

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED
 USE ONLY: [] DESK REVIEWED

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

PART I - CERTIFICATION

CHECK APPLICABLE BOX
 XX ELECTRONICALLY FILED COST REPORT DATE: 05/16/2011
 MANUALLY SUBMITTED COST REPORT TIME: 18:47

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 VAN MATRE HEALTHSOUTH REHABILITATION (14-3028) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, 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: 05/16/2011 18:47
 hxSeVPGHQgjoahfKY8UWpuOIQULid0
 Lbek80hbqqjijJ.P7sZtVtMdgbbv197
 30320dyqk70MdWdQ

(SIGNED) Rob Wisner
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
ROB WISNER, SVP - REIMBURSEMENT
 TITLE

MAY 20 2011

DATE

PI Encryption: 05/16/2011 18:47
 p0UzPmtZXPkgJ7k1Q0d:vFq1MwJ0T0
 n8fNs0a113CfWOK9sPSmpQ1s0Bw0YN
 kSyf4j4H5F0ydbU8

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
	1	PART A 2	PART B 3	4
1	HOSPITAL			1
2	SUBPROVIDER I	28611		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	28611		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.

(H) HEALTHSOUTH.

MEDICARE COST REPORT INFORMATION PACKAGE

CERTIFICATION SHEET

This sheet must be completed and signed in order for the Medicare Information Package to be considered complete. A MEDICARE COST REPORT WILL NOT BE FILED IF THE CERTIFICATION SHEET IS NOT COMPLETED, AND SIGNED. Failure to file a cost report may result in a suspension of payments to the hospital, and could ultimately lead to a recoupment of all Medicare payments received, as well as termination of the hospital's provider agreement.

Hospital Name: VAN MATRE HEALTHSOUTH REHABILITATION HOSPITAL

Medicare Provider #: 143028

Medicare FYE: 12/31/10

I hereby certify that I have examined the accompanying Medicare Information Package and to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the records of the reporting entity.

I further certify that there were no expenditures of a personal nature included in the facilities books, or if there were, they are disclosed below. Additionally, I certify that no expenditures were made to induce referrals.

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 the Medicare Information Package were provided in compliance with such laws and regulations.

Only for Florida facilities: I certify that I am familiar with the laws and regulations regarding the provision of health care services under the Florida Medicaid program, including the laws and regulations relating to claims for Medicaid reimbursements and payments, and that the services were provided in compliance with such laws and regulations.

DAVID P. WOODS JR.

 Administrator Printed Name

 Administrator Signature

2-25-11

 Date

Comments:

I have used data from the financial statements supplied by the Corporate Office in Birmingham, AL, in completion of the Medicare information package.

(H) HEALTHSOUTH.

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MARK L. JOHNSON
Controller Printed Name

Mark L. Johnson
Controller Signature

2-25-11

Date

Comments:

I have used data from the financial statements supplied by the Corporate Office in Birmingham, AL, in completion of the Medicare information package.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 950 S. MULFORD P.O. BOX: 1
 1.01 CITY: ROCKFORD STATE: IL ZIP CODE: 61108- COUNTY: WINNEBAGO 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	VAN MATRE HEALTHSOUTH REHABILITATI 14-3028	02/19/2002	N	P	N	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTG						8
9	HOSPITAL-BASED HHA						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: 01/01/2010	TO: 12/31/2010	1	2		17
18	TYPE OF CONTROL			5			18
19	HOSPITAL			5			19
20	SUBPROVIDER I						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.		NO	NO			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		Y 40420	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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR '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 OR MMEA SECTION 108? 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.				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 5-2
 (CONTINUED)

OTHER INFORMATION

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

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO		35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		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	NO	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? YES				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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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 019005 40

40.01 NAME: HEALTHSOUTH CORPORATION FI/CONTRACTOR'S NAME: CAHABA GBA FI/CONTRACTOR'S NUMBER: 10101 40.01

40.02 STREET: 3660 GRANDVIEW PARKWAY, SUITE 200 P.O. BOX: 40.02

40.03 CITY: BIRMINGHAM STATE: AL ZIP CODE: 35243 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? NO 44

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? YES 11/30/2010 45

SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? YES 45.01

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? NO 45.02

45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? NO 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	N	47				
48 SUBPROVIDER I	N	N	N	N	N	48				
49 SKILLED NURSING FACILITY	N	N				49				
50 HOME HEALTH AGENCY	N	N				50				
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					NO	52				
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					NO	52.01				
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53				
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01				
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 35081 PAID LOSSES: 97780 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.					NO	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.					NO	55				
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					DATE 0 / / NO	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FÉES 4	
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					NO	57				
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					YES	58				
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					NO	58.01				
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO	59				

