, Part A, See detail, Line 4.06	4.06			
4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace

	Previous Value	Difference	New Value	Action
Adjustment No. 12 Ref: 44				
WPR: C-26 To adjust Home Office allowable to the submitted Home Office Cost Statement in accordance with CMS 15-I Section 1000				
A-8-1, Part A, See detail, Line 4.07 4.07 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace
A-8-1, Part A, See detail, Line 4.08 4.08 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace
A-8-1, Part A, See detail, Line 4.09 4.09 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace
A-8-1, Part A, See detail, Line 4.10 4.10 4.00 AMOUNT ALLOWABLE IN COST	6,264	-71	6,193	Replace
A-8-1, Part A, See detail, Line 4.11 4.11 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace
A-8-1, Part A, See detail, Line 4.12 4.12 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace
A-8-1, Part A, See detail, Line 4.13 4.13 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace
A-8-1, Part A, See detail, Line 4.14 4.14 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace
A-8-1, Part A, See detail, Line 4.15 4.15 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace
A-8-1, Part A, See detail, Line 4.17 4.17 4.00 AMOUNT ALLOWABLE IN COST	1,791	-20	1,771	Replace
A-8-1, Part A, See detail, Line 4.18 4.18 4.00 AMOUNT ALLOWABLE IN COST	250	-3	247	Replace

Adjustment No. 13 Ref: 39				
WPR: C-14d To set up PBP on A-8-2 in accordance with Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2802				
A-8-2, See detail, Line 3.00 1.00 WORKSHEET A LINE NUMBER	0.00	60.00	60.00	Replace
3.00 TOTAL REMUNERATION	0	224,076	224,076	Replace
4.00 PROFESSIONAL COMPONENT	0	224,076	224,076	Replace

	Previous Value	Difference	New Value	Action
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Adjustment No. 14 Ref: 34

WPR: C-14d

To remove dietary revenue from clinic charges & offset the revenue against dietary in accordance with Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2105

	Previous Value	Difference	New Value	Action
A-8, See detail, Line 49.00				
0.00 DESCRIPTION	OTHER ADJUSTMENTS		DIETARY REVENUE OFFSET	Replace
1.00 BASIS FOR ADJUSTMENT			B	Replace
2.00 AMOUNT	0	-5,547	-5,547	Replace
4.00 LINE NUMBER	0.00		11.00	Replace

Adjustment No. 15 Ref: 35

WPR: C-14d

To remove diabetes revenue from clinic charges & offset revenue against diabetes in accordance with Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2105

	Previous Value	Difference	New Value	Action
A-8, See detail, Line 45.00				
0.00 DESCRIPTION	OTHER ADJUSTMENTS		DIABETES REVENUE OFFSET	Replace
1.00 BASIS FOR ADJUSTMENT			B	Replace
2.00 AMOUNT	0	-36,320	-36,320	Replace
4.00 LINE NUMBER	0.00		11.00	Replace

Adjustment No. 16 Ref: 30

WPR: C-14a

We will change stat heading from hours of service to square feet for our statistic calculation.

To change B-1 statistics for column 10 as there are inaccurate costs to allocate. Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2304 & 2306.

	Previous Value	Difference	New Value	Action
B-1, Line 11.00 DIETARY				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	780	5,501	6,281	Replace
B-1, Line 12.00 CAFETERIA				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	520	-520	0	Replace
B-1, Line 14.00 NURSING ADMINISTRATION				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	364	4,148	4,512	Replace
B-1, Line 15.00 CENTRAL SERVICES & SUPPLY				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	260	1,681	1,941	Replace
B-1, Line 16.00 PHARMACY				

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Health Financial Systems
 MCRIF32

