

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

WORKSHEET 5
 PARTS 1 & 11

INTERMEDIARY [] AUDITED DATE RECEIVED [] INITIAL [] RE-OPENING
 USE ONLY [] DESK REVIEWED INTERMEDIARY NO. [] FINAL [] MCR CODE

PART I CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 11/30/2010
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 16:51

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 07/01/2009 AND ENDING 06/30/2010, 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: 11/30/2010 16:51
 hmNUdhToCmm8nnzsXBI.HDfaqw7Xr0
 dNAI:0wbnJcimf5vy1GpD88Q25PNpQ
 2P0D11C6110z1070

SIGNED: Xiao J. Medina
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Chief Financial Officer
 TITLE
12/1/10
 DATE

PI Encryption: 11/30/2010 16:51
 5ssJY.gyclsoJSfTKjxqWn812KSj10
 sWj220r52IZxgkpVdYhTDSMmicPmzw
 8X8WagtZY:0nkwwh

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	914639	77279	1
2	SUBPROVIDER I	28996		2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	943635	77279	100

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.

(FINAL)

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

WORKSHEET S
 PARTS I & II

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 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

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(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX
		PART A	PART B	
		2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	914639	77279	2
3	SWING BED - SNF	28996		3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	943635	77279	100

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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: 1
 ZIP CODE: 46321 COUNTY: LAKE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	15-0125	10/03/1973	N	P	P	2	
3	SUBPROVIDER I	THE REHAB CENTER AT COMMUNITY	15-T125	06/30/1996	N	P	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 OLTC						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: 07/01/2009	TO: 06/30/2010			17	
18	TYPE OF CONTROL		1	2			18	
19	HOSPITAL		1				19	
20	SUBPROVIDER I		5				20	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.		YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N 23844	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).		NO		NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						21.08
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	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?				37.01

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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	158054		40
40.01	NAME: COMMUNITY FOUNDATION OF NW	FI/CONTRACTOR'S NAME: NGS	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET: 10100 DON POWERS DRIVE		P.O.BOX:		40.02
40.03	CITY: MUNSTER		STATE: IN ZIP CODE: 46321		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ 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	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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.					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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
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.	/ /	NO	0.00	NO	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
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	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	11/05/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		8942	470	20283	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		8942	470	20283	12
13	RPCH VISITS					13
14	SUBPROVIDER I		1134	3	1275	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	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	149822657		149822657	5418760.00	27.65		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	2549111		2549111	30898.00	82.50		3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	6051419		6051419	37602.00	160.93		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							8
8.01	EXCLUDED AREA SALARIES	17304471	53582	17358053	571448.00	30.38		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1524813		1524813	15612.00	97.67	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	872119		872119	6603.00	132.08		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	12081579		12081579	292844.00	41.26		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	37476525		37476525			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	3919717		3919717			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	454241		454241			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	860087		860087			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	743206		743206	28386.00	26.18		21
22	ADMINISTRATIVE & GENERAL	12083945	-73138	12010807	457682.00	26.24		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	753882		753882	5662.00	133.15		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	4228275		4228275	174810.00	24.19		24
25	LAUNDRY & LINEN SERVICE	103457		103457	6154.00	16.81		25
26	HOUSEKEEPING	3420008		3420008	235638.00	14.51		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3541452	-1591174	1950278	118040.00	16.52		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1591174	1591174	108909.00	14.61		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1310468		1310468	30588.00	42.84		30
31	CENTRAL SERVICES AND SUPPLY		73138	73138	4992.00	14.65		31
32	PHARMACY	3130499		3130499	89676.00	34.91		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3431510		3431510	176749.00	19.41		33
34	SOCIAL SERVICE	662734		662734	23685.00	27.98		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

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)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	141976009		141976009	5355922.00	26.51	1
2	EXCLUDED AREA SALARIES	17304471	53582	17358053	571448.00	30.38	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	124671538	-53582	124617956	4784474.00	26.05	3
4	SUBTOTAL OTHER WAGES & REL COSTS	14478511		14478511	315059.00	45.95	4
5	SUBTOTAL WAGE-RELATED COSTS	37476525		37476525		30.07%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	176626574	-53582	176572992	5099533.00	34.63	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	33409436		33409436	1460971.00	22.87	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	28049954	17
17.01	GROSS MEDICAID REVENUES	84271854	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	112321808	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.351369	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	84271854	28
29	TOTAL GROSS MEDICAID COST	29610517	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	28049954	30
31	UNCOMPENSATED CARE COST	9855884	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	29610517	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		11201884	11201884	323728	11525612	-37064	11488548	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		9222678	9222678	581648	9804326	2030587	11834913	4
5	0500 EMPLOYEE BENEFITS	743206	42267377	43010583	-5383	43005200	-759747	42245453	5
6	0600 ADMINISTRATIVE & GENERAL	12083945	36277157	48361102	-1775072	46586030	-6067587	40518443	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	4228275	7718668	11946943	453241	12400184	11529	12411713	8
9	0900 LAUNDRY & LINEN SERVICE	103457	1424927	1528384		1528384		1528384	9
10	1000 HOUSEKEEPING	3420008	1353467	4773475	-14675	4758800	1976	4760776	10
11	1100 DIETARY	3541452	2627150	6168602	-2877386	3291216	-26974	3264242	11
12	1200 CAFETERIA				2823486	2823486	-1373551	1449935	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1310468	157889	1468357	-60904	1407453	-350	1407103	14
15	1500 CENTRAL SERVICES & SUPPLY		1366132	1366132	73138	1439270		1439270	15
16	1600 PHARMACY	3130499	13822681	16953180		16953180		16953180	16
17	1700 MEDICAL RECORDS & LIBRARY	3431510	189385	3620895	-243	3620652	-20840	3599812	17
18	1800 SOCIAL SERVICE	662734	27488	690222		690222		690222	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	29475937	3885314	33361251	-345240	33016011	-81569	32934442	25
26	2600 INTENSIVE CARE UNIT	6999489	733693	7733182	101457	7834639		7834639	26
26.01	2060 NEONATAL INTENSIVE CARE	2772613	297577	3070190	34948	3105138	-35543	3069595	26.01
31	3100 SUBPROVIDER I	3106226	1470096	4576322	53582	4629904		4629904	31
33	3300 NURSERY	1980693	294035	2274728	28173	2302901	-2244	2300657	33
34	3400 SKILLED NURSING FACILITY		44	44	-44				34
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	21750525	33572974	55323499	-20430376	34893123	-10169397	24723726	37
39	3900 DELIVERY ROOM & LABOR ROOM	1960585	267863	2228448	28173	2256621		2256621	39
41	4100 RADIOLOGY-DIAGNOSTIC	7174864	6099740	13274604	-3267	13271337	-70506	13200831	41
44	4400 LABORATORY	5121228	5963380	11084608	-39	11084569	-21289	11063280	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	365604	2913070	3278674		3278674		3278674	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	3108087	467434	3575521		3575521		3575521	49
50	5000 PHYSICAL THERAPY	4183687	3476092	7659779	-15674	7644105	-233799	7410306	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY								52
54	5400 ELECTROENCEPHALOGRAPHY	678815	306603	985418	-3091	982327	15301	997628	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				12186884	12186884		12186884	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				25487922	25487922		25487922	55.30
56	5600 DRUGS CHARGED TO PATIENTS								56
59	3140 CARDIOLOGY	7220591	22482553	29703144	-17251890	12451254	-1006276	11444978	59
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	1552098	489248	2041346	-10743	2030603	-19203	2011400	60
61	6100 EMERGENCY	5517816	1899123	7416939	98872	7515811	-630726	6885085	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	1823224	1165872	2989096	-48898	2940198		2940198	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	137447636	213441594	350889230	-567673	350321557	-18497272	331824285	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
97	9700 RESEARCH	259574	149525	409099	-2664	406435		406435	97
98	9800 PHYSICIANS' PRIVATE OFFICES	9700183	3560821	13261004	-57346	13203658	-81855	13121803	98
100	7950 ADVERTISING				798668	798668		798668	100
100.01	7951 FITNESS POINTE	1779293	1180713	2960006	-220036	2739970		2739970	100.01
100.02	7952 FITNESS POINTE SPA/PRO SHOP/DIE	275311	101281	376592		376592		376592	100.02
100.03	7953 RETAIL PHARMACY	360660	3589269	3949929		3949929	40249	3990178	100.03