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1		2	3	4	5
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	03/09/2011		63
MISCELLANEOUS DATA						
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.		NO			64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE 15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		685	50	1106	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
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		685	50	1106	12
13 RPCH VISITS					13
14 SUBPROVIDER I					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	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA	WORKSHEET S-3
		REPORTED	OF SALARIES	SALARIES	RELATED	HOURLY WAGE	SOURCE	PART II
		1	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /		
			A-6	COL.2)	IN COL.3	COL.4)		
			2	3	4	5	6	
1	TOTAL SALARIES	8431990	662039					1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							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		763877					8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR						FTE REPORT	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					WP 3J		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS					WP 40		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)					CMS 339		13
14	WAGE RELATED COSTS (OTHER)					CMS 339		14
15	EXCLUDED AREAS					CMS 339		15
16	NON-PHYSICIAN ANESTHETIST PART A					CMS 339		16
17	NON-PHYSICIAN ANESTHETIST PART B					CMS 339		17
18	PHYSICIAN PART A					CMS 339		18
18.01	PART A TEACHING PHYSICIANS					CMS 339		18.01
19	PHYSICIAN PART B					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							21
22	ADMINISTRATIVE & GENERAL	1375284	-120275					22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	164811						24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	174962						26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	275657						27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	305727						30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	155734						33
34	SOCIAL SERVICE	260253	18437					34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA	WORKSHEET S-3
		REPORTED	OF SALARIES	SALARIES	RELATED	HOURLY WAGE	SOURCE	PART III
		1	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /		
			A-6	COL.2)	IN COL.3	COL.4)		
			2	3	4	5		
1	NET SALARIES	8431990	662039	9094029				1
2	EXCLUDED AREA SALARIES		763877	763877				2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	8431990	-101838	8330152				3
4	SUBTOTAL OTHER WAGES & REL COSTS							4
5	SUBTOTAL WAGE-RELATED COSTS							5
6	TOTAL (SUM OF LINES 3 THRU 5)	8431990	-101838	8330152				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	2712428	-101838	2610590				13