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Adjustment No. 16 Ref: 30				
WPR: C-14a				
We will change stat heading from hours of service to square feet for our statistic calculation.				
To change B-1 statistics for column 10 as there are inaccurate costs to allocate. Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2304 & 2306.				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	624	1,474	2,098	Replace
B-1, Line 17.00 MEDICAL RECORDS & LIBRARY				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	260	5,484	5,744	Replace
B-1, Line 25.00 ADULTS & PEDIATRICS				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	8,034	10,607	18,641	Replace
B-1, Line 26.00 INTENSIVE CARE UNIT				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	1,456	2,530	3,986	Replace
B-1, Line 37.00 OPERATING ROOM				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	416	14,821	15,237	Replace
B-1, Line 41.00 RADIOLOGY-DIAGNOSTIC				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	624	11,504	12,128	Replace
B-1, Line 43.00 RADIOISOTOPE				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	286	-286	0	Replace
B-1, Line 44.00 LABORATORY				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	702	4,895	5,597	Replace
B-1, Line 49.00 RESPIRATORY THERAPY				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	390	5,047	5,437	Replace
B-1, Line 50.00 PHYSICAL THERAPY				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	260	3,611	3,871	Replace
B-1, Line 53.00 ELECTROCARDIOLOGY				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	0	2,332	2,332	Replace
B-1, Line 60.00 CLINIC				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	3,536	-882	2,654	Replace
B-1, Line 61.00 EMERGENCY				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	1,560	2,614	4,174	Replace
B-1, Line 65.00 AMBULANCE SERVICES				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	728	5,080	5,808	Replace
B-1, Line 71.00 HOME HEALTH AGENCY				

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Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 16 Ref: 30

WPR: C-14a

We will change stat heading from hours of service to square feet for our statistic calculation.

To change B-1 statistics for column 10 as there are inaccurate costs to allocate.

Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2304 & 2306.

10.00 HOUSEKEEPING (HOURS OF SERVICE)	520	2,261	2,781	Replace
B-1, Line 96.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	156	726	882	Replace
B-1, Line 98.00 PHYSICIANS' PRIVATE OFFICES				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	0	47,824	47,824	Replace
See Also Ref. # 37				
B-1, Line 100.00 OTHER NONREIMBURSABLE COST CENTERS				
10.00 HOUSEKEEPING (HOURS OF SERVICE)	0	183	183	Replace

Adjustment No. 17 Ref: 31

WPR: C-14b

We will change stat heading from time spent to total charges for our statistic calculation.

To change B-1 statistics for column 17 as there are inaccurate costs to allocate.

Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2304 & 2306.

B-1, Line 25.00 ADULTS & PEDIATRICS				
17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	12,428	8,363,752	8,376,180	Replace
B-1, Line 26.00 INTENSIVE CARE UNIT				
17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	728	1,788,623	1,789,351	Replace
B-1, Line 37.00 OPERATING ROOM				
17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	5,720	10,117,277	10,122,997	Replace
B-1, Line 41.00 RADIOLOGY-DIAGNOSTIC				
17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	21,896,305	21,896,305	Replace
B-1, Line 43.00 RADIOISOTOPE				
17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	1,504,442	1,504,442	Replace
B-1, Line 44.00 LABORATORY				
17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	18,753,351	18,753,351	Replace
B-1, Line 49.00 RESPIRATORY THERAPY				
17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	2,270,043	2,270,043	Replace

	Previous Value	Difference	New Value	Action
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Adjustment No. 17 Ref: 31

WPR: C-14b

We will change stat heading from time spent to total charges for our statistic calculation.

To change B-1 statistics for column 17 as there are inaccurate costs to allocate.
 Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2304 & 2306.

