

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2008.0  
12/01/2008 10:1

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

WORKSHEET S  
PARTS I & I

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: 12/01/2008  
TIME: 10:15

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 07/01/2007 AND ENDING 06/30/2008, 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.

ECR Encryption: 12/01/2008 10:15  
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(SIGNED) X. Jim L. Sullivan  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Chief Financial Officer  
TITLE

12/1/08  
DATE

PI Encryption: 12/01/2008 10:15  
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Idrwt080N8rQSivYMuIx8gzcmUgXrp  
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PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII	TITLE XIX
	PART A	PART B
1 HOSPITAL	2	3
2 SUBPROVIDER I	29456	-75456
3 SWING BED - SNF	-1964	
4 SWING BED - NF		
5 SKILLED NURSING FACILITY		
6 NURSING FACILITY		
7 HOME HEALTH AGENCY		
8 OUTPATIENT REHABILITATION PROVIDER		
9 HEALTH CLINIC		
100 TOTAL	27492	-75456

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 HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 901 MACARTHUR BOULEVARD  
 1.01 CITY: MUNSTER

STATE: IN

P.O. BOX:  
 ZIP CODE: 46321

COUNTY: LAKE

1  
 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	COMMUNITY 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	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: 07/01/2007	TO: 06/30/2008				17
18	TYPE OF CONTROL		1	2				18

TYPE OF HOSPITAL/SUBPROVIDER

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		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? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO					21.06
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. 15-1, 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. 15-1, 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		NO			NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

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:		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
<p>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)</p>					
28.03	STAFFING				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)	0.00		N	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
		NO	YES	NO	36.01
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:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 10100 DON POWERS DRIVE	P.O. BOX:	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	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 0 / / Y/N NO	LIMIT 2 0.00	Y/N 3 NO	FEES 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:		STATE:	ZIP CODE	CBSA		FTE/ CAMPUS		
	1		2	3	4		5		





PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/30/2008 21:28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE	TITLE	TITLE			
	V 12	XVIII 13	XIX 14	15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	9930	657	22512		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	9930	657	22512		12
13	RPCH VISITS					13
14	SUBPROVIDER I	979	5	1088		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	
1	TOTAL SALARIES	134703155		134703155	5028092.00	26.79		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	2030589		2030589	25102.00	80.89		3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	7278297		7278297	42184.00	172.54		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	391	-391					8
8.01	EXCLUDED AREA SALARIES	13358920	-160516	13198404	466921.00	28.27		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	982340		982340	12347.00	79.56	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	577924		577924	4987.00	115.89		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	9644270		9644270	257793.00	37.41		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	27619684		27619684			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2467403		2467403			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	274902		274902			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	815633		815633			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	658021	180043	838064	27746.00	30.20		21
22	ADMINISTRATIVE & GENERAL	11454474	-67709	11386765	460670.00	24.72		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	4068221		4068221	176543.00	23.04		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	3304841		3304841	234922.00	14.07		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3320349	-1493165	1827184	121679.00	15.02		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1493165	1493165	105575.00	14.14		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	978287		978287	24260.00	40.33		30
31	CENTRAL SERVICES AND SUPPLY		67709	67709	4992.00	13.56		31
32	PHARMACY	2877343		2877343	88408.00	32.55		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3276781		3276781	184170.00	17.79		33
34	SOCIAL SERVICE	572399		572399	20879.00	27.42		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	125394269		125394269	4960806.00	25.28	1
2	EXCLUDED AREA SALARIES	13359311	-160907	13198404	466921.00	28.27	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	112034958	160907	112195865	4493885.00	24.97	3
4	SUBTOTAL OTHER WAGES & REL COSTS	11204534		11204534	275127.00	40.72	4
5	SUBTOTAL WAGE-RELATED COSTS	27619684		27619684		24.62	5
6	TOTAL (SUM OF LINES 3 THRU 5)	150859176	160907	151020083	4769012.00	31.67	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	30510716	180043	30690759	1449844.00	21.17	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	22171359	17
17.01	GROSS MEDICAID REVENUES	52225397	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	74396756	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.369675	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	52225397	28
29	TOTAL GROSS MEDICAID COST	19306424	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	22171359	30
31	UNCOMPENSATED CARE COST	8196197	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	19306424	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								3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		8888648	8888648	305971	9194619	45470	9240089	3
5	0500 EMPLOYEE BENEFITS	658021	32012012	32670033	728441	9878568	2283797	12162365	4
6	0600 ADMINISTRATIVE & GENERAL	11454474	33321971	44776445	249207	32919240	527375	33446615	5
7	0700 MAINTENANCE & REPAIRS				-1557824	43218621	-8669276	34549345	6
8	0800 OPERATION OF PLANT								7
9	0900 LAUNDRY & LINEN SERVICE	4068221	7642556	11710777	430867	12141644	8019	12149663	8
10	1000 HOUSEKEEPING		1231949	1231949		1231949		1231949	9
11	1100 DIETARY	3304841	986762	4291603	-2642	4288961	2205	4291166	10
12	1200 CAFETERIA	3320349	2284489	5604838	-2617399	2987439	-11508	2975931	11
13	1300 MAINTENANCE OF PERSONNEL				2562281	2562281	-1562073	1000208	12
14	1400 NURSING ADMINISTRATION								13
15	1500 CENTRAL SERVICES & SUPPLY	978287	101405	1079692	-1346	1078346		1078346	14
16	1600 PHARMACY		1135094	1135094	67709	1202803		1202803	15
17	1700 MEDICAL RECORDS & LIBRARY	2877343	11880348	14757691	-839	14756852		14756852	16
18	1800 SOCIAL SERVICE	3276781	572937	3849718	-561	3849157	-5084	3844073	17
20	2000 NONPHYSICIAN ANESTHETISTS	572399	31668	604067		604067		604067	18
21	2100 NURSING SCHOOL								20
22	2200 I&R SERVICES-SALARY & FRINGES A								21
23	2300 I&R SERVICES-OTHER PRGM COSTS A								22
24	2400 PARAMED ED PRGM-(SPECIFY)								23
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	23912521	2983558	26896079	-123143	26772936	-45603	26727333	25
26	2600 INTENSIVE CARE UNIT	7345901	684581	8030482	39872	8070354	-3420	8066934	26
26.01	2060 NEONATAL INTENSIVE CARE	2413660	236834	2650494	12302	2662796	-27608	2635188	26.01
31	3100 SUBPROVIDER I	2693767	1385842	4079609	19527	4099136		4099136	31
33	3300 NURSERY	1706962	263330	1970292	9678	1979970	-7059	1972911	33
34	3400 SKILLED NURSING FACILITY	391		391	-391				34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	21449925	27265357	48715282	-18779496	29935786	-10485370	19450416	37
39	3900 DELIVERY ROOM & LABOR ROOM	1608445	242724	1851169	9201	1860370		1860370	39
41	4100 RADIOLOGY-DIAGNOSTIC	6900323	4733810	11634133	-81999	11552134	-117005	11435129	41
44	4400 LABORATORY	4736602	4505245	9241847	-1652	9240195	-7384	9232811	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	375032	2746141	3121173		3121173		3121173	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	2769353	462582	3231935		3231935	-1316	3230619	49
50	5000 PHYSICAL THERAPY	3755073	3076057	6831130	-3848	6827282	-212816	6614466	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY								52
54	5400 ELECTROENCEPHALOGRAPHY	505970	128516	634486		634486	-13480	621006	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				33695444	33695444		33695444	55
56	5600 DRUGS CHARGED TO PATIENTS								56
59	3140 CARDIOLOGY	6945130	17569580	24514710	-14938398	9576312	-692021	8884291	59
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	1622811	361768	1984579	-2112	1982467	3160	1985627	60
61	6100 EMERGENCY	4785420	1577630	6363050	31999	6395049	-415124	5979925	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	1328930	944638	2273568	-11348	2262220		2262220	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	125366932	178408159	303775091	39501	303814592	-19406121	284408471	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
97	9700 RESEARCH	238126	93347	331473		331473		331473	97
98	9800 PHYSICIANS' PRIVATE OFFICES	6823519	2667799	9491318	-32816	9458502	-29638	9428864	98
100	7950 ADVERTISING				464336	464336		464336	100
100.01	7951 FITNESS POINTE	1698309	1196308	2894617	-538571	2356046		2356046	100.01
100.02	7952 FITNESS POINTE SPA/PRO SHOP/DIE	247337	70452	317789		317789		317789	100.02
100.03	7953 RETAIL PHARMACY	328932	2741255	3070187		3070187	44922	3115109	100.03
100.04	7954 HOSPICE								100.04
100.05	7955 RUSH RESIDENTS				67550	67550		67550	100.05
101	TOTAL	134703155	185177320	319880475		319880475	-19390837	300489638	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			OTHER	
		COST CENTER	LINE #	SALARY		
	1	2	3	4	5	
1 OPERATING RM SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		33695444	1
2	A					2
3 NURSING FLOAT SALARIES	B	INTENSIVE CARE UNIT	26	39872		3
4	B	NURSERY	33	9678		4
5	B	NEONATAL INTENSIVE CARE	26.01	12302		5
6	B	DELIVERY ROOM & LABOR ROOM	39	9201		6
7	B	EMERGENCY	61	32954		7
8	B	SUBPROVIDER I	31	19527		8
9						9
10 STOREROOM SALARY RECLASS	C	CENTRAL SERVICES & SUPPLY	15	67709		10
11 CAFETERIA EXPENSE	D	CAFETERIA	12	1493165	1069116	11
12 INTEREST EXPENSE	E					12
13	E					13
14	E	NEW CAP REL COSTS-MVBLE EQUIP	4		722334	14
15 BUILDING INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		305971	15
16	F	NEW CAP REL COSTS-MVBLE EQUIP	4		6107	16
17 UTILITY RECLASS	G	OPERATION OF PLANT	8		430867	17
18	G					18
19	G					19
20	G					20
21	G					21
22	G					22
23	G					23
24 ADVERTISING NON-REIMBURSEABLE	H	ADVERTISING	100		464336	24
25	H					25
26	H					26
27	H					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				1684408	36694175	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 OPERATING RM SUPPLIES	A	OPERATING ROOM	37			1
2	A	CARDIOLOGY	59		18779483	2
3 NURSING FLOAT SALARIES	B	ADULTS & PEDIATRICS	25	123534	14915961	3
4	B					4
5	B					5
6	B					6
7	B					7
8	B					8
9	B					9
10 STOREROOM SALARY RECLASS	C	ADMINISTRATIVE & GENERAL	6	67709		10
11 CAFETERIA EXPENSE	D	DIETARY	11	1493165		11
12 INTEREST EXPENSE	E	ADMINISTRATIVE & GENERAL	6		633310	11 12
13	E	CARDIOLOGY	59		8589	13
14	E	RADIOLOGY-DIAGNOSTIC	41		80435	11 14
15 BUILDING INSURANCE	F	ADMINISTRATIVE & GENERAL	6		312078	12 15
16	F					12 16
17 UTILITY RECLASS	G	HOME HEALTH AGENCY	71		8455	17
18	G	ADMINISTRATIVE & GENERAL	6		103142	18
19	G	FITNESS POINTE	100.01		283471	19
20	G	PHYSICIANS' PRIVATE OFFICES	98		32816	20
21	G	HOUSEKEEPING	10		1426	21
22	G	LABORATORY	44		1535	22
23	G	PHYSICAL THERAPY	50		22	23
24 ADVERTISING NON-REIMBURSEABLE	H	EMPLOYEE BENEFITS	5		5893	24
25	H	HOME HEALTH AGENCY	71		2893	25
26	H	NURSING ADMINISTRATION	14		1346	26
27	H	ADMINISTRATIVE & GENERAL	6		374035	27
28	H	MEDICAL RECORDS & LIBRARY	17		561	28
29	H	PHYSICAL THERAPY	50		3826	29
30	H	CLINIC	60		2112	30
31	H	EMERGENCY	61		955	31
32	H	RADIOLOGY-DIAGNOSTIC	41		1564	32
33	H	DIETARY	11		55118	33
34	H	OPERATING ROOM	37		13	34
35	H	LABORATORY	44		117	35
36 SUBTOTAL				1684408	36678272	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1
			COST CENTER	LINE #	SALARY	
2			2	3	4	5
1		H				
2		H				
3		H				
4	FITNESS POINTE EMPLOYEE BENEFITS	I	EMPLOYEE BENEFITS	5	180043	75057
5	RECLASS RESIDENTS COST	K	RUSH RESIDENTS	100.05		67550
6	RECLASS TCU EXPENSES	M	ADULTS & PEDIATRICS	25	391	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	TOTAL RECLASSIFICATIONS				1864842	36836782