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/30/2010 16:50

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	
100.04 7954 HOSPICE								100.04
100.05 7955 RUSH RESIDENTS				49051	49051		49051	100.05
101 TOTAL	149822657	222023203	371845860		371845860	-18538878	353306982	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 OPERATING RM SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		12186884	1
2	A	IMPL. DEV. CHARGED TO PATIENT	55.30		25487922	2
3 NURSING FLOAT SALARIES	B	INTENSIVE CARE UNIT	26	101457		3
4	B	NURSERY	33	28173		4
5	B	NEONATAL INTENSIVE CARE	26.01	34948		5
6	B	DELIVERY ROOM & LABOR ROOM	39	28173		6
7	B	EMERGENCY	61	98872		7
8	B	SUBPROVIDER I	31	53582		8
9						9
10 STOREROOM SALARY RECLASS	C	CENTRAL SERVICES & SUPPLY	15	73138		10
11 CAFETERIA EXPENSE	D	CAFETERIA	12	1591174	1232312	11
12 INTEREST EXPENSE	E					12
13	E					13
14	E	NEW CAP REL COSTS-MVBLE EQUIP	4		574933	14
15 BUILDING INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		323728	15
16	F	NEW CAP REL COSTS-MVBLE EQUIP	4		6715	16
17 UTILITY RECLASS	G	OPERATION OF PLANT	8		453241	17
18	G					18
19	G					19
20	G					20
21	G					21
22	G					22
23	G					23
24	G					24
25	G					25
26 ADVERTISING NON-REIMBURSEABLE	H	ADVERTISING	100		798895	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				2009517	41064630	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 OPERATING RM SUPPLIES	A	OPERATING ROOM	37		20430094	1
2	A	CARDIOLOGY	59		17244712	2
3 NURSING FLOAT SALARIES	B	ADULTS & PEDIATRICS	25	345205		3
4	B					4
5	B					5
6	B					6
7	B					7
8	B					8
9						9
10 STOREROOM SALARY RECLASS	C	ADMINISTRATIVE & GENERAL	6	73138		10
11 CAFETERIA EXPENSE	D	DIETARY	11	1591174	1232312	11
12 INTEREST EXPENSE	E	ADMINISTRATIVE & GENERAL	6		515608	11 12
13	E	CARDIOLOGY	59		2776	13
14	E	NURSING ADMINISTRATION	14		56549	11 14
15 BUILDING INSURANCE	F	ADMINISTRATIVE & GENERAL	6		330443	12 15
16	F					12 16
17 UTILITY RECLASS	G	HOME HEALTH AGENCY	71		42634	17
18	G	ADMINISTRATIVE & GENERAL	6		95327	18
19	G	FITNESS POINTE	100.01		220036	19
20	G	PHYSICIANS' PRIVATE OFFICES	98		57346	20
21	G	HOUSEKEEPING	10		14675	21
22	G	PHYSICAL THERAPY	50		10554	22
23	G	CLINIC	60		9778	23
24	G	RESEARCH	97		2664	24
25	G	ADVERTISING	100		227	25
26 ADVERTISING NON-REIMBURSEABLE	H	CLINIC	60		965	26
27	H	HOME HEALTH AGENCY	71		6264	27
28	H	NURSING ADMINISTRATION	14		4355	28
29	H	ADMINISTRATIVE & GENERAL	6		711505	29
30	H	MEDICAL RECORDS & LIBRARY	17		243	30
31	H	PHYSICAL THERAPY	50		5120	31
32	H	ADULTS & PEDIATRICS	25		79	32
33	H	LABORATORY	44		39	33
34	H	ELECTROENCEPHALOGRAPHY	54		3091	34
35	H	RADIOLOGY-DIAGNOSTIC	41		3267	35
36 SUBTOTAL				2009517	41000663	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	H				1
2	H				2
3	H				3
4	H				4
5 RECLASS RESIDENTS COST	K	RUSH RESIDENTS	100.05		49051 5
6					6
7 RECLASS MISC TCU COSTS	L	ADULTS & PEDIATRICS	25		44 7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				2009517	41113725 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	H	DIETARY	11		53900	1
2	H	OPERATING ROOM	37		282	2
3	H	EMPLOYEE BENEFITS	5		5383	3
4	H	CARDIOLOGY	59		4402	4
5 RECLASS RESIDENTS COST	K	ADMINISTRATIVE & GENERAL	6		49051	5
6						6
7 RECLASS MISC TCU COSTS	L	SKILLED NURSING FACILITY	34		44	7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2009517	41113725	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	5998331	450207		450207	4050	6444488		2
3 BUILDINGS AND FIXTURES	231072476	3349742		3349742	22050	234400168		3
4 BUILDING IMPROVEMENTS	42862304	6557079		6557079	12443	49406940		4
5 FIXED EQUIPMENT	3135878					3135878		5
6 MOVABLE EQUIPMENT	113363414	10560568		10560568	8405656	115518326		6
7 SUBTOTAL	398372438	20917596		20917596	8444199	410845835		7
8 RECONCILING ITEMS								8
9 TOTAL	398372438	20917596		20917596	8444199	410845835		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
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	295327509		295327509	.718828				3
4 NEW CAP REL COSTS-MVBLE EQUIP	115518326		115518326	.281172				4
5 TOTAL	410845835		410845835	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	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	11164820			323728			11488548 3
4 NEW CAP REL COSTS-MVBLE EQUIP	11828197		1	6715			11834913 4
5 TOTAL	22993017		1	330443			23323461 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	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	11201884						11201884 3
4 NEW CAP REL COSTS-MVBLE EQUIP	9222678						9222678 4
5 TOTAL	20424562						20424562 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	-574932	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-496	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	-11647577			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-2384335			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	-20840	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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		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 OFFSET IHA LOBBYING DUES	A	-5054	ADMINISTRATIVE & GENERAL	6	37
38 BABY PHOTO INCOME	B	-2244	NURSERY	33	38
39 A&G OTHER INCOME	B	-265193	ADMINISTRATIVE & GENERAL	6	39
40 FITNESS POINTE RENTAL-CARDIAC R	B	-134784	CARDIOLOGY	59	40
41 FITNESS POINTE RENTAL-PHYSICAL	B	-269028	PHYSICAL THERAPY	50	41
42 PHYSICIAN RENTAL/X RAY SALES-RA	B	-7002	RADIOLOGY-DIAGNOSTIC	41	42
43 VARIOUS OTHER REV OFFSET	B	-52860	CARDIOLOGY	59	43
44 PHYSICIAN RENTAL-LAB	B	-8335	LABORATORY	44	44
45 HOSPICE/OTHER RENTAL	B	-77170	ADMINISTRATIVE & GENERAL	6	45
46 VARIOUS EH&W OFFSETS	B	-3772	EMPLOYEE BENEFITS	5	46
47 OFFSET MISC ER EXPENSES	A	-12087	EMERGENCY	61	47
47.01 OTHER OP REV-DIABETES CLINIC	B	-1100	CLINIC	60	47.01
47.02 OFFSET RESEARCH COSTS HEART CTR	A	-147387	CARDIOLOGY	59	47.02
48 OFFSET BIORTERRORISM GRANT	B	-48640	ADMINISTRATIVE & GENERAL	6	48
49 MEDICAL RESTRICTED	A	-148939	ADMINISTRATIVE & GENERAL	6	49
49.01 EMPLOYEE CAFETERIA REVENUE	B	-1373551	CAFETERIA	12	49.01
49.03 GUEST TRAYS/CANDLELIGHT DINNERS	B	-738	DIETARY	11	49.03
49.04 TELEPHONE SERVICE	A	-142007	ADMINISTRATIVE & GENERAL	6	49.04
49.05 TELEPHONE SERVICE	A	-4557	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.05
49.06 TELEPHONE SERVICE	A	-9756	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.06
49.07 TELEPHONE SERVICE	A	-19057	EMPLOYEE BENEFITS	5	49.07
49.08 TELEVISION SERVICE	A	-9611	OPERATION OF PLANT	8	49.08
49.09 TELEVISION SERVICE	A	-35692	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.09
49.10 PENSION CONTRIBTN EXCESS OF EXP	A	-736918	EMPLOYEE BENEFITS	5	49.10
49.11 SERVICE CHGS ON CHECKING	A	-84205	ADMINISTRATIVE & GENERAL	6	49.11
49.12 OTHER NONOP REVENUE	B	-350	NURSING ADMINISTRATION	14	49.12
49.18 MOB-DEPRECIATION	A	-253069	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

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/30/2010 16:50

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
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
49.28 1996 ASSET LIFE ADJUSTMENT	A	6312	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.28
49.33 NON-PT CARE RELATED EXPENSES	A	-30767	ADMINISTRATIVE & GENERAL	6	49.33
49.36 OFFSET ANEST COVERAGE	A	-2520	OPERATING ROOM	37	49.36
49.37 OTHER DIETARY INCOME	B	-26236	DIETARY	11	49.37
49.38 OFFSET OTHER EP LAB INCOME	B	-1080	CARDIOLOGY	59	49.38
49.40 OFFSET PHYSICIAN RENTAL	B	-3648	NEONATAL INTENSIVE CARE	26.01	49.40
50 TOTAL		-18538878			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		704238	-704238	1
2	59	CARDIOLOGY		273441	-273441	2
3	54	ELECTROENCEPHALOGRAPHY		25693	-25693	3
4	6	ADMINISTRATIVE & GENERAL		364082	-364082	4
4.01	98	PHYSICIANS' PRIVATE OFFICES		159696	-159696	4.01
4.03	6	ADMINISTRATIVE & GENERAL	108949		108949	4.03
4.04	8	OPERATION OF PLANT	21043		21043	4.04
4.05	37	OPERATING ROOM	485464		485464	4.05
4.06	50	PHYSICAL THERAPY	24857		24857	4.06
4.07	54	ELECTROENCEPHALOGRAPHY	38368		38368	4.07
4.08	59	CARDIOLOGY	179947		179947	4.08
4.09	60	CLINIC	22982		22982	4.09
4.10	10	HOUSEKEEPING	1394		1394	4.10
4.11	44	LABORATORY	2917		2917	4.11
4.12	98	PHYSICIANS' PRIVATE OFFICES	54923		54923	4.12
4.13	100.03	RETAIL PHARMACY	28399		28399	4.13
4.15	8	OPERATION OF PLANT	8780		8780	4.15
4.16	10	HOUSEKEEPING	582		582	4.16
4.17	37	OPERATING ROOM	202566		202566	4.17
4.18	50	PHYSICAL THERAPY	10372		10372	4.18
4.19	44	LABORATORY	1217		1217	4.19
4.20	54	ELECTROENCEPHALOGRAPHY	16010		16010	4.20
4.21	59	CARDIOLOGY	75086		75086	4.21
4.22	60	CLINIC	9590		9590	4.22
4.23	98	PHYSICIANS' PRIVATE OFFICES	22918		22918	4.23
4.24	100.03	RETAIL PHARMACY	11850		11850	4.24
4.25	6	ADMINISTRATIVE & GENERAL	45461		45461	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		72309	-72309	4.33
4.37	6	ADMINISTRATIVE & GENERAL		628339	-628339	4.37
4.38	8	OPERATION OF PLANT		24426	-24426	4.38
4.39	41	RADIOLOGY-DIAGNOSTIC		121968	-121968	4.39
4.40	44	LABORATORY		11373	-11373	4.40
4.41	60	CLINIC		16514	-16514	4.41
4.42	59	CARDIOLOGY		5650	-5650	4.42
4.44	3	NEW CAP REL COSTS-BLDG & FIXT	215364		215364	9 4.44
4.45	6	ADMINISTRATIVE & GENERAL	21531925	25909646	-4377721	4.45
4.46	4	NEW CAP REL COSTS-MVBLE EQUIP	2649506		2649506	9 4.46
5		TOTALS	25933040	28317375	-2384335	5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	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
LINE NO.	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	220687	23678	197009	171400	2471	203620	10181
2	26.01	NEONATAL INTENSIVE CARE	41042	27500	13542	171400	111	9147	457
3	41	RADIOLOGY-DIAGNOSTIC	20000		20000	231100	85	9444	472
4	37	OPERATING ROOM	10150669	10150669					
5	44	LABORATORY	41749		41749	219500	272	28704	1435
6	49	RESPIRATORY THERAPY	20850		20850	171400	278	22908	1145
7	59	CARDIOLOGY	739474	495917	243557	171400	1105	91056	4553
8	41	RADIOLOGY-DIAGNOSTIC	21700		21700	231100	109	12111	606
9	25	ADULTS & PEDIATRICS	45200		45200	171400	226	18623	931
10	25	ADULTS & PEDIATRICS	27678		27678	171400	92	7581	379
11	60	CLINIC	117332		117332	171400	864	71197	3560
12	54	ELECTROENCEPHALOGRAPHY	34150		34150	171400	252	20766	1038
13	61	EMERGENCY	679453	590101	89352	171400	738	60814	3041
14	25	ADULTS & PEDIATRICS	34895	34895					
101		TOTAL	12194879	11322760	872119		6603	555971	27798