B-1, Line 50.00 PHYSICAL THERAPY 17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	3,260,154	3,260,154	Replace
B-1, Line 53.00 ELECTROCARDIOLOGY 17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	3,894,065	3,894,065	Replace
B-1, Line 55.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	9,198,303	9,198,303	Replace
B-1, Line 56.00 DRUGS CHARGED TO PATIENTS 17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	16,872,631	16,872,631	Replace
B-1, Line 60.00 CLINIC 17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	10,608	317,198	327,806	Replace
B-1, Line 61.00 EMERGENCY 17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	2,080	4,267,142	4,269,222	Replace
B-1, Line 65.00 AMBULANCE SERVICES 17.00 MEDICAL RECORDS & LIBRARY (TIME SPENT)	0	1,417,907	1,417,907	Replace

Adjustment No. 18 Ref: 32

WPR: C-14a

We will not change stat heading from pound of laundry, since there is no alternative to use for this stat.

To change B-1 statistics for column 9 as there are inaccurate costs to allocate.
 Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2304 & 2306.

B-1, Line 1.00 OLD CAP REL COSTS-BLDG & FIXT 9.00 LAUNDRY & LINEN SERVICE (POUNDS OF LAUN N/A FOR MEMO ADJ.				Memo
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Adjustment No. 19 Ref: 36				
WPR: C-14d The property state statistics related to the clinic in accordance with Ref: 42 CFR 413.24; CMS Pub. 15-I Section 2304				
B-1, Line 60.00 CLINIC				
9.00 LAUNDRY & LINEN SERVICE (POUNDS OF LAUN	2,017	-2,017	0	Replace
12.00 CAFETERIA (FTES)	0	603	603	Replace

Adjustment No. 20 Ref: 37				
WPR: C-14d The provider has directly assigned overhead costs to the Physician Office building. We have reclassified the expense to the overhead cost center and set up the applicable stat for appropriate step down in accordance with CMS 15-I, Sections 2307.A, 2302, 2313.1 and 42 CFR Section 413.24(a)-(d)(7)				
B-1, Line 98.00 PHYSICIANS' PRIVATE OFFICES				
5.00 EMPLOYEE BENEFITS (GROSS SALARIES)	0	5,704,429	5,704,429	Replace
10.00 HOUSEKEEPING (HOURS OF SERVICE) See Also Ref. # 30	47,824	0	47,824	Replace

Adjustment No. 21 Ref: 33				
WPR: C-14d To reclass asthma expense and remove the asthma revenue from cost center 60 in accordance with Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2105				
C, Part I, Line 60.00				
7.00 OUTPATIENT CHARGES See Also Ref. # 34, 35 and 46	742,194	-3,813	738,381	Add

Adjustment No. 22 Ref: 34				
WPR: C-14d To remove dietary revenue from clinic charges & offset the revenue against dietary in accordance with Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2105				
C, Part I, Line 60.00 CLINIC				
7.00 OUTPATIENT CHARGES See Also Ref. # 33, 35 and 46	738,381	-5,547	732,834	Add

Audit Adjustment Report
 Date Prepared: 5/13/2009
 Data File: C:\TempHFS\D0_151328_12312007.mca
 Fiscal Year: 01/01/2007 To 12/31/2007
 Provider Name: BEDFORD REGIONAL MEDICAL CENTER
 Provider No: 151328

Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 23 Ref: 35

WPR: C-14d
 To remove diabetes revenue from clinic charges &
 offset revenue against diabetes in accordance with
 Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2105

C, Part I, Line 60.00 CLINIC 7.00 OUTPATIENT CHARGES See Also Ref.# 33, 34 and 46	732,834	-36,320	696,514	Add
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Adjustment No. 24 Ref: 46

WPR: C-14d
 To exclude physician revenue in accordance with
 Ref: 42 CFR 413.24; CMS Pub. 15-I, Section 2108

C, Part I, Line 60.00 CLINIC 7.00 OUTPATIENT CHARGES See Also Ref.# 33, 34 and 35	696,514	-368,708	327,806	Add
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Adjustment No. 25 Ref: 10

WPR: C-27
 Critical Access Hospital Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