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
				LINE #	SALARY	OTHER	
2		1	6	7	8	9	10
3		H	HOUSEKEEPING	10		1216	1
4		H	PHARMACY	16		839	2
5		H	CARDIOLOGY	59		13848	3
6	FITNESS POINTE EMPLOYEE BENEFITS	I	FITNESS POINTE	100.01	180043	75057	4
7	RECLASS RESIDENTS COST	K	ADMINISTRATIVE & GENERAL	6		67550	5
8	RECLASS TCU EXPENSES	M	SKILLED NURSING FACILITY	34	391		6
9							7
10							8
11							9
12							10
13							11
14							12
15							13
16							14
17							15
18							16
19							17
20							18
21							19
22							20
23							21
24							22
25							23
26							24
27							25
28							26
29							27
30							28
31							29
32							30
33							31
34							32
35							33
36	TOTAL RECLASSIFICATIONS				1864842	36836782	36

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 -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
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 -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1940035					1940035	1
2 LAND IMPROVEMENTS	5369674	70145		70145		5439819	2
3 BUILDINGS AND FIXTURES	205221128	2348295		2348295		207569423	3
4 BUILDING IMPROVEMENTS	5078715	4687128		4687128		9765843	4
5 FIXED EQUIPMENT	4787669	444254		444254		5231923	5
6 MOVABLE EQUIPMENT	107058600	6158200		6158200	5272370	107944430	6
7 SUBTOTAL	329455821	13708022		13708022	5272370	337891473	7
8 RECONCILING ITEMS							8
9 TOTAL	329455821	13708022		13708022	5272370	337891473	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	229947043		229947043	.680535				3
4 NEW CAP REL COSTS-MVBLE EQUIP	107944430		107944430	.319465				4
5 TOTAL	337891473		337891473	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	8934118			305971			9240089 3
4 NEW CAP REL COSTS-MVBLE EQUIP	12156258			6107			12162365 4
5 TOTAL	21090376			312078			21402454 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	8888648						8888648 3
4 NEW CAP REL COSTS-MVBLE EQUIP	9150127						9150127 4
5 TOTAL	18038775						18038775 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	-722334	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-511	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	-11970159			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-3741309			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	-5084	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				
	A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 PHYSICIAN RENTAL-NEONATOLOGY	B	-21960	NEONATAL INTENSIVE CARE	26.01	37
38 BABY PHOTO INCOME	B	-7059	NURSERY	33	38
39 A&G OTHER INCOME	B	-540301	ADMINISTRATIVE & GENERAL	6	39
39.01 OFFSET OTHER OP REV ANEST	B	-3	OPERATING ROOM	37	39.01
40 FITNESS POINTE RENTAL-CARDIAC R	B	-134784	CARDIOLOGY	59	40
41 FITNESS POINTE RENTAL-PHYSICAL	B	-264324	PHYSICAL THERAPY	50	41
42 PHYSICIAN RENTAL/X RAY SALES-RA	B	15310	RADIOLOGY-DIAGNOSTIC	41	42
43 VARIOUS OTHER REV OFFSET	B	-49434	CARDIOLOGY	59	43
44 PHYSICIAN RENTAL-LAB	B	-490	LABORATORY	44	44
45 HOSPICE/OTHER RENTAL	B	-75277	ADMINISTRATIVE & GENERAL	6	45
46 VARIOUS EH&W OFFSETS	B	-2486	EMPLOYEE BENEFITS	5	46
47 COPY FEE REV-DIETARY	B	-47	DIETARY	11	47
47.01 OTHER OP REV-DIABETES CLINIC	B	-1116	CLINIC	60	47.01
47.02 OFFSET RELEASED TEMP REST FUNDS	B	-3420	INTENSIVE CARE UNIT	26	47.02
47.03 OFFSET RELEASED TEMP REST FUNDS	B	-24793	ADULTS & PEDIATRICS	25	47.03
47.04 OFFSET RELEASED TEMP REST FUNDS	B	-155758	CARDIOLOGY	59	47.04
47.05 OFFSET RELEASED TEMP REST FUNDS	B	-224	CLINIC	60	47.05
47.06 OFFSET RELEASED TEMP REST FUNDS	B	-453	ADMINISTRATIVE & GENERAL	6	47.06
47.07 OFFSET RELEASED TEMP REST FUNDS	B	-2198	OPERATION OF PLANT	8	47.07
47.08 OFFSET MISC ER PHYS COSTS	A	-25627	EMERGENCY	61	47.08
48 OFFSET BIORTERRORISM GRANT	B	-38194	ADMINISTRATIVE & GENERAL	6	48
49 MEDICAL RESTRICTED	A	-78960	ADMINISTRATIVE & GENERAL	6	49
49.01 EMPLOYEE CAFETERIA REVENUE	B	-1064005	CAFETERIA	12	49.01
49.02 COST OF NON-EMPLOYEE MEALS	A	-498068	CAFETERIA	12	49.02
49.03 GUEST TRAYS/CANDLELIGHT DINNERS	A	-1843	DIETARY	11	49.03
49.04 TELEPHONE SERVICE	A	-94723	ADMINISTRATIVE & GENERAL	6	49.04
49.05 TELEPHONE SERVICE	A	-6321	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.05
49.06 TELEPHONE SERVICE	A	-8646	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.06
49.07 TELEPHONE SERVICE	A	-16448	EMPLOYEE BENEFITS	5	49.07
49.08 TELEVISION SERVICE	A	-8943	OPERATION OF PLANT	8	49.08