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	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
	10	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE					203620		23678
2	26.01	NEONATAL INTENSIVE CARE	AGGREGATE					9147	4395	31895
3	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE					9444	10556	10556
4	37	OPERATING ROOM	AGGREGATE							10150669
5	44	LABORATORY	AGGREGATE					28704	13045	13045
6	49	RESPIRATORY THERAPY	AGGREGATE					22908		
7	59	CARDIOLOGY	AGGREGATE					91056	152501	648418
8	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE					12111	9589	9589
9	25	ADULTS & PEDIATRICS	AGGREGATE					18623	26577	26577
10	25	ADULTS & PEDIATRICS	AGGREGATE					7581	20097	20097
11	60	CLINIC	AGGREGATE					71197	46135	46135
12	54	ELECTROENCEPHALOGRAPHY	AGGREGATE					20766	13384	13384
13	61	EMERGENCY	AGGREGATE					60814	28538	618639
14	25	ADULTS & PEDIATRICS	AGGREGAT							34895
101		TOTAL						555971	324817	11647577

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	11488548	11488548							3
4 NEW CAP REL COSTS-MVBLE EQUIP	11834913		11834913						4
5 EMPLOYEE BENEFITS	42245453	39990	7103	42292546					5
6 ADMINISTRATIVE & GENERAL	40518443	3181679	940083	3407358	48047563	48047563			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	12411713	1370741	377434	1199524	15359412	2417556	17776968		8
9 LAUNDRY & LINEN SERVICE	1528384	24621		29350	1582355	249061	63470	1894886	9
10 HOUSEKEEPING	4760776	47010	25026	970225	5803037	913392	121184	2256	10
11 DIETARY	3264242	155928	31258	553276	4004704	630336	401953	829	11
12 CAFETERIA	1449935	148324	35799	451402	2085460	328249	382353		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1407103	21062	53188	371768	1853121	291679	54293		14
15 CENTRAL SERVICES & SUPPLY	1439270			20749	1460019	229806			15
16 PHARMACY	16953180	58136	252919	888094	18152329	2857158	149865		16
17 MEDICAL RECORDS & LIBRARY	3599812	103038	10781	973489	4687120	737748	265613		17
18 SOCIAL SERVICE	690222	30092	2258	188012	910584	143325	77570		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	32934442	1813717	645051	8264174	43657384	6871667	4675427	809876	25
26 INTENSIVE CARE UNIT	7834639	267314	214953	2014474	10331380	1626149	689085	132232	26
26.01 NEONATAL INTENSIVE CARE	3069595	180636	106613	796480	4153324	653729	465647	20047	26.01
31 SUBPROVIDER I	4629904	247579	50736	896409	5824628	916791	638214	140849	31
33 NURSERY	2300657	26420	1924	569897	2898898	456284	68106	30512	33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS									34
37 OPERATING ROOM	24723726	475275	1676432	6170428	33045861	5201385	1225172	180088	37
39 DELIVERY ROOM & LABOR ROOM	2256621	156970	185109	564193	3162893	497836	404639	44346	39
41 RADIOLOGY-DIAGNOSTIC	13200831	513343	4209488	2035444	19959106	3141543	1323302	100604	41
44 LABORATORY	11063280	233613	315911	1452846	13065650	2056520	602210	1353	44
46 WHOLE BLOOD & PACKED RED BLOOD	3278674	13694	27321	103719	3423408	538841	35300		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3575521	58484	202012	881736	4717753	742570	150760	993	49
50 PHYSICAL THERAPY	7410306	408469	65235	1186874	9070884	1427748	1052957	20368	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY	997628	27214	158995	192574	1376411	216646	70152	5326	54
55 MEDICAL SUPPLIES CHARGED TO PAT	12186884				12186884	1918203			55
55.30 IMPL. DEV. CHARGED TO PATIENT	25487922				25487922	4011773			55.30
56 DRUGS CHARGED TO PATIENTS									56
59 CARDIOLOGY	11444978	355492	1450341	2048417	15299228	2408083	916393	89592	59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2011400	55780	55706	440316	2563202	403445	143790	9411	60
61 EMERGENCY	6885085	315713	524150	1593404	9318352	1466699	813850	230532	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	2940198	44343	41028	517232	3542801	557633	114309		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	331824285	10374677	11666854	38781864	327031673	43911855	14905614	1819214	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		29136			29136	4586	75108		96
97 RESEARCH	406435		1387	73639	481461	75781			97
98 PHYSICIANS' PRIVATE OFFICES	13121803	337023	44561	2751855	16255242	2558559	868783	161	98
100 ADVERTISING	798668				798668	125710			100
100.01FITNESS POINTE	2739970	569656	108674	504769	3923069	617487	1468467	75511	100.01
100.02FITNESS POINTE SPA/PRO SHOP/DIE	376592	87856	2820	78103	545371	85841	226476		100.02
100.03RETAIL PHARMACY	3990178		10617	102316	4103111	645826			100.03

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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
100.04HOSPICE		90200			90200	14197	232520	100.04
100.05RUSH RESIDENTS	49051				49051	7721		100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	353306982	11488548	11834913	42292546	353306982	48047563	17776968	1894886 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	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	6839869								10
11 DIETARY	166570	5204392							11
12 CAFETERIA	49580		2845642						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	7275		23209	2229577					14
15 CENTRAL SERVICES & SUPPLY	2425		3746		1695996				15
16 PHARMACY	22690		67708			21249750			16
17 MEDICAL RECORDS & LIBRARY	33818		133996				5858295		17
18 SOCIAL SERVICE	3724		17981					1153184	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	2301420	4113658	877957	1031949			2191002	1004376	25
26 INTENSIVE CARE UNIT	346460	368282	183879	216132			304631	97122	26
26.01 NEONATAL INTENSIVE CARE	89572		63338	74453			99591	9170	26.01
31 SUBPROVIDER I	270025	640804	97051	114080			205040	416	31
33 NURSERY	25392		51085	60042			70300	4268	33
34 SKILLED NURSING FACILITY									34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1422438		393278	462254			1493865		37
39 DELIVERY ROOM & LABOR ROOM	270371	81648	51101	60069				8258	39
41 RADIOLOGY-DIAGNOSTIC	242269		149417				169891		41
44 LABORATORY	85918		144734				474522		44
46 WHOLE BLOOD & PACKED RED BLOOD			8428				11717		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	19581		75372				99591		49
50 PHYSICAL THERAPY	80159		65648				41008		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY	12159		6711				5858		54
55 MEDICAL SUPPLIES CHARGED TO PAT					1695996				55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						21249750			56
59 CARDIOLOGY	241724		172329				93733		59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	33472		16997						60
61 EMERGENCY	541003		179166	210598			597546	29574	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	11691		46497						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	6279736	5204392	2829628	2229577	1695996	21249750	5858295	1153184	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97 RESEARCH	866		7039						97
98 PHYSICIANS' PRIVATE OFFICES	284072								98
100 ADVERTISING									100
100.01FITNESS POINTE	266362								100.01
100.02FITNESS POINTE SPA/PRO SHOP/DIE	8833								100.02
100.03RETAIL PHARMACY			8975						100.03

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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	
100.04HOSPICE									100.04
100.05RUSH RESIDENTS									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6839869	5204392	2845642	2229577	1695996	21249750	5858295	1153184	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	67534716		67534716	25
26 INTENSIVE CARE UNIT	14295352		14295352	26
26.01 NEONATAL INTENSIVE CARE	5628871		5628871	26.01
31 SUBPROVIDER I	8847898		8847898	31
33 NURSERY	3664887		3664887	33
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	43424341		43424341	37
39 DELIVERY ROOM & LABOR ROOM	4581161		4581161	39
41 RADIOLOGY-DIAGNOSTIC	25086132		25086132	41
44 LABORATORY	16430907		16430907	44
46 WHOLE BLOOD & PACKED RED BLOOD	4017694		4017694	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	5806620		5806620	49
50 PHYSICAL THERAPY	11758772		11758772	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	1693263		1693263	54
55 MEDICAL SUPPLIES CHARGED TO PAT	15801083		15801083	55
55.30 IMPL. DEV. CHARGED TO PATIENT	29499695		29499695	55.30
56 DRUGS CHARGED TO PATIENTS	21249750		21249750	56
59 CARDIOLOGY	19221082		19221082	59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	3170317		3170317	60
61 EMERGENCY	13387320		13387320	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	4272931		4272931	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	319372792		319372792	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	108830		108830	96
97 RESEARCH	565147		565147	97
98 PHYSICIANS' PRIVATE OFFICES	19966817		19966817	98
100 ADVERTISING	924378		924378	100
100.01FITNESS POINTE	6350896		6350896	100.01
100.02FITNESS POINTE SPA/PRO SHOP/DIE	866521		866521	100.02
100.03RETAIL PHARMACY	4757912		4757912	100.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100.04HOSPICE	336917		336917	100.04
100.05RUSH RESIDENTS	56772		56772	100.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	353306982		353306982	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	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									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	39823	39990	7103	86916	86916				5
6 ADMINISTRATIVE & GENERAL	514296	3181679	940083	4636058	7002	4643060			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	8789	1370741	377434	1756964	2465	233617	1993046		8
9 LAUNDRY & LINEN SERVICE		24621		24621	60	24068	7116	55865	9
10 HOUSEKEEPING	8623	47010	25026	80659	1994	88264	13586	67	10
11 DIETARY	4269	155928	31258	191455	1137	60912	45065	24	11
12 CAFETERIA		148324	35799	184123	928	31720	42867		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	32130	21062	53188	106380	764	28186	6087		14
15 CENTRAL SERVICES & SUPPLY	341933			341933	43	22207			15
16 PHARMACY	3799	58136	252919	314854	1825	276097	16802		16
17 MEDICAL RECORDS & LIBRARY	21932	103038	10781	135751	2001	71291	29779		17
18 SOCIAL SERVICE	5439	30092	2258	37789	386	13850	8697		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	27916	1813717	645051	2486684	16985	664092	524178	23877	25
26 INTENSIVE CARE UNIT	14081	267314	214953	496348	4140	157140	77256	3898	26
26.01 NEONATAL INTENSIVE CARE	478	180636	106613	287727	1637	63172	52205	591	26.01
31 SUBPROVIDER I	12805	247579	50736	311120	1842	88593	71553	4153	31
33 NURSERY	461	26420	1924	28805	1171	44092	7636	900	33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS									34
37 OPERATING ROOM	655579	475275	1676432	2807286	12681	502628	137359	5309	37
39 DELIVERY ROOM & LABOR ROOM	2845	156970	185109	344924	1159	48108	45366	1307	39
41 RADIOLOGY-DIAGNOSTIC	1310642	513343	4209488	6033473	4183	303578	148361	2966	41
44 LABORATORY	113505	233613	315911	663029	2986	198729	67516	40	44
46 WHOLE BLOOD & PACKED RED BLOOD		13694	27321	41015	213	52070	3958		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	19421	58484	202012	279917	1812	71757	16902	29	49
50 PHYSICAL THERAPY	22770	408469	65235	496474	2439	137968	118051	601	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY	154257	27214	158995	340466	396	20935	7865	157	54
55 MEDICAL SUPPLIES CHARGED TO PAT						185363			55
55.30 IMPL. DEV. CHARGED TO PATIENT						387671			55.30
56 DRUGS CHARGED TO PATIENTS									56
59 CARDIOLOGY	1208829	355492	1450341	3014662	4210	232701	102740	2641	59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	55272	55780	55706	166758	905	38986	16121	277	60
61 EMERGENCY	9732	315713	524150	849595	3275	141732	91244	6797	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	11984	44343	41028	97355	1063	53886	12816		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	4601610	10374677	11666854	26643141	79702	4243413	1671126	53634	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		29136		29136		443	8421		96
97 RESEARCH	40478		1387	41865	151	7323			97
98 PHYSICIANS' PRIVATE OFFICES		337023	44561	381584	5655	247242	97403	5	98
100 ADVERTISING						12148			100
100.01FITNESS POINTE	15596	569656	108674	693926	1037	59670	164636	2226	100.01
100.02FITNESS POINTE SPA/PRO SHOP/DIE		87856	2820	90676	161	8295	25391		100.02
100.03RETAIL PHARMACY	20		10617	10637	210	62408			100.03