D, Part V, Title XVIII, Hospital, Line 37.00 OPERATING ROOM 5.00 All Other	2,384,285	7,974	2,392,259	Replace
D, Part V, Title XVIII, Hospital, Line 41.00 RADIOLOGY-DIAGNOSTIC 5.00 All Other	6,462,370	15,972	6,478,342	Replace
D, Part V, Title XVIII, Hospital, Line 44.00 LABORATORY 5.00 All Other	5,574,147	17,044	5,591,191	Replace
D, Part V, Title XVIII, Hospital, Line 49.00 RESPIRATORY THERAPY 5.00 All Other	181,281	1,210	182,491	Replace
D, Part V, Title XVIII, Hospital, Line 50.00 PHYSICAL THERAPY 5.00 All Other	627,104	-89	627,015	Replace
D, Part V, Title XVIII, Hospital, Line 53.00 ELECTROCARDIOLOGY 5.00 All Other	1,508,526	5,164	1,513,690	Replace
D, Part V, Title XVIII, Hospital, Line 55.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 5.00 All Other	1,609,946	5,610	1,615,556	Replace
D, Part V, Title XVIII, Hospital, Line 56.00 DRUGS CHARGED TO PATIENTS 5.00 All Other	3,414,767	3,595	3,418,362	Replace
D, Part V, Title XVIII, Hospital, Line 60.00 CLINIC 5.00 All Other	150,804	1,133	151,937	Replace

Audit Adjustment Report
 Date Prepared: 5/13/2009
 Data File: C:\TempHFS\D0_151328_12312007.mca
 Fiscal Year: 01/01/2007 To 12/31/2007
 Provider Name: BEDFORD REGIONAL MEDICAL CENTER
 Provider No: 151328

Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
Adjustment No. 25 Ref: 10				
WPR: C-27 Critical Access Hospital Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
D, Part V, Title XVIII, Hospital, Line 61.00 EMERGENCY 5.00 All Other	1,089,894	1,457	1,091,351	Replace
D, Part V, Title XVIII, Hospital, Line 62.00 OBSERVATION BEDS (NON-DISTINCT PART) 5.00 All Other	858,906	2,590	861,496	Replace
Adjustment No. 26 Ref: 13				
WPR: C-27 CAH - Vaccine Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
D, Part VI, Title XVIII, Hospital, Line 2.00 Program vaccine charge 1.00 VACCINE COST APPORTIONMENT	58,950	1,110	60,060	Replace
Adjustment No. 27 Ref: 17				
WPR: C-27 Swing Bed Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
D-1, Title XVIII, Hospital, Line 10.00 Swing-bed SNF-type inp 1.00 INPATIENT DAYS	343	6	349	Replace
Adjustment No. 28 Ref: 4				
WPR: C-27 Inpatient Part A Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
D-4, Title XVIII, Hospital, Line 25.00 ADULTS & PEDIATRICS 2.00 INPATIENT PROGRAM CHARGES	3,176,632	2,008	3,178,640	Replace
D-4, Title XVIII, Hospital, Line 26.00 INTENSIVE CARE UNIT 2.00 INPATIENT PROGRAM CHARGES	1,196,350	3,370	1,199,720	Replace
D-4, Title XVIII, Hospital, Line 41.00 RADIOLOGY-DIAGNOSTIC 2.00 INPATIENT PROGRAM CHARGES	1,107,589	2,088	1,109,677	Replace
D-4, Title XVIII, Hospital, Line 43.00 RADIOISOTOPE 2.00 INPATIENT PROGRAM CHARGES	50,109	4,794	54,903	Replace
D-4, Title XVIII, Hospital, Line 44.00 LABORATORY 2.00 INPATIENT PROGRAM CHARGES	1,936,478	8,847	1,945,325	Replace
D-4, Title XVIII, Hospital, Line 49.00 RESPIRATORY THERAPY 2.00 INPATIENT PROGRAM CHARGES	778,147	2,037	780,184	Replace