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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
			COST CENTER 3	LINE NO. 4	
49.09 TELEVISION SERVICE	A	-2371	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.09
49.10 PENSION CONTRIBTN EXCESS OF EXP	A	779429	EMPLOYEE BENEFITS	5	9 49.10
49.11 SERVICE CHGS ON CHECKING	A	-57964	ADMINISTRATIVE & GENERAL	6	9 49.11
49.12 SERVICE CHGS ON CHECKING	A	-7403	OPERATING ROOM	37	9 49.12
49.17 FITNESS POINTE EMPLOYEE REV	B	-233120	EMPLOYEE BENEFITS	5	9 49.17
49.18 MOB-DEPRECIATION	A	-257734	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.18
49.19 CAPITALIZED INTEREST	A	-1589	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.19
49.20 1992 MME DEPRECIATION	A	1183	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.20
49.21 PARETN 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
49.25 1998 TRADE-IN DEPRECIATION	A	-218	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.25
49.26 1999 TRADE-IN DEPRECIATION	A	-4754	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	-46996	ADMINISTRATIVE & GENERAL	6	9 49.33
49.36 PT CLASSES	B	-1030	PHYSICAL THERAPY	50	9 49.36
49.37 OTHER DIETARY INCOME	B	-9618	DIETARY	11	9 49.37
50 TOTAL		-19390837			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		273564	-273564	1
2	59	CARDIOLOGY		167364	-167364	2
3	54	ELECTROENCEPHALOGRAPHY		70008	-70008	3
4	60	CLINIC		52167	-52167	4
4.01	6	ADMINISTRATIVE & GENERAL		986269	-986269	4.01
4.02	98	PHYSICIANS' PRIVATE OFFICES		103258	-103258	4.02
4.03	6	ADMINISTRATIVE & GENERAL	99490		99490	4.03
4.04	8	OPERATION OF PLANT	21359		21359	4.04
4.05	37	OPERATING ROOM	492747		492747	4.05
4.06	50	PHYSICAL THERAPY	33738		33738	4.06
4.07	54	ELECTROENCEPHALOGRAPHY	38943		38943	4.07
4.08	59	CARDIOLOGY	182647		182647	4.08
4.09	60	CLINIC	47354		47354	4.09
4.10	10	HOUSEKEEPING	1415		1415	4.10
4.11	44	LABORATORY	2961		2961	4.11
4.12	98	PHYSICIANS' PRIVATE OFFICES	47240		47240	4.12
4.13	100.03	RETAIL PHARMACY	28825		28825	4.13
4.15	8	OPERATION OF PLANT	11927		11927	4.15
4.16	10	HOUSEKEEPING	790		790	4.16
4.17	37	OPERATING ROOM	275164		275164	4.17
4.18	50	PHYSICAL THERAPY	18840		18840	4.18
4.19	44	LABORATORY	1653		1653	4.19
4.20	54	ELECTROENCEPHALOGRAPHY	21747		21747	4.20
4.21	59	CARDIOLOGY	101995		101995	4.21
4.22	60	CLINIC	26444		26444	4.22
4.23	98	PHYSICIANS' PRIVATE OFFICES	26380		26380	4.23
4.24	100.03	RETAIL PHARMACY	16097		16097	4.24
4.25	6	ADMINISTRATIVE & GENERAL	55558		55558	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		9274	-9274	4.33
4.34	3	NEW CAP REL COSTS-BLDG & FIXT	307505		307505	9 4.34
4.35	6	ADMINISTRATIVE & GENERAL	14916146	19072462	-4156316	4.35
4.36	4	NEW CAP REL COSTS-MVBLE EQUIP	3023206		3023206	9 4.36
4.37	6	ADMINISTRATIVE & GENERAL		2730118	-2730118	4.37
4.44	8	OPERATION OF PLANT		29869	-29869	4.44
4.45	41	RADIOLOGY-DIAGNOSTIC		172796	-172796	4.45
4.46	44	LABORATORY		13717	-13717	4.46
4.47	60	CLINIC		23184	-23184	4.47
5		TOTALS	19962741	23704050	-3741309	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
(1)	2	3	4	5	6	
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:

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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	181996	20750	161246	148400	1772	126425	6321
2	26.01 NEONATAL INTENSIVE CARE	14209	900	13309	148400	120	8561	428
3	41 RADIOLOGY-DIAGNOSTIC	61601		61601	148400	329	23473	1174
4	37 OPERATING ROOM	10972311	10972311					
5	44 LABORATORY	9616		9616	148400	63	4495	225
6	49 RESPIRATORY THERAPY	27500		27500	148400	367	26184	1309
7	50 PHYSICAL THERAPY	40	40					
8	54 ELECTROENCEPHALOGRAPHY	16862		16862	148400	178	12700	635
9	59 CARDIOLOGY	548973	387028	161945	148400	1084	77339	3867
10	60 CLINIC	20333		20333	148400	202	14412	721
11	61 EMERGENCY	451711	346199	105512	148400	872	62214	3111
12	41 RADIOLOGY-DIAGNOSTIC							
13	25 ADULTS & PEDIATRICS	20810	20810					
101	TOTAL	12325962	11748038	577924		4987	355803	17791

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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				126425	34821	55571
2	26.01 NEONATAL INTENSIVE CARE	AGGREGATE				8561	4748	5648
3	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE				23473	38128	38128
4	37 OPERATING ROOM	AGGREGATE						10972311
5	44 LABORATORY	AGGREGATE				4495	5121	5121
6	49 RESPIRATORY THERAPY	AGGREGATE				26184	1316	1316
7	50 PHYSICAL THERAPY	AGGREGATE						40
8	54 ELECTROENCEPHALOGRAPHY	AGGREGATE				12700	4162	4162
9	59 CARDIOLOGY	AGGREGATE				77339	84606	471634
10	60 CLINIC	AGGREGATE				14412	5921	5921
11	61 EMERGENCY	AGGREGATE				62214	43298	389497
12	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						
13	25 ADULTS & PEDIATRICS	AGGREGATE						20810
101	TOTAL					355803	222121	11970159