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									
3	0300 NEW CAP REL COSTS-BLDG & FIXT		673731	673731	162897	836628	235362	1071990	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		336536	336536	35113	371649	-20385	351264	4
5	0500 EMPLOYEE BENEFITS		2041074	2041074		2041074	-17833	2023241	5
6	0600 ADMINISTRATIVE & GENERAL	1375284	2108179	3483463	-468646	3014817	754336	3769153	6
8	0800 OPERATION OF PLANT	164811	300217	465028	310673	775701	-86683	689018	8
9	0900 LAUNDRY & LINEN SERVICE		107947	107947	-1488	106459		106459	9
10	1000 HOUSEKEEPING	174962	47013	221975	-5799	216176		216176	10
11	1100 DIETARY	275657	260941	536598	403	537001	-34194	502807	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	30527	635	306362		306362		306362	14
17	1700 MEDICAL RECORDS & LIBRARY	155734	60364	216098		216098	-106	215992	17
18	1800 SOCIAL SERVICE	260253	2180	262433	18437	280870		280870	18
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	2857737	170730	3028467	-27455	3001012	-663	3000349	25
ANCILLARY SERVICE COST CENTERS									
41	4100 RADIOLOGY-DIAGNOSTIC	30669	311779	342448	-279467	62981	-23872	39109	41
41.01	4101 RADIOLOGY SUA				126950	126950		126950	41.01
44	4400 LABORATORY		89127	89127	183080	272207		272207	44
44.01	4401 LAB SUA								44.01
49	4900 RESPIRATORY THERAPY	212983	15193	228176	-9023	219153	-40	219113	49
50	5000 PHYSICAL THERAPY	1090528	51089	1141617	-477010	664607	472735	1137342	50
51	5100 OCCUPATIONAL THERAPY	830080	88717	918797	-129234	789563	129047	918610	51
52	5200 SPEECH PATHOLOGY	267293	41415	308708	-82553	226155	75456	301611	52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	69118	260084	329202	34121	363323	-3747	359576	55
56	5600 DRUGS CHARGED TO PATIENTS	361154	457217	818371	-4410	813961	-2104	811857	56
59	5900 PSYCHIATRIC/PSYCHOLOGICAL SERVI		13933	13933	-13933				59
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS									
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
88	8800 INTEREST EXPENSE		87789	87789		87789	-87789		88
90	9000 OTHER CAPITAL RELATED COSTS		178582	178582	-178582				90
95	SUBTOTALS	8431990	7704472	16136462	-805926	15330536	1389520	16720056	95
NONREIMBURSABLE COST CENTERS									
98	9800 PHYSICIANS' PRIVATE OFFICES								98
100	7950 NRCC MARKETING				105097	105097		105097	100
100.01	7951 NRCC ROCKFORD MEM				681629	681629		681629	100.01
100.02	7952 GUEST MEALS								100.02
100.03	7953 NRCC CLINICAL PSYCH				19200	19200		19200	100.03
101	TOTAL	8431990	7704472	16136462		16136462	1389520	17525982	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1		2	3		4	5
1 CAPITAL RELATED INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3			15983 1
2 CAPITAL RELATED INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4			3445 2
3 NRCC MARKETING	B	NRCC MARKETING	100		101838	3259 3
4 PHYSICIAN FEES	C	ADULTS & PEDIATRICS	25			4333 4
5 UTILITY COST	D	OPERATION OF PLANT	8			260419 5
6 UTILITY COST	D					6
7 UTILITY COST	D					7
8 COST OF MEDICAL SUPPLIES SOLD	E	MEDICAL SUPPLIES CHARGED TO P	55			36173 8
9 COST OF MEDICAL SUPPLIES SOLD	E					9
10 COST OF MEDICAL SUPPLIES SOLD	E					10
11 COST OF MEDICAL SUPPLIES SOLD	E					11
12 COST OF MEDICAL SUPPLIES SOLD	E					12
13 COST OF MEDICAL SUPPLIES SOLD	E					13
14 COST OF MEDICAL SUPPLIES SOLD	E					14
15 COST OF MEDICAL SUPPLIES SOLD	E					15
16 COST OF MEDICAL SUPPLIES SOLD	E					16
17 COST OF MEDICAL SUPPLIES SOLD	E					17
18 REBATES AND SHAREBACKS	F	PHYSICAL THERAPY	50			7013 18
19 REBATES AND SHAREBACKS	F					19
20 REBATES AND SHAREBACKS	F					20
21 REBATES AND SHAREBACKS	F					21
22 FOOD SUPPLY EXPENSE	G	DIETARY	11			2980 22
23 FOOD SUPPLY EXPENSE	G					23
24 FOOD SUPPLY EXPENSE	G					24
25 FOOD SUPPLY EXPENSE	G					25
26 LINEN	H	LAUNDRY & LINEN SERVICE	9			1821 26
27 HOUSEKEEPING	I	HOUSEKEEPING	10			651 27
28 HOUSEKEEPING	I					28
29 HOUSEKEEPING	I					29
30 CLINICAL PSYCH	J	NRCC CLINICAL PSYCH	100.03			19200 30
31 CLINICAL PSYCH	J					31
32 SUA	K	RADIOLOGY SUA	41.01			126950 32
33 SECURITY	L	OPERATION OF PLANT	8			58224 33
34 PATIENT LABS TRANSPORT	M	LABORATORY	44			19961 34
35 PATIENT LABS TRANSPORT	M					35
36 SUBTOTAL					101838	560412 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CAPITAL RELATED INSURANCE	A	ADMINISTRATIVE & GENERAL	6		19428	12 1
2 CAPITAL RELATED INSURANCE	A					12 2
3 NRCC MARKETING	B	ADMINISTRATIVE & GENERAL	6	101838	3259	3
4 PHYSICIAN FEES	C	PSYCHIATRIC/PSYCHOLOGICAL SER	59		4333	4
5 UTILITY COST	D	ADMINISTRATIVE & GENERAL	6		254352	5
6 UTILITY COST	D	LAUNDRY & LINEN SERVICE	9		3309	6
7 UTILITY COST	D	HOUSEKEEPING	10		2758	7
8 COST OF MEDICAL SUPPLIES SOLD	E	ADMINISTRATIVE & GENERAL	6		34	8
9 COST OF MEDICAL SUPPLIES SOLD	E	OPERATION OF PLANT	8		7059	9
10 COST OF MEDICAL SUPPLIES SOLD	E	HOUSEKEEPING	10		1570	10
11 COST OF MEDICAL SUPPLIES SOLD	E	DIETARY	11		1643	11
12 COST OF MEDICAL SUPPLIES SOLD	E	ADULTS & PEDIATRICS	25		178	12
13 COST OF MEDICAL SUPPLIES SOLD	E	RADIOLOGY-DIAGNOSTIC	41		467	13
14 COST OF MEDICAL SUPPLIES SOLD	E	RESPIRATORY THERAPY	49		9023	14
15 COST OF MEDICAL SUPPLIES SOLD	E	PHYSICAL THERAPY	50		8960	15
16 COST OF MEDICAL SUPPLIES SOLD	E	OCCUPATIONAL THERAPY	51		156	16
17 COST OF MEDICAL SUPPLIES SOLD	E	SPEECH PATHOLOGY	52		7083	17
18 REBATES AND SHAREBACKS	F	ADMINISTRATIVE & GENERAL	6		38	18
19 REBATES AND SHAREBACKS	F	DIETARY	11		934	19
20 REBATES AND SHAREBACKS	F	MEDICAL SUPPLIES CHARGED TO P	55		1631	20
21 REBATES AND SHAREBACKS	F	DRUGS CHARGED TO PATIENTS	56		4410	21
22 FOOD SUPPLY EXPENSE	G	ADMINISTRATIVE & GENERAL	6		2448	22
23 FOOD SUPPLY EXPENSE	G	HOUSEKEEPING	10		301	23