Audit Adjustment Report
 Date Prepared: 5/13/2009
 Data File: C:\TempHFS\D0_151328_12312007.mca
 Fiscal Year: 01/01/2007 To 12/31/2007
 Provider Name: BEDFORD REGIONAL MEDICAL CENTER
 Provider No: 151328

Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
Adjustment No. 28 Ref: 4				
WPR: C-27 Inpatient Part A Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
D-4, Title XVIII, Hospital, Line 50.00 PHYSICAL THERAPY 2.00 INPATIENT PROGRAM CHARGES	192,240	0	192,240	Replace
D-4, Title XVIII, Hospital, Line 53.00 ELECTROCARDIOLOGY 2.00 INPATIENT PROGRAM CHARGES	534,852	5,694	540,546	Replace
D-4, Title XVIII, Hospital, Line 55.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 2.00 INPATIENT PROGRAM CHARGES	2,200,018	2,736	2,202,754	Replace
D-4, Title XVIII, Hospital, Line 56.00 DRUGS CHARGED TO PATIENTS 2.00 INPATIENT PROGRAM CHARGES	4,958,206	11,149	4,969,355	Replace ✓
D-4, Title XVIII, Hospital, Line 61.00 EMERGENCY 2.00 INPATIENT PROGRAM CHARGES	7,024	814	7,838	Replace
D-4, Title XVIII, Hospital, Line 62.00 OBSERVATION BEDS (NON-DISTINCT PART) 2.00 INPATIENT PROGRAM CHARGES	1,016	-1,016	0	Replace

Adjustment No. 29 Ref: 14				
WPR: C-27 Swing Bed Ref: 42CFR 412.110/413.20 CMS PUB. 15-1 Sec. 2408.4				
D-4, Title XVIII, Swing Beds - SNF, Line 43.00 RADIOISOTOPE 2.00 INPATIENT PROGRAM CHARGES	* 1,903	1	1,904	Replace
D-4, Title XVIII, Swing Beds - SNF, Line 44.00 LABORATORY 2.00 INPATIENT PROGRAM CHARGES	56,911	335	57,246	Replace
D-4, Title XVIII, Swing Beds - SNF, Line 50.00 PHYSICAL THERAPY 2.00 INPATIENT PROGRAM CHARGES	44,690	448	45,138	Replace
D-4, Title XVIII, Swing Beds - SNF, Line 53.00 ELECTROCARDIOLOGY 2.00 INPATIENT PROGRAM CHARGES	2,701	1	2,702	Replace ✓
D-4, Title XVIII, Swing Beds - SNF, Line 55.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 2.00 INPATIENT PROGRAM CHARGES	72,989	1,526	74,515	Replace
D-4, Title XVIII, Swing Beds - SNF, Line 56.00 DRUGS CHARGED TO PATIENTS 2.00 INPATIENT PROGRAM CHARGES	330,094	1,280	331,374	Replace

Audit Adjustment Report
 Date Prepared: 5/13/2009
 Data File: C:\TempHFS\D0_151328_12312007.mca
 Fiscal Year: 01/01/2007 To 12/31/2007
 Provider Name: BEDFORD REGIONAL MEDICAL CENTER
 Provider No: 151328

Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 30 Ref: 11

WPR: C-27
 Critical Access Hospital Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

E, Part B, Title XVIII, Hospital, Line 18.00 CAH Deductibles 1.00	51,452	172	51,624	Replace
E, Part B, Title XVIII, Hospital, Line 18.01 CAH Actual Billed Coin 1.00	3,812,534	17,419	3,829,953	Replace
E, Part B, Title XVIII, Hospital, Line 24.00 Primary payer payments 1.00	2,226	37	2,263	Replace

Adjustment No. 31 Ref: 45

WPR: C-22
 To adjust bad debts to audited amounts
 in accordance with CFR 413.89

E, Part B, Title XVIII, Hospital, Line 27.00 Bad debts (see instruc 1.00	583,341	-217,616	365,725	Replace
E, Part B, Title XVIII, Hospital, Line 27.02 Reimbursable bad debts 1.00	457,790	-92,065	365,725	Replace