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	9240089	9240089							3
4 NEW CAP REL COSTS-MVBLE EQUIP	12162365		12162365						4
5 EMPLOYEE BENEFITS	33446615	96637	19674	33562926					5
6 ADMINISTRATIVE & GENERAL	34549345	2690368	601715	2854912	40696340	40696340			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	12149663	949813	297869	1019993	14417338	2258462	16675800		8
9 LAUNDRY & LINEN SERVICE	1231949	22121			1254070	196449	67031	1517550	9
10 HOUSEKEEPING	4291166	37534	9850	828596	5167146	809428	113733	3897	10
11 DIETARY	2975931	117548	117924	458115	3669518	574826	356189	1501	11
12 CAFETERIA	1000208	115767	27934	374369	1518278	237837	350792		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1078346	21492	37559	245278	1382675	216595	65124		14
15 CENTRAL SERVICES & SUPPLY	1202803			16976	1219779	191077			15
16 PHARMACY	14756852	44891	77308	721413	15600464	2443797	136028		16
17 MEDICAL RECORDS & LIBRARY	3844073	81970	50451	821561	4798055	751611	248382		17
18 SOCIAL SERVICE	604067	23486	6102	143513	777168	121743	71167		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	26727333	1175325	349927	5964527	34217112	5360055	3561425	596353	25
26 INTENSIVE CARE UNIT	8066934	208637	211346	1851776	10338693	1619546	632205	122837	26
26.01 NEONATAL INTENSIVE CARE	2635188	50206	90144	608242	3383780	530066	152133	23281	26.01
31 SUBPROVIDER I	4099136	193235	18844	680282	4991497	781913	585533	77506	31
33 NURSERY	1972911	20621	1962	430399	2425893	380014	62484	25105	33
34 SKILLED NURSING FACILITY									34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	19450416	657357	2202229	5377968	27687970	4337293	1991896	208818	37
39 DELIVERY ROOM & LABOR ROOM	1860370	122514	90840	405579	2479303	388380	371238	41378	39
41 RADIOLOGY-DIAGNOSTIC	11435129	474190	5015164	1730063	18654546	2922216	1436873	100226	41
44 LABORATORY	9232811	190911	224170	1187570	10835462	1697364	578492	1516	44
46 WHOLE BLOOD & PACKED RED BLOOD	3121173	10688	26756	94029	3252646	509524	32386		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3230619	45646	140335	694338	4110938	643974	138316	1900	49
50 PHYSICAL THERAPY	6614466	329003	70299	941479	7955247	1246181	996931	25290	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY	621006	44417	85230	126858	877511	137461	134590	5722	54
55 MEDICAL SUPPLIES CHARGED TO PAT	33695444				33695444	5278358			55
56 DRUGS CHARGED TO PATIENTS									56
59 CARDIOLOGY	8884291	391794	2084620	1741297	13102002	2052416	1187200	68857	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1985627	67410	49386	406874	2509297	393079	204262	6177	60
61 EMERGENCY	5979925	135555	87573	1208072	7411125	1160945	410753	122236	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	2262220	40661	16480	333192	2652553	415520	123208		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	284408471	8359797	12011691	31267271	281081850	37656130	14008371	1432600	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		22741			22741	3562	68909		96
97 RESEARCH	331473	2440	464	59703	394080	61732	7392		97
98 PHYSICIANS' PRIVATE OFFICES	9428864	328034	38063	1710806	11505767	1802367	993997	357	98
100 ADVERTISING	464336		1284		465620	72939			100
100.01FITNESS POINTE	2356046	398319	102158	380663	3237186	507102	1206972	84593	100.01
100.02FITNESS POINTE SPA/PRO SHOP/DIE	317789	68174	3934	62013	451910	70791	206579		100.02
100.03RETAIL PHARMACY	3115109	14299	4771	82470	3216649	503885	43328		100.03
100.04HOSPICE		46285			46285	7250	140252		100.04
100.05RUSH RESIDENTS	67550				67550	10582			100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	300489638	9240089	12162365	33562926	300489638	40696340	16675800	1517550	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	6094204								10
11 DIETARY	274413	4876447							11
12 CAFETERIA	82364		2189271						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	7147		15339	1686880					14
15 CENTRAL SERVICES & SUPPLY					3094				15
16 PHARMACY	25866				1413950				16
17 MEDICAL RECORDS & LIBRARY	26887					18261841			17
18 SOCIAL SERVICE	3999						5940044		18
20 NONPHYSICIAN ANESTHETISTS								986967	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	1867182	3767745	604566	947162			2364137	810920	25
26 INTENSIVE CARE UNIT	363617	430366	152388	238750			386103	105152	26
26.01 NEONATAL INTENSIVE CARE	42467		47023	73666			71281	26402	26.01
31 SUBPROVIDER I	201051	600043	74634	116927			201961		31
33 NURSERY	28700		36995	57953			77221	11430	33
34 SKILLED NURSING FACILITY									34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1127907		319806				1330570	914	37
39 DELIVERY ROOM & LABOR ROOM	254979	78293	35164	55096				4800	39
41 RADIOLOGY-DIAGNOSTIC	240199		127742				231662		41
44 LABORATORY	87486		119492				433623		44
46 WHOLE BLOOD & PACKED RED BLOOD			7992				11880		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	15018		59037				89101		49
50 PHYSICAL THERAPY	92234		52979				47520		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY	18847		12503				5940		54
55 MEDICAL SUPPLIES CHARGED TO PAT					1413950				55
56 DRUGS CHARGED TO PATIENTS						18261841			56
59 CARDIOLOGY	263181		146690				118801	1143	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	38068		17660						60
61 EMERGENCY	384378		125950	197326			570244	26206	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	10210		25651						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	5456200	4876447	2168390	1686880	1413950	18261841	5940044	986967	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97 RESEARCH	1276		4769						97
98 PHYSICIANS' PRIVATE OFFICES	227113		8765						98
100 ADVERTISING									100
100.01 FITNESS POINTE	392257								100.01
100.02 FITNESS POINTE SPA/PRO SHOP/DIE	17358								100.02
100.03 RETAIL PHARMACY			7347						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	6094204	4876447	2189271	1686880	1413950	18261841	5940044	986967	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	54096657		54096657	25
26 INTENSIVE CARE UNIT	14389657		14389657	26
26.01 NEONATAL INTENSIVE CARE	4350099		4350099	26.01
31 SUBPROVIDER I	7631065		7631065	31
33 NURSERY	3105795		3105795	33
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	37005174		37005174	37
39 DELIVERY ROOM & LABOR ROOM	3708631		3708631	39
41 RADIOLOGY-DIAGNOSTIC	23713464		23713464	41
44 LABORATORY	13753435		13753435	44
46 WHOLE BLOOD & PACKED RED BLOOD	3814428		3814428	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	5058284		5058284	49
50 PHYSICAL THERAPY	10416382		10416382	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	1192574		1192574	54
55 MEDICAL SUPPLIES CHARGED TO PAT	40387752		40387752	55
56 DRUGS CHARGED TO PATIENTS	18261841		18261841	56
59 CARDIOLOGY	16940290		16940290	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	3168543		3168543	60
61 EMERGENCY	10409163		10409163	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	3227142		3227142	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	274630376		274630376	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	95212		95212	96
97 RESEARCH	469249		469249	97
98 PHYSICIANS' PRIVATE OFFICES	14538366		14538366	98
100 ADVERTISING	538559		538559	100
100.01 FITNESS POINTE	5428110		5428110	100.01
100.02 FITNESS POINTE SPA/PRO SHOP/DIE	746638		746638	100.02
100.03 RETAIL PHARMACY	3771209		3771209	100.03
100.04 HOSPICE	193787		193787	100.04
100.05 RUSH RESIDENTS	78132		78132	100.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	300489638		300489638	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	POUNDS
	3	4	5	6A	6	8	9
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4	954446						
5		9067644					
6	9982	14668	133865091				
7	277899	448608	11386765	-40696340	259793298		
8							
9	98110	222076	4068221		14417338	568455	
10					1254070	2285	403424
11		3877	7344	3304841	5167146	3877	1036
12		12142	87918	1827184	3669518	12142	399
13		11958	20826	1493165	1518278	11958	
14							
15	2220	28002	978287		1382675	2220	
16			67709		1219779		
17	4637	57637	2877343		15600464	4637	
18	8467	37614	3276781		4798055	8467	
20	2426	4549	572399		777168	2426	
21							
22							
23							
24							
INPATIENT ROUTINE SERV COST CENTERS							
25							
26	121404	260888	23789378		34217112	121404	158534
26.01	21551	157569	7385773		10338693	21551	32655
31	5186	67207	2425962		3383780	5186	6189
33	19960	14049	2713294		4991497	19960	20604
34	2130	1463	1716640		2425893	2130	6674
ANCILLARY SERVICE COST CENTERS							
37							
39	67901	1641870	21449925		27687970	67901	55512
41	12655	67726	1617646		2479303	12655	11000
44	48981	3739052	6900323		18654546	48981	26644
46	19720	167130	4736602		10835462	19720	403
46.30	1104	19948	375032		3252646	1104	
49							
50	4715	104627	2769353		4110938	4715	505
51	33984	52411	3755073		7955247	33984	6723
52							
54							
55	4588	63543	505970		877511	4588	1521
56					33695444		
59	40470	1554187	6945130		13102002	40470	18305
OUTPATIENT SERVICE COST CENTERS							
60							
61	6963	36820	1622811		2509297	6963	1642
62	14002	65290	4818374		7411125	14002	32495
63.50							
63.60							
OTHER REIMBURSABLE COST CENTERS							
69.10							
69.20							
69.30							
69.40							
71	4200	12287	1328930		2652553	4200	
SPECIAL PURPOSE COST CENTERS							
85.01							
85.02							
85.03							
95	863517	8955309	124708911	-40696340	240385510	477526	380841
NONREIMBURSABLE COST CENTERS							
96	2349				22741	2349	
97	252	346	238126		394080	252	
98	33884	28378	6823519		11505767	33884	95
100		957			465620		
100.01	41144	76164	1518266		3237186	41144	22488
100.02	7042	2933	247337		451910	7042	
100.03	1477	3557	328932		3216649	1477	
100.04	4781				46285	4781	
100.05					67550		