24 FOOD SUPPLY EXPENSE	G	PHYSICAL THERAPY	50		190	24
25 FOOD SUPPLY EXPENSE	G	MEDICAL SUPPLIES CHARGED TO P	55		41	25
26 LINEN	H	HOUSEKEEPING	10		1821	26
27 HOUSEKEEPING	I	ADMINISTRATIVE & GENERAL	6		18	27
28 HOUSEKEEPING	I	OPERATION OF PLANT	8		253	28
29 HOUSEKEEPING	I	MEDICAL SUPPLIES CHARGED TO P	55		380	29
30 CLINICAL PSYCH	J	PSYCHIATRIC/PSYCHOLOGICAL SER	59		9600	30
31 CLINICAL PSYCH	J	ADMINISTRATIVE & GENERAL	6		9600	31
32 SUA	K	RADIOLOGY-DIAGNOSTIC	41		126950	32
33 SECURITY	L	ADMINISTRATIVE & GENERAL	6		58224	33
34 PATIENT LABS TRANSPORT	M	OPERATION OF PLANT	8		658	34
35 PATIENT LABS TRANSPORT	M	ADULTS & PEDIATRICS	25		18821	35
36 SUBTOTAL				101838	559930	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 PATIENT LABS TRANSPORT	M				1
2 LEASED EMPLOYEES	N	NRCC ROCKFORD MEM	100.01	662039	2
3 LEASED EMPLOYEES	N				3
4 LEASED EMPLOYEES	N				4
5 LEASED EMPLOYEES	O	NRCC ROCKFORD MEM	100.01		5
6 LEASED EMPLOYEES	O				6
7 LEASED EMPLOYEES	O				7
8 LEASED EMPLOYEES	O				8
9 MISCODED CASE MGMT	P	SOCIAL SERVICE	18	18437	9
10 MISCODED RMH LAB EXPENSE	Q	LABORATORY	44		163119 10
11 MISCODED RMH LAB EXPENSE	Q				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				782314	743121 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
				LINE # 7	SALARY 8	OTHER 9	
1	PATIENT LABS TRANSPORT	M	RADIOLOGY-DIAGNOSTIC	41		482	1
2	LEASED EMPLOYEES	N	PHYSICAL THERAPY	50		467979	2
3	LEASED EMPLOYEES	N	OCCUPATIONAL THERAPY	51		118590	3
4	LEASED EMPLOYEES	N	SPEECH PATHOLOGY	52		75470	4
5	LEASED EMPLOYEES	O	PHYSICAL THERAPY	50		6894	5
6	LEASED EMPLOYEES	O	OCCUPATIONAL THERAPY	51		10488	6
7	LEASED EMPLOYEES	O	ADMINISTRATIVE & GENERAL	6		970	7
8	LEASED EMPLOYEES	O	ADULTS & PEDIATRICS	25		1238	8
9	MISCODED CASE MGMT	P	ADMINISTRATIVE & GENERAL	6	18437		9
10	MISCODED RMH LAB EXPENSE	Q	ADULTS & PEDIATRICS	25		11551	10
11	MISCODED RMH LAB EXPENSE	Q	RADIOLOGY-DIAGNOSTIC	41		151568	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				120275	1405160	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								1
2 LAND IMPROVEMENTS	9720					9720		2
3 BUILDINGS AND FIXTURES	4161549					4161549		3
4 BUILDING IMPROVEMENTS	8719069	24098		24098		8743167		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	2657468	250721		250721	124430	2783759		6
7 SUBTOTAL	15547806	274819		274819	124430	15698195		7
8 RECONCILING ITEMS								8
9 TOTAL	15547806	274819		274819	124430	15698195		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	12914435		12914435	.822670		146914		146914 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2783759		2783759	.177330		31668		31668 4
5 TOTAL	15698194		15698194	1.000000		178582		178582 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	664082	2158	231178	15983	158589		1071990 3
4 NEW CAP REL COSTS-MVBLE EQUIP	245898	67736		3445	34185		351264 4
5 TOTAL	909980	69894	231178	19428	192774		1423254 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	522444	151287					673731 3
4 NEW CAP REL COSTS-MVBLE EQUIP	268800	67736					336536 4
5 TOTAL	791244	219023					1010267 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
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			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					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				12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	2541324			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					20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY UTILIZATION REVIEW-SNF	71 89	27 28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3	9 31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A		NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A		NONPHYSICIAN ANESTHETISTS	20	33
33 NON-PHYSICIAN ANESTHETIST					34
34 PHYSICIANS' ASSISTANT					
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37 INTEREST EXPENSE	A	-87789	INTEREST EXPENSE	88	37
37.01 PROPERTY TAX	A	11675	NEW CAP REL COSTS-BLDG & FIXT	3	13 37.01
37.02 PROPERTY TAX	A	2517	NEW CAP REL COSTS-MVBLE EQUIP	4	13 37.02
38 INSURANCE	A	-102815	EMPLOYEE BENEFITS	5	38
38.01 INSURANCE	A	-46784	ADMINISTRATIVE & GENERAL	6	38.01
38.02 INSURANCE	A	-94120	EMPLOYEE BENEFITS	5	38.02
39 NONALLOWABLE EXPENSES	A	-19425	ADMINISTRATIVE & GENERAL	6	39
39.01 NONALLOWABLE EXPENSES	A	-5	OPERATION OF PLANT	8	39.01
39.02 NONALLOWABLE EXPENSES	A	-376	ADULTS & PEDIATRICS	25	39.02
39.03 NONALLOWABLE EXPENSES	A	-65	PHYSICAL THERAPY	50	39.03
39.04 NONALLOWABLE EXPENSES	A	-31	OCCUPATIONAL THERAPY	51	39.04
39.05 NONALLOWABLE EXPENSES	A	-14	SPEECH PATHOLOGY	52	39.05
39.06 NONALLOWABLE EXPENSES	A	-176	MEDICAL SUPPLIES CHARGED TO PAT	55	39.06
40 PATIENT TELEPHONE	A	-16675	ADMINISTRATIVE & GENERAL	6	40
40.01 PATIENT TELEPHONE	A	-3727	EMPLOYEE BENEFITS	5	40.01
40.02 PATIENT TELEPHONE	A	-8903	NEW CAP REL COSTS-MVBLE EQUIP	4	9 40.02
40.03 PATIENT TELEPHONE	A	-4031	ADMINISTRATIVE & GENERAL	6	40.03
41 PATIENT TELEVISION	A	-11397	NEW CAP REL COSTS-MVBLE EQUIP	4	9 41
41.01 PATIENT TELEVISION	A	-7373	OPERATION OF PLANT	8	41.01
42 PRINTING	A	-9797	ADMINISTRATIVE & GENERAL	6	42
42.01 PRINTING	A	-57	ADULTS & PEDIATRICS	25	42.01
42.03 PRINTING	A	-42	PHYSICAL THERAPY	50	42.03
42.04 PRINTING	A	-3571	MEDICAL SUPPLIES CHARGED TO PAT	55	42.04
42.05 PRINTING	A	-75	DRUGS CHARGED TO PATIENTS	56	42.05
43 PRINTING DELIVERY	A	-347	ADMINISTRATIVE & GENERAL	6	43
44 LOBBYING	A	-5111	ADMINISTRATIVE & GENERAL	6	44
44.01 LOBBYING	A	-92	PHYSICAL THERAPY	50	44.01
45 MISC INCOME	B	-18947	NEW CAP REL COSTS-BLDG & FIXT	3	11 45
45.01 MISC INCOME	B	-1818	ADMINISTRATIVE & GENERAL	6	45.01
45.02 MISC INCOME	B	-34194	DIETARY	11	45.02