Adjustment No. 32 Ref: 8

WPR: C-27
 Swing Bed Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

E-1, Title XVIII, Hospital, Line 1.00 INTERIM PAYMENTS PAID TO PROVIDER 2.00 PART A AMOUNT	6,094,882	0	6,094,882	Replace
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Adjustment No. 33 Ref: 9

WPR: C-27
 CAH - Vaccine Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

E-1, Title XVIII, Hospital, Line 1.00 INTERIM PAYMENTS PAID TO PROVIDER 4.00 PART B AMOUNT	2,414,948	6,321	2,421,269	Replace
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Audit Adjustment Report
 Date Prepared: 5/13/2009
 Data File: C:\TempHFS\DO_151328_12312007.mca
 Fiscal Year: 01/01/2007 To 12/31/2007
 Provider Name: BEDFORD REGIONAL MEDICAL CENTER
 Provider No: 151328

Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 34 Ref: 40

WPR: C-27e

To adjust Inpatient Lump Sums & Tentative
 payements to amounts per audit in accordance
 with CMS Pub 15-I, Section 2408.4

E-1, Title XVIII, Hospital, Line 5.01 TENTATIVE TO PROVIDER 1.00 PART A MM/DD/YYYY	00/00/00		08/14/2008	Replace
2.00 PART A AMOUNT	0	951,572	951,572	Replace

Adjustment No. 35 Ref: 41

WPR: C-27e

To adjust Outpatient Lump Sums & Tentative
 payements to amounts per audit in accordance
 with CMS Pub 15-I, Section 2408.4

E-1, Title XVIII, Hospital, Line 5.01 TENTATIVE TO PROVIDER 3.00 PART B MM/DD/YYYY	00/00/00		08/14/2008	Replace
4.00 PART B AMOUNT	0	212,050	212,050	Replace

Adjustment No. 36 Ref: 12

WPR: C-27

Swing Bed Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

E-1, Title XVIII, Swing Beds - SNF, Line 1.00 INTERIM PAYMENTS PAID TO PROVIDER 2.00 PART A AMOUNT	394,728	9,858	404,586	Replace
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Adjustment No. 37 Ref: 42

WPR: C-27e

To adjust Swing Bed Lump Sums & Tentative
 payements to amounts per audit in accordance
 with CMS Pub 15-I, Section 2408.4

E-1, Title XVIII, Swing Beds - SNF, Line 5.01 TENTATIVE TO PROVIDER 1.00 PART A MM/DD/YYYY	00/00/00		08/14/2008	Replace
2.00 PART A AMOUNT	0	77,600	77,600	Replace

Adjustment No. 38 Ref: 5

WPR: C-27

Inpatient Part A Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

E-3, Part II, Title XVIII, Hospital, Line 23.00 Coinsurance 1.00	13,888	992	14,880	Replace
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	Previous Value	Difference	New Value	Action
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Adjustment No. 39 Ref: 45

WPR: C-22

To adjust bad debts to audited amounts
 in accordance with CFR 413.89

E-3, Part II, Title XVIII, Hospital, Line 25.00 Reimbursable bad debts 1.00	87,013	-27,665	59,348	Replace
E-3, Part II, Title XVIII, Hospital, Line 25.02 Reimbursable bad debts 1.00	64,960	-5,612	59,348	Replace

Adjustment No. 40 Ref: 44

WPR: C-26

To adjust Home Office allowable to the submitted Home
 Office Cost Statement in accordance with CMS 15-I
 Section 1000

H, Title XVIII, Home Health Agency 1, Line 5.00 Administrative and Gen 9.00 ADJUSTMENTS	0	-3	-3	Replace
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Adjustment No. 41 Ref: 30

WPR: C-14a

We will change stat heading from hours of service
 to square feet for our statistic calculation.