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 12/01/2008 10:13

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES NEW- SQ FT	NEW CAP MOVABLE EQUIPMENT NEW- \$ VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE POUNDS	
	3	4	5	6A	6	8	9	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	9240089	12162365	33562926		40696340	16675800	1517550	103
104 UNIT COST MULT-WS B PT I		1.341293				29.335304		104
104 UNIT COST MULT-WS B PT I	9.681102		.250722		.156649		3.761675	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			124014		3573622	1453831	45216	107
108 UNIT COST MULT-WS B PT III						2.557513		108
108 UNIT COST MULT-WS B PT III			.000926		.013756		.112081	108



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 HOURS	COSTED REQ	COSTED REQ	TIME SPENT	TIME SPENT	
	10	11	12	14	15	16	17	18	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	6094204	4876447	2189271	1686880	1413950	18261841	5940044	986967	103
104 UNIT COST MULT-WS B PT I	8.508654		12.890197		14139.500000		5940.044000		104
104 UNIT COST MULT-WS B PT I		16.848043		.970909		1826.184100		4.571810	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	132123	337707	198338	108246	164879	366552	239418	51496	107
108 UNIT COST MULT-WS B PT III	.184469		1.167793		1648.790000		239.418000		108
108 UNIT COST MULT-WS B PT III		1.166772		.062303		36.655200		.238539	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	54096657		54096657		54096657	25
26 INTENSIVE CARE UNIT	14389657		14389657		14389657	26
26.01 NEONATAL INTENSIVE CARE	4350099		4350099	4748	4354847	26.01
31 SUBPROVIDER I	7631065		7631065		7631065	31
33 NURSERY	3105795		3105795		3105795	33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS						34
37 OPERATING ROOM	37005174		37005174		37005174	37
39 DELIVERY ROOM & LABOR ROOM	3708631		3708631		3708631	39
41 RADIOLOGY-DIAGNOSTIC	23713464		23713464	38128	23751592	41
44 LABORATORY	13753435		13753435	5121	13758556	44
46 WHOLE BLOOD & PACKED RED BL	3814428		3814428		3814428	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5058284		5058284	1316	5059600	49
50 PHYSICAL THERAPY	10416382		10416382		10416382	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY	1192574		1192574	4162	1196736	54
55 MEDICAL SUPPLIES CHARGED TO	40387752		40387752		40387752	55
56 DRUGS CHARGED TO PATIENTS	18261841		18261841		18261841	56
59 CARDIOLOGY	16940290		16940290	84606	17024896	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3168543		3168543	5921	3174464	60
61 EMERGENCY	10409163		10409163	43298	10452461	61
62 OBSERVATION BEDS (NON-DISTI	3585000		3585000		3585000	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	274988234		274988234	187300	275175534	101
102 LESS OBSERVATION BEDS	3585000		3585000		3585000	102
103 TOTAL	271403234		271403234	187300	271590534	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	50178097		50178097			25
26 INTENSIVE CARE UNIT	11805492		11805492			26
26.01 NEONATAL INTENSIVE CARE	6585400		6585400			26.01
31 SUBPROVIDER I	5580776		5580776			31
33 NURSERY	2523688		2523688			33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	47630863	46199357	93830220	.394384	.394384	.394384 37
39 DELIVERY ROOM & LABOR ROOM	3532891	938814	4471705	.829355	.829355	.829355 39
41 RADIOLOGY-DIAGNOSTIC	42457956	91003913	133461869	.177680	.177680	.177965 41
44 LABORATORY	49265592	47199510	96465102	.142574	.142574	.142627 44
46 WHOLE BLOOD & PACKED RED BL	5877480	1830925	7708405	.494840	.494840	.494840 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	19950623	1011865	20962488	.241302	.241302	.241364 49
50 PHYSICAL THERAPY	14992688	9705857	24698545	.421741	.421741	.421741 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY	1278373	3997728	5276101	.226033	.226033	.226822 54
55 MEDICAL SUPPLIES CHARGED TO	59992365	20328653	80321018	.502829	.502829	.502829 55
56 DRUGS CHARGED TO PATIENTS	63495340	15990046	79485386	.229751	.229751	.229751 56
59 CARDIOLOGY	37910088	23831050	61741138	.274376	.274376	.275746 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	172642	3535625	3708267	.854454	.854454	.856051 60
61 EMERGENCY	16608879	24112054	40720933	.255622	.255622	.256685 61
62 OBSERVATION BEDS (NON-DISTI		4642329	4642329	.772242	.772242	.772242 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	439839233	294327726	734166959			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	439839233	294327726	734166959			103

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				2909181		2909181
26 INTENSIVE CARE UNIT				726757		726757
26.01 NEONATAL INTENSIVE CARE				217315		217315
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				413107		413107
33 NURSERY				75141		75141
101 TOTAL				4341501		4341501

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	84895	45735			34.27	1567338
26 INTENSIVE CARE UNIT	10721	6568			67.79	445245
26.01 NEONATAL INTENSIVE CARE	5068				42.88	
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	12551	11202			32.91	368658
33 NURSERY	5396				13.93	
101 TOTAL	118631	63505				2381241

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		3719917	93830220	22389961			.039645	887650	37
39 DELIVERY ROOM & LABOR ROOM		301826	4471705	2158			.067497	146	39
41 RADIOLOGY-DIAGNOSTIC		5924161	133461869	22587215			.044388	1002601	41
44 LABORATORY		782602	96465102	26744189			.008113	216976	44
46 WHOLE BLOOD & PACKED RED BLOO		86560	7708405	3291380			.011229	36959	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		302905	20962488	12594792			.014450	181995	49
50 PHYSICAL THERAPY		622221	24698545	4884651			.025193	123059	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY		159808	5276101	733787			.030289	22226	54
55 MEDICAL SUPPLIES CHARGED TO P		628394	80321018	37025205			.007824	289685	55
56 DRUGS CHARGED TO PATIENTS		366552	79485386	34493944			.004612	159086	56
59 CARDIOLOGY		2882028	61741138	25059993			.046679	1169775	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		186803	3708267	51691			.050375	2604	60
61 EMERGENCY		430426	40720933	9427170			.010570	99645	61
62 OBSERVATION BEDS (NON-DISTINC		192791	4642329				.041529		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		16586994	657493506	199286136				4192407	101

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
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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		PATIENT			
	COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					84895		45735	25
26 INTENSIVE CARE UNIT					10721		6568	26
26.01 NEONATAL INTENSIVE CARE					5068			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					12551		11202	31
33 NURSERY					5396			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					118631		63505	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 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	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.394384	.394384	.394384			37
39 DELIVERY ROOM & LABOR ROOM	.829355	.829355	.829355			39
41 RADIOLOGY-DIAGNOSTIC	.177680	.177680	.177680			41
44 LABORATORY	.142574	.142574	.142574			44
46 WHOLE BLOOD & PACKED RED BLOOD	.494840	.494840	.494840			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.241302	.241302	.241302			49
50 PHYSICAL THERAPY	.421741	.421741	.421741			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY	.226033	.226033	.226033			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.502829	.502829	.502829			55
56 DRUGS CHARGED TO PATIENTS	.229751	.229751	.229751			56
59 CARDIOLOGY	.274376	.274376	.274376			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.854454	.854454	.854454			60
61 EMERGENCY	.255622	.255622	.255622			61
62 OBSERVATION BEDS (NON-DISTINCT	.772242	.772242	.772242			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	.229751	1
2 PROGRAM VACCINE CHARGES	184	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	42	3
3.01 PROGRAM COSTS		3.01

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 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2008.05  
 12/01/2008 10:13

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

----- PROGRAM CHARGES ----- PROGRAM COST -----  
 ALL PPS SER- PPS SER- PPS SER- OUTPATIENT  
 OTHER (1) VICES ALL OTHER VICES VICES AMBULATORY  
 (SEE (SEE (SEE (SEE (SEE SURGICAL  
 INSTRU.) INSTRU.) INSTRU.) INSTRU.) INSTRU.) CENTER  
 5 5.01 5.02 5.03 5.04 6 7 8

COST CENTER DESCRIPTION	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		12445558						37
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC		33014650						41
44 LABORATORY		2431765						44
46 WHOLE BLOOD & PACKED RED BLOOD		626966						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		343821						49
50 PHYSICAL THERAPY		176566						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		1282798						54
55 MEDICAL SUPPLIES CHARGED TO PA		8757632	227					55
56 DRUGS CHARGED TO PATIENTS		5887472	34					56
59 RADIOLOGY		12702251						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2160892						60
61 EMERGENCY		4295387						61
62 OBSERVATION BEDS (NON-DISTINCT		2250429	3207					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		86376187	3468					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		86376187	3468					104