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9
100.04HOSPICE		90200		90200		1372	26069	100.04
100.05RUSH RESIDENTS						746		100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4657704	11488548	11834913	27981165	86916	4643060	1993046	55865 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	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	184570								10
11 DIETARY	4495	303088							11
12 CAFETERIA	1338		260976						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	196		2129	143742					14
15 CENTRAL SERVICES & SUPPLY	65		344		364592				15
16 PHARMACY	612		6210			616400			16
17 MEDICAL RECORDS & LIBRARY	913		12289				252024		17
18 SOCIAL SERVICE	100		1649					62471	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	62104	239566	80515	66530			94259	54410	25
26 INTENSIVE CARE UNIT	9349	21448	16864	13934			13105	5261	26
26.01 NEONATAL INTENSIVE CARE	2417		5809	4800			4284	497	26.01
31 SUBPROVIDER I	7286	37319	8901	7355			8821	23	31
33 NURSERY	685		4685	3871			3024	231	33
34 SKILLED NURSING FACILITY									34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	38384		36068	29802			64266		37
39 DELIVERY ROOM & LABOR ROOM	7296	4755	4687	3873				447	39
41 RADIOLOGY-DIAGNOSTIC	6538		13703				7309		41
44 LABORATORY	2318		13274				20414		44
46 WHOLE BLOOD & PACKED RED BLOOD			773				504		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	528		6912				4284		49
50 PHYSICAL THERAPY	2163		6021				1764		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY	328		616				252		54
55 MEDICAL SUPPLIES CHARGED TO PAT					364592				55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						616400			56
59 CARDIOLOGY	6523		15804				4032		59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	903		1559						60
61 EMERGENCY	14599		16431	13577			25706	1602	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	315		4264						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	169455	303088	259507	143742	364592	616400	252024	62471	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97 RESEARCH	23		646						97
98 PHYSICIANS' PRIVATE OFFICES	7666								98
100 ADVERTISING									100
100.01FITNESS POINTE	7188								100.01
100.02FITNESS POINTE SPA/PRO SHOP/DIE	238								100.02
100.03RETAIL PHARMACY			823						100.03

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WORKSHEET B
 PART III

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
100.04HOSPICE								100.04
100.05RUSH RESIDENTS								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	184570	303088	260976	143742	364592	616400	252024	62471 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

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	4313200		4313200	25
26 INTENSIVE CARE UNIT	818743		818743	26
26.01 NEONATAL INTENSIVE CARE	423139		423139	26.01
31 SUBPROVIDER I	546966		546966	31
33 NURSERY	95100		95100	33
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	3633783		3633783	37
39 DELIVERY ROOM & LABOR ROOM	461922		461922	39
41 RADIOLOGY-DIAGNOSTIC	6520111		6520111	41
44 LABORATORY	968306		968306	44
46 WHOLE BLOOD & PACKED RED BLOOD	98533		98533	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	382141		382141	49
50 PHYSICAL THERAPY	765481		765481	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	371015		371015	54
55 MEDICAL SUPPLIES CHARGED TO PAT	549955		549955	55
55.30 IMPL. DEV. CHARGED TO PATIENT	387671		387671	55.30
56 DRUGS CHARGED TO PATIENTS	616400		616400	56
59 CARDIOLOGY	3383313		3383313	59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	225509		225509	60
61 EMERGENCY	1164558		1164558	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	169699		169699	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	25895545		25895545	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	38000		38000	96
97 RESEARCH	50008		50008	97
98 PHYSICIANS' PRIVATE OFFICES	739555		739555	98
100 ADVERTISING	12148		12148	100
100.01FITNESS POINTE	928683		928683	100.01
100.02FITNESS POINTE SPA/PRO SHOP/DIE	124761		124761	100.02
100.03RETAIL PHARMACY	74078		74078	100.03

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WORKSHEET B
PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100.04HOSPICE	117641		117641	100.04
100.05RUSH RESIDENTS	746		746	100.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	27981165		27981165	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
	BLDGS & FIXTURES NEW- SQ FT	MOVABLE EQUIPMENT NEW- \$ VALUE	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS	
	3	4	5	6A	6	8	9	
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	926214							3
4 NEW CAP REL COSTS-MVBLE EQUIP		9351065						4
5 EMPLOYEE BENEFITS	3224	5612	149079451					5
6 ADMINISTRATIVE & GENERAL	256509	742783	12010807	-48047563	305259419			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	110510	298220	4228275		15359412	555971		8
9 LAUNDRY & LINEN SERVICE	1985		103457		1582355	1985	589537	9
10 HOUSEKEEPING	3790	19774	3420008		5803037	3790	702	10
11 DIETARY	12571	24698	1950278		4004704	12571	258	11
12 CAFETERIA	11958	28286	1591174		2085460	11958		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1698	42025	1310468		1853121	1698		14
15 CENTRAL SERVICES & SUPPLY			73138		1460019			15
16 PHARMACY	4687	199838	3130499		18152329	4687		16
17 MEDICAL RECORDS & LIBRARY	8307	8518	3431510		4687120	8307		17
18 SOCIAL SERVICE	2426	1784	662734		910584	2426		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	146223	509671	29130732		43657384	146223	251968	25
26 INTENSIVE CARE UNIT	21551	169840	7100946		10331380	21551	41140	26
26.01 NEONATAL INTENSIVE CARE	14563	84238	2807561		4153324	14563	6237	26.01
31 SUBPROVIDER I	19960	40088	3159808		5824628	19960	43821	31
33 NURSERY	2130	1520	2008866		2898898	2130	9493	33
34 SKILLED NURSING FACILITY								34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	38317	1324591	21750525		33045861	38317	56029	37
39 DELIVERY ROOM & LABOR ROOM	12655	146259	1988758		3162893	12655	13797	39
41 RADIOLOGY-DIAGNOSTIC	41386	3326024	7174864		19959106	41386	31300	41
44 LABORATORY	18834	249609	5121228		13065650	18834	421	44
46 WHOLE BLOOD & PACKED RED BLOO	1104	21587	365604		3423408	1104		46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4715	159615	3108087		4717753	4715	309	49
50 PHYSICAL THERAPY	32931	51544	4183687		9070884	32931	6337	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY	2194	125626	678815		1376411	2194	1657	54
55 MEDICAL SUPPLIES CHARGED TO P					12186884			55
55.30 IMPL. DEV. CHARGED TO PATIENT					25487922			55.30
56 DRUGS CHARGED TO PATIENTS								56
59 CARDIOLOGY	28660	1145951	7220591		15299228	28660	27874	59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	4497	44015	1552098		2563202	4497	2928	60
61 EMERGENCY	25453	414144	5616688		9318352	25453	71723	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	3575	32417	1823224		3542801	3575		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	836413	9218277	136704430	-48047563	278984110	466170	565994	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2349				29136	2349		96
97 RESEARCH		1096	259574		481461			97
98 PHYSICIANS' PRIVATE OFFICES	27171	35209	9700183		16255242	27171	50	98
100 ADVERTISING					798668			100
100.01 FITNESS POINTE	45926	85866	1779293		3923069	45926	23493	100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
	BLDGS & FIXTURES NEW- SQ FT	MOVABLE EQUIPMENT NEW- \$ VALUE	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS	
	3	4	5	6A	6	8	9	
100.02 FITNESS POINTE SPA/PRO SHOP/D	7083	2228	275311		545371	7083		100.02
100.03 RETAIL PHARMACY		8389	360660		4103111			100.03
100.04 HOSPICE	7272				90200	7272		100.04
100.05 RUSH RESIDENTS					49051			100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	11488548	11834913	42292546		48047563	17776968	1894886	103
104 UNIT COST MULT-WS B PT I		1.265622				31.974632		104
104 UNIT COST MULT-WS B PT I	12.403773		.283691		.157399		3.214194	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			86916		4643060	1993046	55865	107
108 UNIT COST MULT-WS B PT III						3.584802		108
108 UNIT COST MULT-WS B PT III			.000583		.015210		.094761	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 ALS	ME FTES	NURSING HO URS	COSTED REQ	COSTED REQ	TIME SPENT	TIME SPENT
	10	11	12	14	15	16	17	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	789805							10
11 DIETARY	19234	306089						11
12 CAFETERIA	5725		182318					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	840		1487	2527831				14
15 CENTRAL SERVICES & SUPPLY	280		240		100			15
16 PHARMACY	2620		4338			10000		16
17 MEDICAL RECORDS & LIBRARY	3905		8585				1000	17
18 SOCIAL SERVICE	430		1152					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	265747	241939	56250	1169994			374	241192
26 INTENSIVE CARE UNIT	40006	21660	11781	245044			52	23323
26.01 NEONATAL INTENSIVE CARE	10343		4058	84413			17	2202
31 SUBPROVIDER I	31180	37688	6218	129341			35	100
33 NURSERY	2932		3273	68074			12	1025
34 SKILLED NURSING FACILITY								34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	164250		25197	524090			255	
39 DELIVERY ROOM & LABOR ROOM	31220	4802	3274	68105				1983
41 RADIOLOGY-DIAGNOSTIC	27975		9573				29	
44 LABORATORY	9921		9273				81	
46 WHOLE BLOOD & PACKED RED BLOO			540				2	
46.30 BLOOD CLOTTING FACTORS ADMIN								
49 RESPIRATORY THERAPY	2261		4829				17	
50 PHYSICAL THERAPY	9256		4206				7	
51 OCCUPATIONAL THERAPY								
52 SPEECH PATHOLOGY								
54 ELECTROENCEPHALOGRAPHY	1404		430				1	
55 MEDICAL SUPPLIES CHARGED TO P					100			
55.30 IMPL. DEV. CHARGED TO PATIENT								
56 DRUGS CHARGED TO PATIENTS						10000		
59 CARDIOLOGY	27912		11041				16	
59.97 CARDIAC REHABILITATION								
59.98 HYPERBARIC OXYGEN THERAPY								
59.99 LITHOTRIPSY								
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3865		1089					
61 EMERGENCY	62470		11479	238770			102	7102
62 OBSERVATION BEDS (NON-DISTINC								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								
69.20 OUTPATIENT PHYSICAL THERAPY								
69.30 OUTPATIENT OCCUPATIONAL THERA								
69.40 OUTPATIENT SPEECH PATHOLOGY								
71 HOME HEALTH AGENCY	1350		2979					
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
85.03 ISLET CELL ACQUISITION								
95 SUBTOTALS	725126	306089	181292	2527831	100	10000	1000	276927
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								
97 RESEARCH	100		451					
98 PHYSICIANS' PRIVATE OFFICES	32802							
100 ADVERTISING								
100.01 FITNESS POINTE	30757							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	KEEPING			ADMINIS-	SERVICES &		RECORDS &	SERVICE	
	TIME SPENT	PATIENT ME	FTES	TRATION	SUPPLY	COSTED REQ	LIBRARY	TIME SPENT	
	10	ALS	11	12	14	15	16	17	18
100.02 FITNESS POINTE SPA/PRO SHOP/D	1020								100.02
100.03 RETAIL PHARMACY				575					100.03
100.04 HOSPICE									100.04
100.05 RUSH RESIDENTS									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	6839869	5204392	2845642	2229577	1695996	21249750	5858295	1153184	103
104 UNIT COST MULT-WS B PT I	8.660200		15.608124		16959.960000		5858.295000		104
104 UNIT COST MULT-WS B PT I		17.002872		.882012		2124.975000		4.164217	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	184570	303088	260976	143742	364592	616400	252024	62471	107
108 UNIT COST MULT-WS B PT III	.233691		1.431433		3645.920000		252.024000		108
108 UNIT COST MULT-WS B PT III		.990196		.056864		61.640000		.225587	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6	ADMINISTRATIVE & GENERAL	6
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
26.01	NEONATAL INTENSIVE CARE	26.01
31	SUBPROVIDER I	31
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
39	DELIVERY ROOM & LABOR ROOM	39
41	RADIOLOGY-DIAGNOSTIC	41
44	LABORATORY	44
46	WHOLE BLOOD & PACKED RED BLOO	46
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
54	ELECTROENCEPHALOGRAPHY	54
55	MEDICAL SUPPLIES CHARGED TO P	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
59	CARDIOLOGY	59
59.97	CARDIAC REHABILITATION	59.97
59.98	HYPERBARIC OXYGEN THERAPY	59.98
59.99	LITHOTRIPSY	59.99
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
97	RESEARCH	97
98	PHYSICIANS' PRIVATE OFFICES	98
100	ADVERTISING	100
100.01	FITNESS POINTE	100.01