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

EXPENSE CLASSIFICATION ON WORKSHEET A TO/
 FROM WHICH THE AMOUNT IS TO BE ADJUSTED

DESCRIPTION	BASIS 1	AMOUNT 2	COST CENTER 3	LINE NO. 4	WORKSHEET A-7
					REF 5
45.03 MISC INCOME	B	-106	MEDICAL RECORDS & LIBRARY	17	45.03
45.04 MISC INCOME	B	-230	ADULTS & PEDIATRICS	25	45.04
45.05 MISC INCOME	B	-2029	DRUGS CHARGED TO PATIENTS	56	45.05
45.06 MISC INCOME	B	-1939	PHYSICAL THERAPY	50	45.06
46 PATIENT TRANSPORTATION	A	-29297	OPERATION OF PLANT	8	46
46.01 PATIENT TRANSPORTATION	A	-5794	EMPLOYEE BENEFITS	5	46.01
46.02 PATIENT TRANSPORTATION	A	-50008	OPERATION OF PLANT	8	46.02
47 PROFESSIONAL FEES	A	-7240	ADMINISTRATIVE & GENERAL	6	47
47.01 PROFESSIONAL FEES	A	-1000	RADIOLOGY-DIAGNOSTIC	41	47.01
47.02 PROFESSIONAL FEES	A	-40	RESPIRATORY THERAPY	49	47.02
48 IL PROVIDER TAX	A	-588456	ADMINISTRATIVE & GENERAL	6	48
49 WAYPORT WIRELESS	A	-2100	ADMINISTRATIVE & GENERAL	6	49
50 TOTAL		1389520			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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6	ADMINISTRATIVE & GENERAL		464565	-464565	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	141638		141638	9 2
3	3	NEW CAP REL COSTS-BLDG & FIXT	250125		250125	11 3
4	6	ADMINISTRATIVE & GENERAL	1344979		1344979	4
4.01	6	ADMINISTRATIVE & GENERAL	575706		575706	4.01
4.02	5	EMPLOYEE BENEFITS	161944	161944		4.02
4.04	8	OPERATION OF PLANT	4444	4444		4.04
4.05	10	HOUSEKEEPING	1782	1782		4.05
4.06	11	DIETARY	-1261	-1261		4.06
4.07	17	MEDICAL RECORDS & LIBRARY	551	551		4.07
4.08	25	ADULTS & PEDIATRICS	2645	2645		4.08
4.09	41	RADIOLOGY-DIAGNOSTIC	-3200	-3200		4.09
4.10	49	RESPIRATORY THERAPY	571	571		4.10
4.11	50	PHYSICAL THERAPY	-219562	-219562		4.11
4.12	51	OCCUPATIONAL THERAPY	-63484	-63484		4.12
4.13	52	SPEECH PATHOLOGY	-34422	-34422		4.13
4.14	55	MEDICAL SUPPLIES CHARGED TO PAT	2795	2795		4.14
4.15	56	DRUGS CHARGED TO PATIENTS	446556	446556		4.15
4.16	4	NEW CAP REL COSTS-MVBLE EQUIP	52046	54648	-2602	9 4.16
4.17	4	NEW CAP REL COSTS-MVBLE EQUIP	1102	1102		10 4.17
4.18	3	NEW CAP REL COSTS-BLDG & FIXT		149129	-149129	10 4.18
4.19	41	RADIOLOGY-DIAGNOSTIC	15649	38521	-22872	4.19
4.20	44	LABORATORY	239402	239402		4.20
4.21	5	EMPLOYEE BENEFITS	126358	126358		4.21
4.22	6	ADMINISTRATIVE & GENERAL	21919	21919		4.22
4.23	14	NURSING ADMINISTRATION	196531	196531		4.23
4.24	18	SOCIAL SERVICE	70981	70981		4.24
4.25	25	ADULTS & PEDIATRICS	92020	92020		4.25
4.26	51	OCCUPATIONAL THERAPY	95470	95470		4.26
4.27	5	EMPLOYEE BENEFITS		-188623	188623	4.27
4.28	50	PHYSICAL THERAPY		-474873	474873	4.28
4.29	51	OCCUPATIONAL THERAPY		-129078	129078	4.29
4.30	52	SPEECH PATHOLOGY		-75470	75470	4.30
5		TOTALS	3523185	981861	2541324	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	50.00	HEALTHSOUTH CORPORATION		HEALTHCARE	1
2	B	50.00	ROCKFORD HEALTH SYATEM		JV PARTNER	2
3	G		ROCKFORD MEMORIAL HOSP		HEALTHCARE	3
4						4
5	G		MED CENTER DIRECT		SUPPLIES	5
5.01	G		OTHER HS FACILITIES		HEALTHCARE	5.01
5.02	G		MOTORIKA		EQUIPMENT	5.02

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	DR	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	DR A	4333		4333	171400	116	9559	478
101	TOTAL		4333		4333		116	9559	478