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2008.05  
 12/01/2008 10:13

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 COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES {COLUMNS (1.01x5.01) 9.01	ALL OTHER (COLUMNS (1.01x5.02) 9.02	PPS SERVICES (COLUMNS (1.01x5.03) 9.03	PPS SERVICES (COLUMNS (1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS (1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4908329					37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC		5866043					41
44 LABORATORY		346706					44
46 WHOLE BLOOD & PACKED RED BLOOD		310248					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		82965					49
50 PHYSICAL THERAPY		74465					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		289955					54
55 MEDICAL SUPPLIES CHARGED TO PAT		4403591	114				55
56 DRUGS CHARGED TO PATIENTS		1352653	8				56
59 CARDIOLOGY		3485193					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1846383					60
61 EMERGENCY		1097995					61
62 OBSERVATION BEDS (NON-DISTINCT		1737876	2477				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		25802402	2599				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		25802402	2599				104

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	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES
	1	2	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3719917	93830220	67614		.039645	2681 37
39 DELIVERY ROOM & LABOR ROOM		301826	4471705			.067497	39
41 RADIOLOGY-DIAGNOSTIC		5924161	133461869	701857		.044388	31154 41
44 LABORATORY		782602	96465102	1427977		.008113	11585 44
46 WHOLE BLOOD & PACKED RED BLOO		86560	7708405	58705		.011229	659 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		302905	20962488	379903		.014450	5490 49
50 PHYSICAL THERAPY		622221	24698545	7049796		.025193	177606 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		159808	5276101	122333		.030289	3705 54
55 MEDICAL SUPPLIES CHARGED TO P		628394	80321018	868936		.007824	6799 55
56 DRUGS CHARGED TO PATIENTS		366552	79485386	2434119		.004612	11226 56
59 CARDIOLOGY		2882028	61741138	240339		.046679	11219 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		186803	3708267			.050375	60
61 EMERGENCY		430426	40720933	2221		.010570	23 61
62 OBSERVATION BEDS (NON-DISTINC		192791	4642329			.041529	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		16586994	657493506	13353800			262147 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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2909181		2909181
26 INTENSIVE CARE UNIT				726757		726757
26.01 NEONATAL INTENSIVE CARE				217315		217315
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				413107		413107
33 NURSERY				75141		75141
101 TOTAL				4341501		4341501

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	84895	2318			34.27	79438
26 INTENSIVE CARE UNIT	10721	471			67.79	31929
26.01 NEONATAL INTENSIVE CARE	5068	562			42.88	24099
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	12551	75			32.91	2468
33 NURSERY	5396	281			13.93	3914
101 TOTAL	118631	3707				141848

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	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			CHARGES	PROGRAM CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3719917	93830220	960501			.039645	38079 37
39 DELIVERY ROOM & LABOR ROOM		301826	4471705	96999			.067497	6547 39
41 RADIOLOGY-DIAGNOSTIC		5924161	133461869	1279870			.044388	56811 41
44 LABORATORY		782602	96465102	1788103			.008113	14507 44
46 WHOLE BLOOD & PACKED RED BLOO		86560	7708405	120221			.011229	1350 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		302905	20962488	460444			.014450	6653 49
50 PHYSICAL THERAPY		622221	24698545	203794			.025193	5134 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		159808	5276101	32500			.030289	984 54
55 MEDICAL SUPPLIES CHARGED TO P		628394	80321018	717520			.007824	5614 55
56 DRUGS CHARGED TO PATIENTS		366552	79485386	2538309			.004612	11707 56
59 CARDIOLOGY		2882028	61741138	1398453			.046679	65278 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		186803	3708267	738			.050375	37 60
61 EMERGENCY		430426	40720933	420379			.010570	4443 61
62 OBSERVATION BEDS (NON-DISTINC		192791	4642329				.041529	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		16586994	657493506	10017831				217144 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	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES
	1	2	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3719917	93830220				
39 DELIVERY ROOM & LABOR ROOM		301826	4471705			.039645	37
41 RADIOLOGY-DIAGNOSTIC		5924161	133461869	13648		.067497	39
44 LABORATORY		782602	96465102	18244		.044388	606 41
46 WHOLE BLOOD & PACKED RED BLOO		86560	7708405			.008113	148 44
46.30 BLOOD CLOTTING FACTORS ADMIN						.011229	46
49 RESPIRATORY THERAPY		302905	20962488	2425			46.30
50 PHYSICAL THERAPY		622221	24698545	41460		.014450	35 49
51 OCCUPATIONAL THERAPY						.025193	1045 50
52 SPEECH PATHOLOGY							51
54 ELECTROENCEPHALOGRAPHY		159808	5276101				52
55 MEDICAL SUPPLIES CHARGED TO P		628394	80321018	2458		.030289	54
56 DRUGS CHARGED TO PATIENTS		366552	79485386	24982		.007824	19 55
59 CARDIOLOGY		2882028	61741138	6958		.004612	115 56
OUTPATIENT SERVICE COST CENTERS						.046679	325 59
60 CLINIC		186803	3708267				60
61 EMERGENCY		430426	40720933			.050375	61
62 OBSERVATION BEDS (NON-DISTINC		192791	4642329			.010570	61
63.50 RHC						.041529	62
63.60 FQHC							63.50
OTHER REIMBURSABLE COST CENTERS							63.60
101 TOTAL		16586994	657493506	110175			2293 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	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	84895	12551					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	84895	12551					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13688	1524					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71207	11027					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)	45735	11202					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)		1181					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							17
18							18
19							19
20							20
21							21
22	54096657	7631065					22
23							23
24							24
25							25
26							26
27	54096657	7631065					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	39160369	4503665					28
29	7008001	592620					29
30	32152368	3911045					30
31	1.381413	1.694412					31
32	511.98	388.86					32
33	451.53	354.68					33
34	60.45	34.18					34
35	83.51	57.92					35
36	1143085	88270					36
37	52953572	7542795					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	637.22	608.00				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29143257	6810816				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29143257	6810816				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	14389657	10721	1342.19	6568	8815504	43
43.01 NEONATAL INTENSIVE CARE	4354847	5068	859.28			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	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	59477962	4539931				48
49 TOTAL PROGRAM INPATIENT COSTS	97436723	11350747				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2012583	368658				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4192407	262147				51
52 TOTAL PROGRAM EXCLUDABLE COST	6204990	630805				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	91231733	10719942				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
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

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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

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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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	5626	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	637.22	84
85 OBSERVATION BED COST	3585000	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	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		54096657		3585000		86
87 NEW CAPITAL-RELATED COST	2909181	54096657	.053777	3585000	192791	87
88 NON PHYSICIAN ANESTHETIST		54096657		3585000		88
89 MEDICAL EDUCATION		54096657		3585000		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

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	84895	12551				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	84895	12551				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13688	1524				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71207	11027				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)	2318	75				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	5396					15
16 TITLE V OR XIX NURSERY DAYS	281					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	54096657	7631065					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	54096657	7631065					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	39160369	4503665					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7008001	592620					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32152368	3911045					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.381413	1.694412					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	511.98	388.86					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	451.53	354.68					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	60.45	34.18					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	83.51	57.92					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1143085	88270					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	52953572	7542795					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	637.22	608.00					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1477076	45600					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1477076	45600					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)	3105795	5396	575.57	281	161735	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	14389657	10721	1342.19	471	632171	43	
43.01	NEONATAL INTENSIVE CARE	4354847	5068	859.28	562	482915	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		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	2644126	31996					48
49	TOTAL PROGRAM INPATIENT COSTS	5398023	77596					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	139380	2468					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	217144	2293					51
52	TOTAL PROGRAM EXCLUDABLE COST	356524	4761					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	5041499	72835					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						
54	1	1	1	1	1	54
55		5				55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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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                      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 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] 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	5626	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	637.22	84
85 OBSERVATION BED COST	3585000	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	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		54096657		3585000		86
87 NEW CAPITAL-RELATED COST	2909181	54096657	.053777	3585000	192791	87
88 NON PHYSICIAN ANESTHETIST		54096657		3585000		88
89 MEDICAL EDUCATION		54096657		3585000		89



PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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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"/> TEFRA
<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		4971263		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.394384	67614	26666	37
39 DELIVERY ROOM & LABOR ROOM	.829355			39
41 RADIOLOGY-DIAGNOSTIC	.177965	701857	124906	41
44 LABORATORY	.142627	1427977	203668	44
46 WHOLE BLOOD & PACKED RED BLOOD	.494840	58705	29050	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.241364	379903	91695	49
50 PHYSICAL THERAPY	.421741	7049796	2973188	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.226822	122333	27748	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.502829	868936	436926	55
56 DRUGS CHARGED TO PATIENTS	.229751	2434119	559241	56
59 CARDIOLOGY	.275746	240339	66273	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856051			60
61 EMERGENCY	.256685	2221	570	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.772242			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		13353800	4539931	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		13353800		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V                                    [XX] HOSPITAL (15-0125)                    [ ] SNF                                    [XX] PPS  
 [ ] TITLE XVIII-PT A                        [ ] SUB I                                    [ ] NF                                    [ ] TEFRA  
 [XX] 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		1370739		25
26 INTENSIVE CARE UNIT		507360		26
26.01 NEONATAL INTENSIVE CARE		712702		26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.394384	960501	378806	37
39 DELIVERY ROOM & LABOR ROOM	.829355	96999	80447	39
41 RADIOLOGY-DIAGNOSTIC	.177965	1279870	227772	41
44 LABORATORY	.142627	1788103	255032	44
46 WHOLE BLOOD & PACKED RED BLOOD	.494840	120221	59490	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.241364	460444	111135	49
50 PHYSICAL THERAPY	.421741	203794	85948	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.226822	32500	7372	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.502829	717520	360790	55
56 DRUGS CHARGED TO PATIENTS	.229751	2538309	583179	56
59 CARDIOLOGY	.275746	1398453	385618	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856051	738	632	60
61 EMERGENCY	.256685	420379	107905	61
62 OBSERVATION BEDS (NON-DISTINCT	.772242			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		10017831	2644126	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		10017831		103

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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		33167		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.394384			37
39 DELIVERY ROOM & LABOR ROOM	.829355			39
41 RADIOLOGY-DIAGNOSTIC	.177965	13648	2429	41
44 LABORATORY	.142627	18244	2602	44
46 WHOLE BLOOD & PACKED RED BLOOD	.494840			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.241364	2425	585	49
50 PHYSICAL THERAPY	.421741	41460	17485	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.226822			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.502829	2458	1236	55
56 DRUGS CHARGED TO PATIENTS	.229751	24982	5740	56
59 CARDIOLOGY	.275746	6958	1919	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.856051			60
61 EMERGENCY	.256685			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.772242			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		110175	31996	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		110175		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0125)	SUB I	SUB II	SUB III	SUB IV
DRG AMOUNT					
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	17800352				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18153405				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	41151838				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1697293				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	342.31				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996					3.04
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)					3.05
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]					3.06
3.07 SUM OF LINES 3.04-3.06		0.00	0.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00			3.17

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						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22



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	2641			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	25802402			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	24937734			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	2641			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	3652			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	3652			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	3652			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1011			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2641			17
17.01 TOTAL PPS PAYMENTS	24937734			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	361		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6684620		18.01
19 SUBTOTAL	18255394		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	18255394		23
24 PRIMARY PAYER PAYMENTS	9731		24
25 SUBTOTAL	18245663		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	623058		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	436141		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	438959		27.02
28 SUBTOTAL	18681804		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	18681804		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	18757260		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-75456		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

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WORKSHEET E-1

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

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		80414686		18243382	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.		472346		430003	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.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/28/2008 54048	01/28/2008	83875	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	54048		83875	3.99
4 TOTAL INTERIM PAYMENTS		80941080		18757260	4
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	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	29456		-75456	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		80970536		18681804	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
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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		13532109			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 TO .02 PROVIDER .03 PROVIDER .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .53 .54	NONE		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		13532109			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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		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 PROGRAM .02	-1964			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		13530145			7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-T125)	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		13301280				1.03
1.04		0.0145				1.04
1.05		169006				1.05
1.06		173987				1.06
1.07		13644273				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		34.292350				1.40
1.41						1.41
1.42						1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4		13644273				4
5	PRIMARY PAYER PAYMENTS					5
6		13644273				6
7	DEDUCTIBLES					7
8		86208				8
9	COINSURANCE					9
10		27920				10
11		13530145				11
11.01	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12		13530145				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

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		13530145				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		13532109				19
19.01 TENTATIVE SETTLEMENT (FOR PI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-1964				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	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	1	
2	INPATIENT HOSPITAL/SNF/NF SERVICES							1	
3	MEDICAL AND OTHER SERVICES							2	
4	INTERNS AND RESIDENTS							3	
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4	
6	COST OF TEACHING PHYSICIANS							5	
7	SUBTOTAL							6	
8	INPATIENT PRIMARY PAYER PAYMENTS							7	
9	OUTPATIENT PRIMARY PAYER PAYMENTS							8	
	SUBTOTAL							9	
COMPUTATION OF LESSER OF COST OR CHARGES									
10	ROUTINE SERVICE CHARGES	2598528	28375					10	
11	ANCILLARY SERVICE CHARGES	10017831	110175					11	
12	INTERNS AND RESIDENTS SERVICE CHARGES							12	
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13	
14	TEACHING PHYSICIANS							14	
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15	
16	TOTAL REASONABLE CHARGES	12616359	138550					16	
CUSTOMARY CHARGES									
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17	
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18	
19	RATIO OF LINE 17 TO LINE 18							19	
20	TOTAL CUSTOMARY CHARGES	12616359	138550					20	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12616359	138550					21	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22	
23	COST OF COVERED SERVICES							23	
PROSPECTIVE PAYMENT AMOUNT									
24	OTHER THAN OUTLIER PAYMENTS	3436606	38653					24	
25	OUTLIER PAYMENTS							25	
26	PROGRAM CAPITAL PAYMENTS							26	
27	CAPITAL EXCEPTION PAYMENTS							27	
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28	
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29	
30	SUBTOTAL	3436606	38653					30	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)	11978074	108694					31	
32	LESSER OF LINES 30 OR 31	3436606	38653					32	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							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			NF I
	HOSPITAL (15-0125) (PPS)	SUB I (15-T125) (PPS)	SUB II	SUB III	SUB IV			
	1	1	1	1	1	1		
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
35	EXCESS OF REASONABLE COST							
36	SUBTOTAL							34
36	3436606	38653					35	
37	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							38.02
39	BENEFICIARIES (SEE INSTRUCTIONS)							
40	UTILIZATION REVIEW							
40	SUBTOTAL							39
41	3436606	38653					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							44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN							
	ACCORDANCE WITH 42 CFR 413.13(E)							
45	RATIO OF LINE 43 TO LINE 44							
46	TOTAL CUSTOMARY CHARGES							45
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							46
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							47
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM							48
	UTILIZATION							49
50	REMOVE IP COSTS							
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING							50
	DEPRECIABLE ASSETS							51
52	SUBTOTAL							
53	3436606	38653					52	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	3436606	38653					56	
56	SEQUESTRATION ADJUSTMENT							57
57	INTERIM PAYMENTS							57
57.01	3436606	38653					57.01	
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT							59
	SECTION 115.2							

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20032597			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	81251165	798104		4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-34306585			6
7	INVENTORY	5723314			7
8	PREPAID EXPENSES	2329431			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	232799			10
11	TOTAL CURRENT ASSETS	75262721	798104		11
FIXED ASSETS					
12	LAND	1940035			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	5439819			13
13.01	ACCUMULATED DEPRECIATION	-3821098			13.01
14	BUILDINGS	207737529			14
14.01	ACCUMULATED DEPRECIATION	-133834156			14.01
15	LEASEHOLD IMPROVEMENTS	391474			15
15.01	ACCUMULATED AMORTIZATION	-326909			15.01
16	FIXED EQUIPMENT	9803201			16
16.01	ACCUMULATED DEPRECIATION	-1465672			16.01
17	AUTOMOBILES AND TRUCKS	474444			17
17.01	ACCUMULATED DEPRECIATION	-426240			17.01
18	MAJOR MOVABLE EQUIPMENT	114582810			18
18.01	ACCUMULATED DEPRECIATION	-84961088			18.01
19	MINOR EQUIPMENT DEPRECIABLE	453921			19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	4399			20
21	TOTAL FIXED ASSETS	115992469			21
OTHER ASSETS					
22	INVESTMENTS	2390261			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	2390261			26
27	TOTAL ASSETS	193645451	798104		27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	8190275			28
29	SALARIES, WAGES & FEES PAYABLE	21362935			29
30	PAYROLL TAXES PAYABLE	1252406			30
31	NOTES & LOANS PAYABLE (SHORT TERM)	893904			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	17712841			35
36	TOTAL CURRENT LIABILITIES	49412361			36
LONG-TERM LIABILITIES					
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	13924218			41
42	TOTAL LONG TERM LIABILITIES	13924218			42
43	TOTAL LIABILITIES	63336579			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	130308872			44
45	SPECIFIC PURPOSE FUND BALANCE		798104		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	130308872	798104		51
52	TOTAL LIABILITIES AND FUND BALANCES	193645451	798104		52