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

100.02	FITNESS POINTE SPA/PRO SHOP/D	100.02
100.03	RETAIL PHARMACY	100.03
100.04	HOSPICE	100.04
100.05	RUSH RESIDENTS	100.05
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	67534716		67534716	46674	67581390	25
26 INTENSIVE CARE UNIT	14295352		14295352		14295352	26
26.01 NEONATAL INTENSIVE CARE	5628871		5628871	4395	5633266	26.01
31 SUBPROVIDER I	8847898		8847898		8847898	31
33 NURSERY	3664887		3664887		3664887	33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	43424341		43424341		43424341	37
39 DELIVERY ROOM & LABOR ROOM	4581161		4581161		4581161	39
41 RADIOLOGY-DIAGNOSTIC	25086132		25086132	20145	25106277	41
44 LABORATORY	16430907		16430907	13045	16443952	44
46 WHOLE BLOOD & PACKED RED BL	4017694		4017694		4017694	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5806620		5806620		5806620	49
50 PHYSICAL THERAPY	11758772		11758772		11758772	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY	1693263		1693263	13384	1706647	54
55 MEDICAL SUPPLIES CHARGED TO	15801083		15801083		15801083	55
55.30 IMPL. DEV. CHARGED TO PATIE	29499695		29499695		29499695	55.30
56 DRUGS CHARGED TO PATIENTS	21249750		21249750		21249750	56
59 CARDIOLOGY	19221082		19221082	152501	19373583	59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3170317		3170317	46135	3216452	60
61 EMERGENCY	13387320		13387320	28538	13415858	61
62 OBSERVATION BEDS (NON-DISTI	7552134		7552134		7552134	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	322651995		322651995	324817	322976812	101
102 LESS OBSERVATION BEDS	7552134		7552134		7552134	102
103 TOTAL	315099861		315099861	324817	315424678	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	59325952		59325952			25
26 INTENSIVE CARE UNIT	11982654		11982654			26
26.01 NEONATAL INTENSIVE CARE	8038554		8038554			26.01
31 SUBPROVIDER I	6798175		6798175			31
33 NURSERY	3003657		3003657			33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	53183685	65533848	118717533	.365779	.365779	.365779 37
39 DELIVERY ROOM & LABOR ROOM	3958410	1577159	5535569	.827586	.827586	.827586 39
41 RADIOLOGY-DIAGNOSTIC	44253937	118202564	162456501	.154418	.154418	.154542 41
44 LABORATORY	52533016	61940502	114473518	.143535	.143535	.143649 44
46 WHOLE BLOOD & PACKED RED BL	6285560	2101519	8387079	.479034	.479034	.479034 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	23014453	1503396	24517849	.236832	.236832	.236832 49
50 PHYSICAL THERAPY	18252266	11673018	29925284	.392938	.392938	.392938 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY	1617542	6096513	7714055	.219504	.219504	.221239 54
55 MEDICAL SUPPLIES CHARGED TO	19050325	25341705	44392030	.355944	.355944	.355944 55
55.30 IMPL. DEV. CHARGED TO PATIE	32218160	19576618	51794778	.569550	.569550	.569550 55.30
56 DRUGS CHARGED TO PATIENTS	65431495	19433206	84864701	.250396	.250396	.250396 56
59 CARDIOLOGY	33701248	50439464	84140712	.228440	.228440	.230252 59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	193820	3184921	3378741	.938313	.938313	.951968 60
61 EMERGENCY	17373539	34100170	51473709	.260081	.260081	.260635 61
62 OBSERVATION BEDS (NON-DISTI		15855910	15855910	.476298	.476298	.476298 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	460216448	436560513	896776961			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	460216448	436560513	896776961			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				4313200		4313200	25
26 INTENSIVE CARE UNIT				818743		818743	26
26.01 NEONATAL INTENSIVE CARE				423139		423139	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				546966		546966	31
33 NURSERY				95100		95100	33
101 TOTAL				6197148		6197148	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	86489	44144			49.87	2201461	25
26 INTENSIVE CARE UNIT	9130	5136			89.68	460596	26
26.01 NEONATAL INTENSIVE CARE	5440				77.78		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	12827	12365			42.64	527244	31
33 NURSERY	5627				16.90		33
101 TOTAL	119513	61645				3189301	101