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	10	11		12	13	14	15	16	17	18
1	25	ADULTS & PEDIATRICS	DR A					9559		
101		TOTAL						9559		

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									
3 NEW CAP REL COSTS-BLDG & FIXT	1071990	1071990							3
4 NEW CAP REL COSTS-MVBLE EQUIP	351264		351264						4
5 EMPLOYEE BENEFITS	2023241			2023241					5
6 ADMINISTRATIVE & GENERAL	3769153	25457	8342	279214	4082166	4082166			6
8 OPERATION OF PLANT	689018	321196	105248	36667	1152129	353175	1505304		8
9 LAUNDRY & LINEN SERVICE	106459	6112	2003		114574	35122	12685	162381	9
10 HOUSEKEEPING	216176	7939	2602	38926	265643	81430	16477		10
11 DIETARY	502807	63003	20644	61328	647782	198572	130751		11
12 CAFETERIA									12
14 NURSING ADMINISTRATION	306362	31177	10216	68018	415773	127451	64702		14
17 MEDICAL RECORDS & LIBRARY	215992	11269	3693	34648	265602	81418	23386		17
18 SOCIAL SERVICE	280870	7854	2574	62003	353301	108301	16300		18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3000349	346467	113525	635792	4096133	1255633	719026	162381	25
ANCILLARY SERVICE COST CENTERS									
41 RADIOLOGY-DIAGNOSTIC	39109	1366	448	6823	47746	14636	2835		41
41.01 RADIOLOGY SUA	126950				126950				41.01
44 LABORATORY	272207				272207	83443			44
44.01 LAB SUA									44.01
49 RESPIRATORY THERAPY	219113	7393	2423	47384	276313	84701	15343		49
50 PHYSICAL THERAPY	1137342	135516	44405	242621	1559884	478168	281239		50
51 OCCUPATIONAL THERAPY	918610	77055	25249	184676	1205590	369563	159913		51
52 SPEECH PATHOLOGY	301611	4781	1567	59467	367426	112631	9921		52
55 MEDICAL SUPPLIES CHARGED TO PAT	359576	9305	3049	15377	387307	118725	19311		55
56 DRUGS CHARGED TO PATIENTS	811857	10688	3502	80350	906397	277848	22182		56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI									59
OUTPATIENT SERVICE COST CENTERS									
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	16720056	1066578	349490	1853294	16542923	3780817	1494071	162381	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		2168	711		2879	883	4500		98
100 NRCC MARKETING	105097	1059	347	22657	129160	39593	2197		100
100.01NRCC ROCKFORD MEM	681629			147290	828919	254098			100.01
100.02GUEST MEALS									100.02
100.03NRCC CLINICAL PSYCH	19200	2185	716		22101	6775	4536		100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	17525982	1071990	351264	2023241	17525982	4082166	1505304	162381	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJUS
	10	11	12	14	17	18	25	26
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	363550							10
11 DIETARY	32202	1009307						11
12 CAFETERIA		222889	222889					12
14 NURSING ADMINISTRATION	15935		9434	633295				14
17 MEDICAL RECORDS & LIBRARY	5760		4805		380971			17
18 SOCIAL SERVICE	4014		8599			490515		18
25 INPATIENT ROUTINE SERV COST CENTERS								
ADULTS & PEDIATRICS	177084	757795	88176	633295	141367	490515	8521405	25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC	698		946		1718		68579	41
41.01 RADIOLOGY SUA							126950	41.01
44 LABORATORY					18039		373689	44
44.01 LAB SUA								44.01
49 RESPIRATORY THERAPY	3779		6572		7148		393856	49
50 PHYSICAL THERAPY	69265		33649		85801		2508006	50
51 OCCUPATIONAL THERAPY	39384		25613		63058		1863121	51
52 SPEECH PATHOLOGY	2444		8248		14444		515114	52
55 MEDICAL SUPPLIES CHARGED TO PAT	4756		2133		18082		550314	55
56 DRUGS CHARGED TO PATIENTS	5463		11144		31314		1254348	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	360784	980684	199319	633295	380971	490515	16175382	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	1108						9370	98
100 NRCC MARKETING	541		3142				174633	100
100.01NRCC ROCKFORD MEM			20428				1103445	100.01
100.02GUEST MEALS		28623					28623	100.02
100.03NRCC CLINICAL PSYCH	1117						34529	100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	363550	1009307	222889	633295	380971	490515	17525982	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	8521405	25
ANCILLARY SERVICE COST CENTERS			
41	RADIOLOGY-DIAGNOSTIC	68579	41
41.01	RADIOLOGY SUA	126950	41.01
44	LABORATORY	373689	44
44.01	LAB SUA		44.01
49	RESPIRATORY THERAPY	393856	49
50	PHYSICAL THERAPY	2508006	50
51	OCCUPATIONAL THERAPY	1863121	51
52	SPEECH PATHOLOGY	515114	52
55	MEDICAL SUPPLIES CHARGED TO PAT	550314	55
56	DRUGS CHARGED TO PATIENTS	1254348	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI		59
OUTPATIENT SERVICE COST CENTERS			
62	OBSERVATION BEDS (NON-DISTINCT		62
OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	16175382	95
NONREIMBURSABLE COST CENTERS			
98	PHYSICIANS' PRIVATE OFFICES	9370	98
100	NRCC MARKETING	174633	100
100.01	NRCC ROCKFORD MEM	1103445	100.01
100.02	GUEST MEALS	28623	100.02
100.03	NRCC CLINICAL PSYCH	34529	100.03
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	17525982	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDG & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	HOUSE- KEEPING 10	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL		25457	8342	33799	33799				6
8 OPERATION OF PLANT		321196	105248	426444	2924	429368			8
9 LAUNDRY & LINEN SERVICE		6112	2003	8115	291	3618	12024		9
10 HOUSEKEEPING		7939	2602	10541	674	4700		15915	10
11 DIETARY		63003	20644	83647	1644	37295		1410	11
12 CAFETERIA									12
14 NURSING ADMINISTRATION		31177	10216	41393	1055	18455		698	14
17 MEDICAL RECORDS & LIBRARY		11269	3693	14962	674	6671		252	17
18 SOCIAL SERVICE		7854	2574	10428	897	4649		176	18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		346467	113525	459992	10397	205092	12024	7751	25
ANCILLARY SERVICE COST CENTERS									
41 RADIOLOGY-DIAGNOSTIC		1366	448	1814	121	809		31	41
41.01 RADIOLOGY SUA									41.01
44 LABORATORY					691				44
44.01 LAB SUA									44.01
49 RESPIRATORY THERAPY		7393	2423	9816	701	4376		165	49
50 PHYSICAL THERAPY		135516	44405	179921	3959	80220		3032	50
51 OCCUPATIONAL THERAPY		77055	25249	102304	3060	45613		1724	51
52 SPEECH PATHOLOGY		4781	1567	6348	933	2830		107	52
55 MEDICAL SUPPLIES CHARGED TO PAT		9305	3049	12354	983	5508		208	55
56 DRUGS CHARGED TO PATIENTS		10688	3502	14190	2300	6327		239	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI									59