To change B-1 statistics for column 10
 as there are inaccurate costs to allocate.

Ref: 42 CFR 413.24; CMS Pub. 15-I,
 Section 2304 & 2306.

H-5, Part II, Title XVIII, Home Health Agency 1, Line 1.00 Administrative and Gen 10.00 HOUSEKEEPING (HOURS OF SERVICE)	520	2,261	2,781	Replace
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Adjustment No. 42 Ref: 22

WPR: C-27

[14020] Part A Visits Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

H-6, Part I, Title XVIII, Home Health Agency 1, Line 1.00 SKILLED NURSING 6.00 PROGRAM VISITS PART A	1,464	268	1,732	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 2.00 PHYSICAL THERAPY 6.00 PROGRAM VISITS PART A	1,015	292	1,307	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 3.00 OCCUPATIONAL THERAPY 6.00 PROGRAM VISITS PART A	260	57	317	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 5.00 MEDICAL SOCIAL SERVICES 6.00 PROGRAM VISITS PART A	34	10	44	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 6.00 HOME HEALTH AIDE SERVICES				

Audit Adjustment Report
 Date Prepared: 5/13/2009
 Data File: C:\TempHFS\D0_151328_12312007.mca
 Fiscal Year: 01/01/2007 To 12/31/2007
 Provider Name: BEDFORD REGIONAL MEDICAL CENTER
 Provider No: 151328

Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
Adjustment No. 42 Ref: 22				
WPR: C-27				
[14020] Part A Visits Ref: 42CFR 412.110/413.20				
CMS PUB. 15-1 Sec. 2408.4				
6.00 PROGRAM VISITS PART A	237	67	304	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 15.00 COST OF MEDICAL SUPPLIES				
6.00 PROGRAM COVERED CHARGES PART A	8,745	9,153	17,898	Replace

Adjustment No. 43 Ref: 23				
WPR: C-27				
[14020] Part B Visits Ref: 42CFR 412.110/413.20				
CMS PUB. 15-1 Sec. 2408.4				
H-6, Part I, Title XVIII, Home Health Agency 1, Line 1.00 SKILLED NURSING				
7.00 PROGRAM VISITS PART B NOT SUBJECT TO DED	1,165	127	1,292	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 2.00 PHYSICAL THERAPY				
7.00 PROGRAM VISITS PART B NOT SUBJECT TO DED	601	43	644	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 3.00 OCCUPATIONAL THERAPY				
7.00 PROGRAM VISITS PART B NOT SUBJECT TO DED	148	10	158	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 5.00 MEDICAL SOCIAL SERVICES				
7.00 PROGRAM VISITS PART B NOT SUBJECT TO DED	38	6	44	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 6.00 HOME HEALTH AIDE SERVICES				
7.00 PROGRAM VISITS PART B NOT SUBJECT TO DED	695	26	721	Replace
H-6, Part I, Title XVIII, Home Health Agency 1, Line 15.00 COST OF MEDICAL SUPPLIES				
7.00 PROGRAM COVERED CHARGES PART B NOT SUB	13,873	8,266	22,139	Replace

Adjustment No. 44 Ref: 24				
WPR: C-27				
Pt A Full Episodes W/O Outlier Ref: 42CFR 412.110/413.20				
CMS PUB. 15-1 Sec. 2408.4				
H-7, Title XVIII, Home Health Agency 1, Line 10.01 Total PPS Reimbursemen				
1.00	388,393	86,482	474,875	Replace
H-7, Title XVIII, Home Health Agency 1, Line 10.03 Total PPS Reimbursemen				
1.00	1,640	453	2,093	Replace
H-7, Title XVIII, Home Health Agency 1, Line 10.04 Total PPS Reimbursemen				
1.00	887	531	1,418	Replace

Audit Adjustment Report
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 Provider No: 151328

Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 45 Ref: 25

WPR: C-27
 Pt B Full Episodes W/O Outlier Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

H-7, Title XVIII, Home Health Agency 1, Line 10.01 Total PPS Reimbursemen 2.00	264,003	20,240	284,243	Replace
H-7, Title XVIII, Home Health Agency 1, Line 10.03 Total PPS Reimbursemen 2.00	1,755	725	2,480	Replace

Adjustment No. 46 Ref: 20

WPR: C-27
 Part A Visits Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

H-8, Title XVIII, Home Health Agency 1, Line 1.00 INTERIM PAYMENTS PAID TO PROVIDER 2.00 PART A - AMOUNT	398,813	87,466	486,279	Replace
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Adjustment No. 47 Ref: 21

WPR: C-27
 Part B Visits Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

H-8, Title XVIII, Home Health Agency 1, Line 1.00 INTERIM PAYMENTS PAID TO PROVIDER 4.00 PART B - AMOUNT	287,505	20,935	308,440	Replace
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Adjustment No. 48 Ref: 43

WPR: C-27e
 To adjust HHA Lump Sums & Tentative
 payments to amounts per audit in accordance
 with CMS Pub 15-I, Section 2408.4

H-8, Title XVIII, Home Health Agency 1, Line 5.50 TENTATIVE TO PROGRAM 1.00 PART A - MM/DD/YYYY	00/00/00		08/14/2008	Replace
2.00 PART A - AMOUNT	0	30	30	Replace

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-1328	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	6/ 2/2008
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	130
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/13/2009 TIME 15:10

PART I - CERTIFICATION

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 BY 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:
 BEDFORD REGIONAL MEDICAL CENTER 15-1328
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	-199,932	-47,365	0	
3	SWING BED - SNF	0	-29,512	0	0	
7	HOSPITAL-BASED HHA	0	30	0	0	
100	TOTAL	0	-229,414	-47,365	0	

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 662 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,094,882		2,421,269
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. (1)				
ADJUSTMENTS TO PROVIDER	.01	7/ 3/2007	52,425	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	7/31/2007	9,070	
ADJUSTMENTS TO PROGRAM	.51		7/ 3/2007	14,064
ADJUSTMENTS TO PROGRAM	.52		7/31/2007	8,804
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		43,355	-22,868
4 TOTAL INTERIM PAYMENTS			6,138,237	2,398,401
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. (1)				
TENTATIVE TO PROVIDER	.01	8/14/2008	951,572	212,050
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		951,572	212,050
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	.01			
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02		199,932	47,365
BASED ON COST REPORT (1)				
TOTAL MEDICARE PROGRAM LIABILITY			6,889,877	2,563,086

NAME OF INTERMEDIARY: National Government Services, Inc.
 INTERMEDIARY NO: 00130

SIGNATURE OF AUTHORIZED PERSON: Janetha Smith

DATE: 5/19/09

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		404,586		
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. (1)				
ADJUSTMENTS TO PROVIDER .01	7/ 3/2007	888		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		888		NONE
4 TOTAL INTERIM PAYMENTS		405,474		
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. (1)				
TENTATIVE TO PROVIDER .01	8/14/2008	77,600		
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		77,600		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		29,512		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		453,562		

NAME OF INTERMEDIARY: National Government Services, Inc.
 INTERMEDIARY NO: 00130

SIGNATURE OF AUTHORIZED PERSON: Jonathan Smith

DATE: 5,19,09

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		486,279		308,440
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. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		486,279		308,440
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. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50	8/14/2008	30		
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		-30		NONE
6 DETERMINED NET SETTLEMENT		30		
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		486,279		308,440

NAME OF INTERMEDIARY: National Government Services, Inc.
 INTERMEDIARY NO: 00130

SIGNATURE OF AUTHORIZED PERSON: Jonathan Smith

DATE: 5/19/09

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.