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	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3633783	118717533	24374039			.030609	746065	37
39 DELIVERY ROOM & LABOR ROOM		461922	5535569	7365			.083446	615	39
41 RADIOLOGY-DIAGNOSTIC		6520111	162456501	24243927			.040135	973030	41
44 LABORATORY		968306	114473518	28125481			.008459	237913	44
46 WHOLE BLOOD & PACKED RED BLOO		985533	8387079	3442360			.011748	40441	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		382141	24517849	13870192			.015586	216181	49
50 PHYSICAL THERAPY		765481	29925284	5221380			.025580	133563	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY		371015	7714055	1009166			.048096	48537	54
55 MEDICAL SUPPLIES CHARGED TO P		549955	44392030	16362245			.012389	202712	55
55.30 IMPL. DEV. CHARGED TO PATIENT		387671	51794778	12809515			.007485	95879	55.30
56 DRUGS CHARGED TO PATIENTS		616400	84864701	34234067			.007263	248642	56
59 CARDIOLOGY		3383313	84140712	21222267			.040210	853347	59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		225509	3378741	113726			.066744	7591	60
61 EMERGENCY		1164558	51473709	4961352			.022624	112246	61
62 OBSERVATION BEDS (NON-DISTINC		481992	15855910				.030398		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		20010690	807627969	189997082				3916762	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					86489		44144	25
26 INTENSIVE CARE UNIT					9130		5136	26
26.01 NEONATAL INTENSIVE CARE					5440			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					12827		12365	31
33 NURSERY					5627			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					119513		61645	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		118717533			24374039		17680497 37
39 DELIVERY ROOM & LABOR ROOM		5535569			7365		39
41 RADIOLOGY-DIAGNOSTIC		162456501			24243927		41285713 41
44 LABORATORY		114473518			28125481		2777454 44
46 WHOLE BLOOD & PACKED RED BLOO		8387079			3442360		710393 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		24517849			13870192		538183 49
50 PHYSICAL THERAPY		29925284			5221380		90915 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		7714055			1009166		1753524 54
55 MEDICAL SUPPLIES CHARGED TO P		44392030			16362245		19167376 55
55.30 IMPL. DEV. CHARGED TO PATIENT		51794778			12809515		5746770 55.30
56 DRUGS CHARGED TO PATIENTS		84864701			34234067		8194522 56
59 CARDIOLOGY		84140712			21222267		29192547 59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3378741			113726		1861033 60
61 EMERGENCY		51473709			4961352		9936276 61
62 OBSERVATION BEDS (NON-DISTINC		15855910					6174406 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		807627969			189997082		145109609 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIOLOGY						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0125) [] SNF
 APPLICABLE [XX] TITLE 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
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.365779	.365779	.365779			37
39 DELIVERY ROOM & LABOR ROOM	.827586	.827586	.827586			39
41 RADIOLOGY-DIAGNOSTIC	.154418	.154418	.154418			41
44 LABORATORY	.143535	.143535	.143535			44
46 WHOLE BLOOD & PACKED RED BLOOD	.479034	.479034	.479034			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.236832	.236832	.236832			49
50 PHYSICAL THERAPY	.392938	.392938	.392938			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY	.219504	.219504	.219504			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.355944	.355944	.355944			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.569550	.569550	.569550			55.30
56 DRUGS CHARGED TO PATIENTS	.250396	.250396	.250396			56
59 CARDIOLOGY	.228440	.228440	.228440			59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.938313	.938313	.938313			60
61 EMERGENCY	.260081	.260081	.260081			61
62 OBSERVATION BEDS (NON-DISTINCT	.476298	.476298	.476298			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						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	.250396	1
2 PROGRAM VACCINE CHARGES	52837	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	13230	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		17680497						37
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC		41285713						41
44 LABORATORY		2777454						44
46 WHOLE BLOOD & PACKED RED BLOOD		710393						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		538183						49
50 PHYSICAL THERAPY		90915						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		1753524						54
55 MEDICAL SUPPLIES CHARGED TO PA		19167376						55
55.30 IMPL. DEV. CHARGED TO PATIENT		5746770						55.30
56 DRUGS CHARGED TO PATIENTS		8194522	100					56
59 CARDIOLOGY		29192547						59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1861033						60
61 EMERGENCY		9936276						61
62 OBSERVATION BEDS (NON-DISTINCT		6174406						62
63.50 RHC								63.50
63.60 FQHC								63.60
65.01 OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		145109609	100					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		145109609	100					104

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)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.) 10
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		6467155				37
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC		6375257				41
44 LABORATORY		398662				44
46 WHOLE BLOOD & PACKED RED BLOOD		340302				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		127459				49
50 PHYSICAL THERAPY		35724				50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY		384906				54
55 MEDICAL SUPPLIES CHARGED TO PAT		6822512				55
55.30 IMPL. DEV. CHARGED TO PATIENT		3273073				55.30
56 DRUGS CHARGED TO PATIENTS		2051876	25			56
59 CARDIOLOGY		6668745				59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		1746231				60
61 EMERGENCY		2584237				61
62 OBSERVATION BEDS (NON-DISTINCT		2940857				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 CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		40216996	25			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		40216996	25			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	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3633783	118717533	132420			.030609	4053	37
39 DELIVERY ROOM & LABOR ROOM		461922	5535569				.083446		39
41 RADIOLOGY-DIAGNOSTIC		6520111	162456501	816795			.040135	32782	41
44 LABORATORY		968306	114473518	1726403			.008459	14604	44
46 WHOLE BLOOD & PACKED RED BLOO		985533	8387079	82796			.011748	973	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		382141	24517849	591664			.015586	9222	49
50 PHYSICAL THERAPY		765481	29925284	9253509			.025580	236705	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY		371015	7714055	85613			.048096	4118	54
55 MEDICAL SUPPLIES CHARGED TO P		549955	44392030	1121934			.012389	13900	55
55.30 IMPL. DEV. CHARGED TO PATIENT		387671	51794778	46900			.007485	351	55.30
56 DRUGS CHARGED TO PATIENTS		616400	84864701	3791048			.007263	27534	56
59 CARDIOLOGY		3383313	84140712	309740			.040210	12455	59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		225509	3378741	457			.066744	31	60
61 EMERGENCY		1164558	51473709				.022624		61
62 OBSERVATION BEDS (NON-DISTINC		481992	15855910				.030398		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		20010690	807627969	17959279				356728	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		118717533			132420		37
39 DELIVERY ROOM & LABOR ROOM		5535569					39
41 RADIOLOGY-DIAGNOSTIC		162456501			816795		41
44 LABORATORY		114473518			1726403		44
46 WHOLE BLOOD & PACKED RED BLOO		8387079			82796		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		24517849			591664		49
50 PHYSICAL THERAPY		29925284			9253509		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		7714055			85613		54
55 MEDICAL SUPPLIES CHARGED TO P		44392030			1121934		55
55.30 IMPL. DEV. CHARGED TO PATIENT		51794778			46900		55.30
56 DRUGS CHARGED TO PATIENTS		84864701			3791048		56
59 CARDIOLOGY		84140712			309740		59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3378741			457		60
61 EMERGENCY		51473709					61
62 OBSERVATION BEDS (NON-DISTINC		15855910					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		807627969			17959279		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIOLOGY						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				4313200		4313200	25
26 INTENSIVE CARE UNIT				818743		818743	26
26.01 NEONATAL INTENSIVE CARE				423139		423139	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				546966		546966	31
33 NURSERY				95100		95100	33
101 TOTAL				6197148		6197148	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	86489	1715			49.87	85527	25
26 INTENSIVE CARE UNIT	9130	279			89.68	25021	26
26.01 NEONATAL INTENSIVE CARE	5440	695			77.78	54057	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	12827	39			42.64	1663	31
33 NURSERY	5627	343			16.90	5797	33
101 TOTAL	119513	3071				172065	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3633783	118717533	754104			.030609	23082 37
39 DELIVERY ROOM & LABOR ROOM		461922	5535569	89785			.083446	7492 39
41 RADIOLOGY-DIAGNOSTIC		6520111	162456501	1107971			.040135	44468 41
44 LABORATORY		968306	114473518	1501357			.008459	12700 44
46 WHOLE BLOOD & PACKED RED BLOO		98533	8387079	139834			.011748	1643 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		382141	24517849	510179			.015586	7952 49
50 PHYSICAL THERAPY		765481	29925284	196486			.025580	5026 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		371015	7714055	23831			.048096	1146 54
55 MEDICAL SUPPLIES CHARGED TO P		549955	44392030	533236			.012389	6606 55
55.30 IMPL. DEV. CHARGED TO PATIENT		387671	51794778				.007485	55.30
56 DRUGS CHARGED TO PATIENTS		616400	84864701	2429296			.007263	17644 56
59 CARDIOLOGY		3383313	84140712	833593			.040210	33519 59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		225509	3378741	1653			.066744	110 60
61 EMERGENCY		1164558	51473709	312486			.022624	7070 61
62 OBSERVATION BEDS (NON-DISTINC		481992	15855910				.030398	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		20010690	807627969	8433811				168458 101

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/30/2010 16:50

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	TOTAL	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					86489		1715	25
26 INTENSIVE CARE UNIT					9130		279	26
26.01 NEONATAL INTENSIVE CARE					5440		695	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					12827		39	31
33 NURSERY					5627		343	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					119513		3071	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		118717533			754104		37
39 DELIVERY ROOM & LABOR ROOM		5535569			89785		39
41 RADIOLOGY-DIAGNOSTIC		162456501			1107971		41
44 LABORATORY		114473518			1501357		44
46 WHOLE BLOOD & PACKED RED BLOO		8387079			139834		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		24517849			510179		49
50 PHYSICAL THERAPY		29925284			196486		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		7714055			23831		54
55 MEDICAL SUPPLIES CHARGED TO P		44392030			533236		55
55.30 IMPL. DEV. CHARGED TO PATIENT		51794778					55.30
56 DRUGS CHARGED TO PATIENTS		84864701			2429296		56
59 CARDIOLOGY		84140712			833593		59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3378741			1653		60
61 EMERGENCY		51473709			312486		61
62 OBSERVATION BEDS (NON-DISTINC		15855910					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		807627969			8433811		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIOLOGY					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	1	2	3	4		5	6	7	8
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3633783	118717533					.030609	37
39 DELIVERY ROOM & LABOR ROOM		461922	5535569					.083446	39
41 RADIOLOGY-DIAGNOSTIC		6520111	162456501	9320				.040135	374 41
44 LABORATORY		968306	114473518	10155				.008459	86 44
46 WHOLE BLOOD & PACKED RED BLOO		985533	8387079					.011748	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		382141	24517849					.015586	49
50 PHYSICAL THERAPY		765481	29925284	22210				.025580	568 50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY		371015	7714055					.048096	54
55 MEDICAL SUPPLIES CHARGED TO P		549955	44392030	50				.012389	1 55
55.30 IMPL. DEV. CHARGED TO PATIENT		387671	51794778					.007485	55.30
56 DRUGS CHARGED TO PATIENTS		616400	84864701	20649				.007263	150 56
59 CARDIOLOGY		3383313	84140712	502				.040210	20 59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		225509	3378741					.066744	60
61 EMERGENCY		1164558	51473709					.022624	61
62 OBSERVATION BEDS (NON-DISTINC		481992	15855910					.030398	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		20010690	807627969	62886					1199 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		118717533					37
39 DELIVERY ROOM & LABOR ROOM		5535569					39
41 RADIOLOGY-DIAGNOSTIC		162456501			9320		41
44 LABORATORY		114473518			10155		44
46 WHOLE BLOOD & PACKED RED BLOO		8387079					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		24517849					49
50 PHYSICAL THERAPY		29925284			22210		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		7714055					54
55 MEDICAL SUPPLIES CHARGED TO P		44392030			50		55
55.30 IMPL. DEV. CHARGED TO PATIENT		51794778					55.30
56 DRUGS CHARGED TO PATIENTS		84864701			20649		56
59 CARDIOLOGY		84140712			502		59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3378741					60
61 EMERGENCY		51473709					61
62 OBSERVATION BEDS (NON-DISTINC		15855910					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		807627969			62886		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIOLOGY						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