OUTPATIENT SERVICE COST CENTERS									
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		1066578	349490	1416068	31304	426163	12024	15793	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		2168	711	2879	7	1284		49	98
100 NRCC MARKETING		1059	347	1406	328	627		24	100
100.01NRCC ROCKFORD MEM					2104				100.01
100.02GUEST MEALS									100.02
100.03NRCC CLINICAL PSYCH		2185	716	2901	56	1294		49	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		1071990	351264	1423254	33799	429368	12024	15915	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADUS	TOTAL
	11	12	14	17	18		26	
GENERAL SERVICE COST CENTERS						25	26	27
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	123996							11
12 CAFETERIA	27382	27382						12
14 NURSING ADMINISTRATION		1159	62760					14
17 MEDICAL RECORDS & LIBRARY		590		23149				17
18 SOCIAL SERVICE		1057			17207			18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	93098	10832	62760	8596	17207	887749		887749 25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC		116		104		2995		2995 41
41.01 RADIOLOGY SUA								41.01
44 LABORATORY				1096		1787		1787 44
44.01 LAB SUA								44.01
49 RESPIRATORY THERAPY		807		434		16299		16299 49
50 PHYSICAL THERAPY		4134		5212		276478		276478 50
51 OCCUPATIONAL THERAPY		3147		3830		159678		159678 51
52 SPEECH PATHOLOGY		1013		877		12108		12108 52
55 MEDICAL SUPPLIES CHARGED TO PAT		262		1098		20413		20413 55
56 DRUGS CHARGED TO PATIENTS		1369		1902		26327		26327 56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	120480	24486	62760	23149	17207	1403834		1403834 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES						4219		4219 98
100 NRCC MARKETING		386				2771		2771 100
100.01NRCC ROCKFORD MEM		2510				4614		4614 100.01
100.02GUEST MEALS	3516					3516		3516 100.02
100.03NRCC CLINICAL PSYCH						4300		4300 100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	123996	27382	62760	23149	17207	1423254		1423254 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
	3	4	5	6A	6	8	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	62785						3
4 NEW CAP REL COSTS-MVBLE EQUIP		62785					4
5 EMPLOYEE BENEFITS			9094029				5
6 ADMINISTRATIVE & GENERAL	1491	1491	1255009	-4082166	13316866		6
8 OPERATION OF PLANT	18812	18812	164811		1152129	42482	8
9 LAUNDRY & LINEN SERVICE	358	358			114574	358	9
10 HOUSEKEEPING	465	465	174962		265643	465	10
11 DIETARY	3690	3690	275657		647782	3690	11
12 CAFETERIA							12
14 NURSING ADMINISTRATION	1826	1826	305727		415773	1826	14
17 MEDICAL RECORDS & LIBRARY	660	660	155734		265602	660	17
18 SOCIAL SERVICE	460	460	278690		353301	460	18
25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	20292	20292	2857737		4096133	20292	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	80	80	30669		47746	80	41
41.01 RADIOLOGY SUA				-126950			41.01
44 LABORATORY					272207		44
44.01 LAB SUA							44.01
49 RESPIRATORY THERAPY	433	433	212983		276313	433	49
50 PHYSICAL THERAPY	7937	7937	1090528		1559884	7937	50
51 OCCUPATIONAL THERAPY	4513	4513	830080		1205590	4513	51
52 SPEECH PATHOLOGY	280	280	267293		367426	280	52
55 MEDICAL SUPPLIES CHARGED TO P	545	545	69118		387307	545	55
56 DRUGS CHARGED TO PATIENTS	626	626	361154		906397	626	56
59 PSYCHIATRIC/PSYCHOLOGICAL SER							59
62 OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY							71
95 SPECIAL PURPOSE COST CENTERS SUBTOTALS	62468	62468	8330152	-4209116	12333807	42165	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	127	127			2879	127	98
100 NRCC MARKETING	62	62	101838		129160	62	100
100.01 NRCC ROCKFORD MEM			662039		828919		100.01
100.02 GUEST MEALS							100.02
100.03 NRCC CLINICAL PSYCH	128	128			22101	128	100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1071990	351264	2023241		4082166	1505304	103
104 UNIT COST MULT-WS B PT I		5.594712				35.433925	104
104 UNIT COST MULT-WS B PT I	17.073983		.222480		.306541		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					33799	429368	107
108 UNIT COST MULT-WS B PT III						10.107057	108
108 UNIT COST MULT-WS B PT III					.002538		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE PATIENT DAYS 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA GROSS SALARIES 12	NURSING ADMINIS-TRATION PATIENT DAYS 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE PATIENT DAYS 18	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	15117							9
10 HOUSEKEEPING		41659						10
11 DIETARY		3690	60403					11
12 CAFETERIA			13339	7223590				12
14 NURSING ADMINISTRATION		1826		305727	15117			14
17 MEDICAL RECORDS & LIBRARY		660		155734		30977936		17
18 SOCIAL SERVICE		460		278690			15117	18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	15117	20292	45351	2857737	15117	11494781	15117	25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC		80		30669		139727		41
41.01 RADIOLOGY SUA								41.01
44 LABORATORY						1466839		44
44.01 LAB SUA								44.01
49 RESPIRATORY THERAPY		433		212983		581240		49
50 PHYSICAL THERAPY		7937		1090528		6976785		50
51 OCCUPATIONAL THERAPY		4513		830080		5127507		51
52 SPEECH PATHOLOGY		280		267293		1174484		52
55 MEDICAL SUPPLIES CHARGED TO P		545		69118		1470337		55
56 DRUGS CHARGED TO PATIENTS		626		361154		2546236		56
59 PSYCHIATRIC/PSYCHOLOGICAL SER								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	15117	41342	58690	6459713	15117	30977936	15117	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		127						98
100 NRCC MARKETING		62		101838				100
100.01 NRCC ROCKFORD MEM				662039				100.01
100.02 GUEST MEALS			1713					100.02
100.03 NRCC CLINICAL PSYCH		128						100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	162381	363550	1009307	222889	633295	380971	490515	103
104 UNIT COST MULT-WS B PT I	10.741615		16.709551		41.892902		32.447906	104
104 UNIT COST MULT-WS B PT I		8.726806		.030856		.012298		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	12024	15915	123996	27382	62760	23149	17207	107
108 UNIT COST MULT-WS B PT III	.795396		2.052812		4.151617		1.138255	108
108 UNIT COST MULT-WS B PT III		.382030		.003791		.000747		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