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KPMG LLP COMPU-MAX MICRO SYSTEM  
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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	129718118	823528		1
2 NET INCOME (LOSS)	24136955			2
3 TOTAL	153855073	823528		3
4 ADDITIONS (CREDIT ADJUSTMENTS)		-15837		4
5 INVESTMENT INCOME/CONTRIBUTIONS		1224		5
6 ASSETS RELEASED	11109	-10811		6
7 MINIMUM PENSION LIABILITY	4517680			7
8				8
9				9
10 TOTAL ADDITIONS	4528789	-25424		10
11 SUBTOTAL	158383862	798104		11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 MINIMUM PENSION LIABILITY				13
14 TRANSFERS TO OTHER REVENUE				14
15 TRANSFER TO RIDGEWOOD ARTS	80000			15
16 TRANSFER TO PARENT	27994990			16
17 NET ASSETS RELEASED FROM RESTRICTN				17
18 TOTAL DEDUCTIONS	28074990			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	130308872	798104		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	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	52701785		52701785	1
4 SUBPROVIDER I	5580776		5580776	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	58282561		58282561	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	11612521		11612521	10
10.01 NEONATAL INTENSIVE CARE	6579578		6579578	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	18192099		18192099	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	76474660		76474660	16
17 ANCILLARY SERVICES	379886629		612069703	17
18 OUTPATIENT SERVICES		232183074		18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		5400266	5400266	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 EMERGENCY		24112054	24112054	24
24.01 PHYSICIAN OFFICES		15052005	15052005	24.01
24.02 OBSERVATION		4642329	4642329	24.02
25 TOTAL PATIENT REVENUES	456361289	281389728	737751017	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		319880475	26
27 BAD DEBTS	10064136		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		10064136	33
34 CSC/CCC EXPENSES	-16456869		34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-16456869		39
40 TOTAL OPERATING EXPENSES		313487742	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	737751017	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	412975578	2
3	NET PATIENT REVENUES	324775439	3
4	LESS - TOTAL OPERATING EXPENSES	313487742	4
5	NET INCOME FROM SERVICE TO PATIENTS	11287697	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2000	6
7	INCOME FROM INVESTMENTS	775087	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	9618	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	1096784	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	3398496	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	29233	21
22	RENTAL OF HOSPITAL SPACE	1074762	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	5626671	24
24.01	REVENUE-CLASSES	143357	24.01
24.02	ASSETS RELEASED FROM RESTRICTION	693250	24.02
25	TOTAL OTHER INCOME	12849258	25
26	TOTAL	24136955	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	24136955	31

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7487

WORKSHEET H

	SALARIES	EMPLOYEE BENEFITS	TRANS-PORTATION	CONTRACTED/PURCH SVCS	OTHER COSTS	TOTAL HHA COST	
	1	2	3	4	5	6	
GENERAL SERVICE COST CENTER							1
1 CAPITAL RELATED-BLDG & FIXTURES							2
2 CAPITAL RELATED-MOVABLE EQUIPMENT							3
3 PLANT OPERATION & MAINTENANCE							4
4 TRANSPORTATION							5
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	426143		14905	5938	70968	517954	6
6 SKILLED NURSING CARE	794195					794195	7
7 PHYSICAL THERAPY	165			632385		632550	8
8 OCCUPATIONAL THERAPY				141155		141155	9
9 SPEECH PATHOLOGY							10
10 MEDICAL SOCIAL SERVICES	1969					1969	11
11 HOME HEALTH AIDE	49947					49947	12
12 SUPPLIES					77062	77062	13
13 DRUGS							13.20
13.20 COST OF ADMINISTERING VACCINES							14
14 DME							15
HHA NONREIMBURSABLE SERVICES							16
15 HOME DIALYSIS AIDE SERVICES							17
16 RESPIRATORY THERAPY							18
17 PRIVATE DUTY NURSING	56511				2225	58736	19
18 CLINIC							20
19 HEALTH PROMOTION ACTIVITIES							21
20 DAY CARE PROGRAM							22
21 HOME DELIVERED MEALS PROGRAM							23
22 HOMEMAKER SERVICE							23.50
23 ALL OTHERS							24
23.50 TELEMEDICINE							
24 TOTAL	1328930		14905	779478	150255	2273568	

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7487

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-11348	506606		506606	5
6		794195		794195	6
7		632550		632550	7
8		141155		141155	8
9					9
10		1969		1969	10
11		49947		49947	11
12		77062		77062	12
13					13
13.20					13.20
14					14
15					15
16					16
17		58736		58736	17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-11348	2262220		2262220	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) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1							1
2							2
3							3
4							4
5					-506606	1756668	5
6							6
7					1054	794195	7
8						633604	8
9						141155	9
10							10
11						1969	11
12						49947	12
13						77062	13
13.20							13.20
14							14
15							15
16							16
17							17
18						58736	18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24							24
25					-505552	1756668	25
26						506606	26
						.288390	26







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

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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		610547		610547			1
2 SKILLED NURSING CARE		1183522		1183522	276158	1459680	2
3 PHYSICAL THERAPY		942987		942987	220033	1163020	3
4 OCCUPATIONAL THERAPY		210352		210352	49083	259435	4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES		2934		2934	685	3619	6
7 HOME HEALTH AIDE		74432		74432	17368	91800	7
8 SUPPLIES		114839		114839	26796	141635	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		87529		87529	20424	107953	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		3227142		3227142	610547	3227142	20
21 UNIT COST MULTIPLIER					.233336		21

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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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	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL								
2 SKILLED NURSING CARE			4200	12287	1328930		390333	1
3 PHYSICAL THERAPY							1023233	2
4 OCCUPATIONAL THERAPY							815275	3
5 SPEECH PATHOLOGY							181863	4
6 MEDICAL SOCIAL SERVICES								5
7 HOME HEALTH AIDE							2537	6
8 SUPPLIES							64351	7
9 DRUGS							99286	8
9.20 COST OF ADMINISTERING VACC								9
10 DME								9.20
11 HOME DIALYSIS AIDE SERVICE								10
12 RESPIRATORY THERAPY								11
13 PRIVATE DUTY NURSING								12
14 CLINIC							75675	13
15 HEALTH PROMOTION ACTIVITIE								14
16 DAY CARE PROGRAM								15
17 HOME DELIVERED MEALS PROGR								16
18 HOMEMAKER SERVICE								17
19 ALL OTHERS								18
19.50 TELEMEDICINE								19
20 TOTALS			4200	12287	1328930		2652553	19.50
21 TOTAL COST TO BE ALLOCATED			40661	16480	333192		415520	20
22 UNIT COST MULTIPLIER			9.681190		.250722		.156649	21
22 UNIT COST MULTIPLIER				1.341255				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	1459680		1459680	17466	83.57	1
2	PHYSICAL THERAPY	3	1163020		1163020	11504	101.10	2
3	OCCUPATIONAL THERAPY	4	259435		259435	2576	100.71	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6	3619		3619	35	103.40	5
6	HOME HEALTH AIDE SERV	7	91800		91800	2633	34.87	6
7	TOTAL		2977554		2977554	34214		7

LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
				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	141635		141635	194455	.728369	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



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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	5	
1	PHYSICAL THERAPY	50	.421741		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	.502829		COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.229751		COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	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	3	4	5	6	7	
1	PHYSICAL THERAPY	2	101.10	2.01	3	3.01	4	5
2	OCCUPATIONAL THERAPY	3	100.71					
3	SPEECH PATHOLOGY	4						
4	TOTAL							

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 15-7487

WORKSHEET H-7  
 PARTS I & II

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

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2772583	1134050	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	24978	39362	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	15809	8155	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	7194	5148	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	193		10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7390	14435	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	2828147	1201150	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	2828147	1201150	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	2828147	1201150	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2828147	1201150	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	2828147	1201150	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	2828147	1201150	24
25 TOTAL INTERIM PAYMENTS	2828147	1201150	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

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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		2828147		1201150	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 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 .54	NONE		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		2828147		1201150	4
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		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		2828147		1201150	7

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)	SUB I (15-T125)	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
2					2
3	6620797				3
3.01	94039				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	6920081				6
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
2					2
3					3
4					4
5					5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
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15					15
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17					17