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

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	86489	12827					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	86489	12827					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29292	1524					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	57197	11303					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)	44144	12365					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		1317					14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	67581390	8847898					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	67581390	8847898					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	67581390	5447659					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8365795	646362					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	59215595	4801297					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.000000	1.624165					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	285.60	424.12					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1035.29	424.78					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	67581390	8847898					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	781.39	689.79				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	34493680	8529253				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	34493680	8529253				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	14295352	9130	1565.76	5136	8041743	43
43.01 NEONATAL INTENSIVE CARE	5633266	5440	1035.53			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	51896977	5704518				48
49 TOTAL PROGRAM INPATIENT COSTS	94432400	14233771				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2662057	527244				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3916762	356728				51
52 TOTAL PROGRAM EXCLUDABLE COST	6578819	883972				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	87853581	13349799				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] 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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	9665	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	781.39	84
85 OBSERVATION BED COST	7552134	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		67581390		7552134		86
87 NEW CAPITAL-RELATED COST	4313200	67581390	.063822	7552134	481992	87
88 NON PHYSICIAN ANESTHETIST		67581390		7552134		88
89 MEDICAL EDUCATION		67581390		7552134		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)	86489	12827				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	86489	12827				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29292	1524				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	57197	11303				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)	1715	39				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	5627					15
16 TITLE V OR XIX NURSERY DAYS	343					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	67581390	8847898					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	67581390	8847898					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	67581390	5447659					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8365795	646362					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	59215595	4801297					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.000000	1.624165					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	285.60	424.12					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1035.29	424.78					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	67581390	8847898					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	781.39	689.79					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1340084	26902					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1340084	26902					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)	3664887	5627	651.30	343	223396	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	14295352	9130	1565.76	279	436847	43	
43.01	NEONATAL INTENSIVE CARE	5633266	5440	1035.53	695	719693	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	2080370	16930					48
49	TOTAL PROGRAM INPATIENT COSTS	4800390	43832					49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	170402	1663					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	168458	1199					51
52	TOTAL PROGRAM EXCLUDABLE COST	338860	2862					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	4461530	40970					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
54			3			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 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/30/2010 16:50

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	9665	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	781.39	84
85 OBSERVATION BED COST	7552134	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		67581390		7552134		86
87 NEW CAPITAL-RELATED COST	4313200	67581390	.063822	7552134	481992	87
88 NON PHYSICIAN ANESTHETIST		67581390		7552134		88
89 MEDICAL EDUCATION		67581390		7552134		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		36000401		25
26 INTENSIVE CARE UNIT		7596008		26
26.01 NEONATAL INTENSIVE CARE				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.365779	24374039	8915512	37
39 DELIVERY ROOM & LABOR ROOM	.827586	7365	6095	39
41 RADIOLOGY-DIAGNOSTIC	.154542	24243927	3746705	41
44 LABORATORY	.143649	28125481	4040197	44
46 WHOLE BLOOD & PACKED RED BLOOD	.479034	3442360	1649007	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.236832	13870192	3284905	49
50 PHYSICAL THERAPY	.392938	5221380	2051679	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.221239	1009166	223267	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.355944	16362245	5824043	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.569550	12809515	7295659	55.30
56 DRUGS CHARGED TO PATIENTS	.250396	34234067	8572073	56
59 CARDIOLOGY	.230252	21222267	4886469	59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.951968	113726	108264	60
61 EMERGENCY	.260635	4961352	1293102	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.476298			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		189997082	51896977	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		189997082		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-T125)	<input type="checkbox"/> NF	<input type="checkbox"/> 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		6528482		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.365779	132420	48436	37
39 DELIVERY ROOM & LABOR ROOM	.827586			39
41 RADIOLOGY-DIAGNOSTIC	.154542	816795	126229	41
44 LABORATORY	.143649	1726403	247996	44
46 WHOLE BLOOD & PACKED RED BLOOD	.479034	82796	39662	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.236832	591664	140125	49
50 PHYSICAL THERAPY	.392938	9253509	3636055	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.221239	85613	18941	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.355944	1121934	399346	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.569550	46900	26712	55.30
56 DRUGS CHARGED TO PATIENTS	.250396	3791048	949263	56
59 CARDIOLOGY	.230252	309740	71318	59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.951968	457	435	60
61 EMERGENCY	.260635			61
62 OBSERVATION BEDS (NON-DISTINCT	.476298			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		17959279	5704518	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		17959279		103

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
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		1292583		25
26 INTENSIVE CARE UNIT		346153		26
26.01 NEONATAL INTENSIVE CARE		1010310		26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.365779	754104	275835	37
39 DELIVERY ROOM & LABOR ROOM	.827586	89785	74305	39
41 RADIOLOGY-DIAGNOSTIC	.154542	1107971	171228	41
44 LABORATORY	.143649	1501357	215668	44
46 WHOLE BLOOD & PACKED RED BLOOD	.479034	139834	66985	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.236832	510179	120827	49
50 PHYSICAL THERAPY	.392938	196486	77207	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
54 ELECTROENCEPHALOGRAPHY	.221239	23831	5272	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.355944	533236	189802	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.569550			55.30
56 DRUGS CHARGED TO PATIENTS	.250396	2429296	608286	56
59 CARDIOLOGY	.230252	833593	191936	59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.951968	1653	1574	60
61 EMERGENCY	.260635	312486	81445	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.476298			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		8433811	2080370	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8433811		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 NEONATAL INTENSIVE CARE			26.01
31 SUBPROVIDER I		21489	31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.365779		37
39 DELIVERY ROOM & LABOR ROOM	.827586		39
41 RADIOLOGY-DIAGNOSTIC	.154542	9320	41
44 LABORATORY	.143649	10155	44
46 WHOLE BLOOD & PACKED RED BLOOD	.479034		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.236832		49
50 PHYSICAL THERAPY	.392938	22210	50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
54 ELECTROENCEPHALOGRAPHY	.221239		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.355944	50	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.569550		55.30
56 DRUGS CHARGED TO PATIENTS	.250396	20649	56
59 CARDIOLOGY	.230252	502	59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.951968		60
61 EMERGENCY	.260635		61
62 OBSERVATION BEDS (NON-DISTINCT	.476298		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL		62886	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES		62886	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	17784969					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	17784968					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	35569935					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	1338287					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	334.81					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	0.0280					4
4.01	0.1564					4.01
4.02	0.1844					4.02
4.03	0.0474					4.03
4.04	3372030					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	75850189					6
7						7
7.01						7.01
8	75850189					8
9	6149356					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	81999545					16
17	52281					17
18	81947264					18
19	6623840					19
20	338448					20
21	1062300					21
21.01	743610					21.01
21.02	553561					21.02
22	75728586					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0125)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	SEQUESTRATION PER PSR					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	75728586				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	74813947				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	914639				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	863774				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0125) 1	HOSPITAL (15-0125) 1.01	HOSPITAL (15-0125) 1.02	
1 MEDICAL AND OTHER SERVICES	13255			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	40216996			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	39911319			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	13255			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	52937			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	52937			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	52937			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	39682			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	13255			17
17.01 TOTAL PPS PAYMENTS	39911319			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			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	8549427		18.01
19 SUBTOTAL	31375147		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	31375147		23
24 PRIMARY PAYER PAYMENTS	14739		24
25 SUBTOTAL	31360408		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1008919		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	706243		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	622227		27.02
28 SUBTOTAL	32066651		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	32066651		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	31989372		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	77279		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		73513400		31351568	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.		601389		494350	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	10/05/2009			
	PROGRAM .02	01/21/2010	01/21/2010	143454	3.01
	TO .03				3.02
	PROVIDER .04				3.03
	.05				3.04
	.50				3.05
	PROVIDER .51				3.50
	TO .52		NONE	NONE	3.51
	PROGRAM .53				3.52
	.54				3.53
					3.54
SUBTOTAL	.99			143454	3.99
4 TOTAL INTERIM PAYMENTS		74813947		31989372	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02		NONE	NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51		NONE	NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01		914639	77279	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY			75728586	32066651	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		16396272		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
TO .02				3.02
PROVIDER .03		NONE		NONE 3.03
PROVIDER .04				3.04
TO .05				3.05
PROGRAM .50	01/21/2010	15398		3.50
PROVIDER .51				3.51
TO .52				NONE 3.52
PROGRAM .53				3.53
PROGRAM .54				3.54
SUBTOTAL .99		-15398		3.99
4 TOTAL INTERIM PAYMENTS		16380874		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02		NONE		NONE 5.02
PROVIDER .03				5.03
PROVIDER .50				5.50
TO .51		NONE		NONE 5.51
PROGRAM .52				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01		28996		6.01
PROVIDER TO .02				6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		16409870		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 SUB II SUB III SUB IV
 (15-T125)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	16276489				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0083				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	114733				1.04
1.05	OUTLIER PAYMENTS	170673				1.05
1.06	TOTAL PPS PAYMENTS	16561895				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	35.142466				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	16561895				4
5	PRIMARY PAYER PAYMENTS	28676				5
6	SUBTOTAL	16533219				6
7	DEDUCTIBLES	97592				7
8	SUBTOTAL	16435627				8
9	COINSURANCE	36218				9
10	SUBTOTAL	16399409				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	14944				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	10461				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	8436				11.02
12	SUBTOTAL	16409870				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2010.09
11/30/2010 16:50

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	16409870				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	16380874				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	28996				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	NF I		
	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
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
10	SUBTOTAL					9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES	2840599	21489			10
13	ANCILLARY SERVICE CHARGES	8433811	62886			11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	11274410	84375			16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
23	ACCORDANCE WITH 42 CFR 413.13(E)					
24	RATIO OF LINE 17 TO LINE 18					19
25	TOTAL CUSTOMARY CHARGES	11274410	84375			20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11274410	84375			21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
28	COST OF COVERED SERVICES					23
29	PROSPECTIVE PAYMENT AMOUNT					
30	OTHER THAN OUTLIER PAYMENTS					24
31	OUTLIER PAYMENTS					25
32	PROGRAM CAPITAL PAYMENTS					26
33	CAPITAL EXCEPTION PAYMENTS					27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
36	SUBTOTAL					30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)	8525794	93871			31
38	LESSER OF LINES 30 OR 31					32
39	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					34
36	SUBTOTAL					35
37	COINSURANCE					36
38	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
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	REMOVE IP COSTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	11654189			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	82184477			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-33819493			6
7	INVENTORY	7352088			7
8	PREPAID EXPENSES	4345435			8
9	OTHER CURRENT ASSETS	285952			9
10	DUE FROM OTHER FUNDS	1164312			10
11	TOTAL CURRENT ASSETS	73166960			11
FIXED ASSETS					
12	LAND	1940035			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6444488			13
13.01	ACCUMULATED DEPRECIATION	-4252865			13.01
14	BUILDINGS	234400167			14
14.01	ACCUMULATED DEPRECIATION	-149367398			14.01
15	LEASEHOLD IMPROVEMENTS	1146895			15
15.01	ACCUMULATED AMORTIZATION	-569627			15.01
16	FIXED EQUIPMENT	46029389			16
16.01	ACCUMULATED DEPRECIATION	-6417339			16.01
17	AUTOMOBILES AND TRUCKS	347993			17
17.01	ACCUMULATED DEPRECIATION	-325540			17.01
18	MAJOR MOVABLE EQUIPMENT	121105396			18
18.01	ACCUMULATED DEPRECIATION	-79642994			18.01
19	MINOR EQUIPMENT DEPRECIABLE	336258			19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	171174858			21
OTHER ASSETS					
22	INVESTMENTS	6118570			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	6118570			26
27	TOTAL ASSETS	250460388			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	9556215			28
29	SALARIES, WAGES & FEES PAYABLE	19398537			29
30	PAYROLL TAXES PAYABLE	1585918			30
31	NOTES & LOANS PAYABLE (SHORT TERM)	626650			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	12775920			35
36	TOTAL CURRENT LIABILITIES	43943240			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	83530002			41
42	TOTAL LONG TERM LIABILITIES	83530002			42
43	TOTAL LIABILITIES	127473242			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	122987146			44
45	SPECIFIC PURPOSE FUND BALANCE				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	122987146			51
52	TOTAL LIABILITIES AND FUND BALANCES	250460388			52

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	157955055			1
2 NET INCOME (LOSS)	28469444			2
3 TOTAL	186424499			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 ENDOWMENT FUND				5
6 TRANSFER FROM PARENT				6
7 RELEASED ASSETS	61869			7
8				8
9				9
10 TOTAL ADDITIONS	61869			10
11 SUBTOTAL	186486368			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO PARENT	23218640			13
14 TRANSFER SMMC	-1169			14
15 TRANSFER TO RIDGEWOOD ARTS	80000			15
16 MINIMUM LIABILITY PENSION	40201751			16
17 NET ASSETS RELEASED FROM RESTRICTN				17
18 TOTAL DEDUCTIONS	63499222			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	122987146			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				1
2 HOSPITAL	59325952		59325952	2
4 SUBPROVIDER I	6798175		6798175	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	66124127		66124127	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	11736187		11736187	12
10.01 NEONATAL INTENSIVE CARE	8038554		8038554	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	19774741		19774741	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	85898868		85898868	16
17 ANCILLARY SERVICES	374071316		374071316	17
18 OUTPATIENT SERVICES		386604433	386604433	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		5949553	5949553	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 EMERGENCY		34100170	34100170	24
24.01 PHYSICIAN OFFICES		19223825	19223825	24.01
24.02 OBSERVATION		16102377	16102377	24.02
25 TOTAL PATIENT REVENUES	459970184	461980358	921950542	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		371845860	26
27 BAD DEBTS	14362510		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		14362510	33
34 CSC/CCC EXPENSES	-4209555		34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-4209555		39
40 TOTAL OPERATING EXPENSES		381998815	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	921950542	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	523953542	2
3	NET PATIENT REVENUES	397997000	3
4	LESS - TOTAL OPERATING EXPENSES	381998815	4
5	NET INCOME FROM SERVICE TO PATIENTS	15998185	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	3000	6
7	INCOME FROM INVESTMENTS	336336	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	26732	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	1375551	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	4585700	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	20375	21
22	RENTAL OF HOSPITAL SPACE	926047	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	94591	24
24.01	REVENUE-CLASSES	102710	24.01
24.02	ASSETS RELEASED FROM RESTRICTION	212395	24.02
24.03	FITNESS REVENUE	3770801	24.03
24.04	JV INCOME	339642	24.04
24.05	INVESTMENT GAINS	677379	24.05
25	TOTAL OTHER INCOME	12471259	25
26	TOTAL	28469444	26
27	LOSS ON SALE OF ASSETS		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	28469444	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7487

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	581398		13875	1025	101172	697470 5
6 SKILLED NURSING CARE	958148					958148 6
7 PHYSICAL THERAPY				750653		750653 7
8 OCCUPATIONAL THERAPY				168682		168682 8
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES	2952					2952 10
11 HOME HEALTH AIDE	80736					80736 11
12 SUPPLIES					122893	122893 12
13 DRUGS						
13.20 COST OF ADMINISTERING VACCINES						13.20 13
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	199990				7572	207562 17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1823224		13875	920360	231637	2989096 24

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	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-48898	648572		648572	5
6 SKILLED NURSING CARE		958148		958148	6
7 PHYSICAL THERAPY		750653		750653	7
8 OCCUPATIONAL THERAPY		168682		168682	8
9 SPEECH PATHOLOGY					9
10 MEDICAL SOCIAL SERVICES		2952		2952	10
11 HOME HEALTH AIDE		80736		80736	11
12 SUPPLIES		122893		122893	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING		207562		207562	17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-48898	2940198		2940198	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7487

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	648572					648572	648572	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	958148					958148	271049	1229197
7 PHYSICAL THERAPY	750653					750653	212649	963302
8 OCCUPATIONAL THERAPY	168682					168682	47718	216400
9 SPEECH PATHOLOGY								9
10 MEDICAL SOCIAL SERVICES	2952					2952	835	3787
11 HOME HEALTH AIDE	80736					80736	22839	103575
12 SUPPLIES	122893					122893	34765	157658
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING	207562					207562	58717	266279
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	2940198					2940198		2940198

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/30/2010 16:50

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	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-648572	2292680	5
6 SKILLED NURSING CARE						958148	6
7 PHYSICAL THERAPY					1054	751707	7
8 OCCUPATIONAL THERAPY						168682	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						2952	10
11 HOME HEALTH AIDE						80736	11
12 SUPPLIES						122893	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						207562	17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-647518	2292680	24
25 COST TO BE ALLOC (PER W/S H)						648572	25
26 UNIT COST MULTIPLIER						.282888	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7487

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED	SUBTOTAL	I&R COST &	SUBTOTAL	ALLOCATED	TOTAL	
	EDUCATION		POST STEP-		HHA		
	24	25	DOWN ADJS	27	A & G	29	
			26		28		
1 ADMINISTRATIVE AND GENERAL		869949		869949			1
2 SKILLED NURSING CARE		1422671		1422671	363696	1786367	2
3 PHYSICAL THERAPY		1114925		1114925	285023	1399948	3
4 OCCUPATIONAL THERAPY		250461		250461	64029	314490	4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES		4383		4383	1120	5503	6
7 HOME HEALTH AIDE		119878		119878	30646	150524	7
8 SUPPLIES		182473		182473	46648	229121	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		308191		308191	78787	386978	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		4272931		4272931	869949	4272931	20
21 UNIT COST MULTIPLIER					.255643		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 15-7487

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES OLD- SQ FT	OLD CAP MOVABLE EQUIPMENT OLD- \$ VALUE	NEW CAP BLDGS & FIXTURES NEW- SQ FT	NEW CAP MOVABLE EQUIPMENT NEW- \$ VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL			3575	32417	1823224		602603	1
2 SKILLED NURSING CARE							1229197	2
3 PHYSICAL THERAPY							963302	3
4 OCCUPATIONAL THERAPY							216400	4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES							3787	6
7 HOME HEALTH AIDE							103575	7
8 SUPPLIES							157658	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							266279	13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			3575	32417	1823224		3542801	20
21 TOTAL COST TO BE ALLOCATED			44343	41028	517232		557633	21
22 UNIT COST MULTIPLIER			12.403636		.283691		.157399	22
22 UNIT COST MULTIPLIER				1.265632				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	1786367		1786367	18323	97.49	1
2	PHYSICAL THERAPY	3	1399948		1399948	12387	113.02	2
3	OCCUPATIONAL THERAPY	4	314490		314490	2821	111.48	3
4	SPEECH PATHOLOGY	5				349		4
5	MEDICAL SOCIAL SERV	6	5503		5503	52	105.83	5
6	HOME HEALTH AIDE SERV	7	150524		150524	4424	34.02	6
7	TOTAL		3656832		3656832	38356		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
							LIMITS	
		1		2	3	4	5	
8	SKILLED NURSING CARE		2960					8
9	PHYSICAL THERAPY		2960					9
10	OCCUPATIONAL THERAPY		2960					10
11	SPEECH PATHOLOGY		2960					11
12	MEDICAL SOCIAL SERV		2960					12
13	HOME HEALTH AIDE SERV		2960					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	229121		229121	338368	.677136	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

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				2
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 SERVICES		PART B SERVICES		
	1	2	3	4	
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3179259		1460534		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	6616		41833		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	49395		19304		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	11687		8409		10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES					10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1428		15320		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	3248385		1545400		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	3248385		1545400		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	3248385		1545400		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3248385		1545400		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	3248385		1545400		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	3248385		1545400		24
25 TOTAL INTERIM PAYMENTS	3248385		1545400		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

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		3248385		1545400
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROGRAM .50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3248385		1545400
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			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		3248385		1545400

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0125)	HOSPITAL (15-0125)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2					2
CAPITAL DRG OTHER THAN OUTLIER	5856931				
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01					3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	69862				
4					4
INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD					
			[E-3,PT VI,LN.18]		
			[E,PT A,LN.3.17][x E-3,PT VI,LN.1]		
4.01		0.00		0.00	4.01
NO. OF INTERNS & RESIDENTS					
4.02					4.02
INDIRECT MEDICAL EDUCATION PERCENTAGE					
4.03					4.03
INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT					
5					5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0280				
5.01					5.01
% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1564				
5.02					5.02
SUM OF LINES 5 AND 5.01	0.1844				
5.03					5.03
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0380				
5.04					5.04
DISPROPORTIONATE SHARE ADJUSTMENT	222563				
6					6
TOTAL PROSPECTIVE CAPITAL PAYMENTS	6149356				
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (15-0125)	HOSPITAL (15-0125)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 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					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 NEONATAL INTENSIVE CARE					26.01
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIOLOGY					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					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 THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
100 ADVERTISING					100
100.01 FITNESS POINTE					100.01
100.02 FITNESS POINTE SPA/PRO SHOP/DI					100.02
100.03 RETAIL PHARMACY					100.03

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
100.04 HOSPICE						100.04
100.05 RUSH RESIDENTS						100.05
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105