3	GENERAL SERVICE COST CENTERS	
4	NEW CAP REL COSTS-BLDG & FIXT	3
5	NEW CAP REL COSTS-MVBLE EQUIP	4
6	EMPLOYEE BENEFITS	5
8	ADMINISTRATIVE & GENERAL	6
9	OPERATION OF PLANT	8
11	LAUNDRY & LINEN SERVICE	9
12	HOUSEKEEPING	10
14	DIETARY	11
17	CAFETERIA	12
18	NURSING ADMINISTRATION	14
25	MEDICAL RECORDS & LIBRARY	17
	SOCIAL SERVICE	18
	INPATIENT ROUTINE SERV COST CENTERS	
	ADULTS & PEDIATRICS	25
	ANCILLARY SERVICE COST CENTERS	
41	RADIOLOGY-DIAGNOSTIC	41
41.01	RADIOLOGY SUA	41.01
44	LABORATORY	44
44.01	LAB SUA	44.01
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
59	PSYCHIATRIC/PSYCHOLOGICAL SER	59
62	OUTPATIENT SERVICE COST CENTERS	
	OBSERVATION BEDS (NON-DISTINC	62
	OTHER REIMBURSABLE COST CENTERS	
71	HOME HEALTH AGENCY	71
95	SPECIAL PURPOSE COST CENTERS	
	SUBTOTALS	95
	NONREIMBURSABLE COST CENTERS	
98	PHYSICIANS' PRIVATE OFFICES	98
100	NRCC MARKETING	100
100.01	NRCC ROCKFORD MEM	100.01
100.02	GUEST MEALS	100.02
100.03	NRCC CLINICAL PSYCH	100.03
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	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS	8521405		8521405		8521405	25
41 RADIOLOGY-DIAGNOSTIC	68579		68579		68579	41
41.01 RADIOLOGY SUA	126950		126950		126950	41.01
44 LABORATORY	373689		373689		373689	44
44.01 LAB SUA						44.01
49 RESPIRATORY THERAPY	393856		393856		393856	49
50 PHYSICAL THERAPY	2508006		2508006		2508006	50
51 OCCUPATIONAL THERAPY	1863121		1863121		1863121	51
52 SPEECH PATHOLOGY	515114		515114		515114	52
55 MEDICAL SUPPLIES CHARGED TO	550314		550314		550314	55
56 DRUGS CHARGED TO PATIENTS	1254348		1254348		1254348	56
59 PSYCHIATRIC/PSYCHOLOGICAL S						59
62 OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS						62
101 SUBTOTAL	16175382		16175382		16175382	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	16175382		16175382		16175382	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			
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	11494781		11494781			25
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	108591		108591	.631535	.631535	.631535 41
41.01 RADIOLOGY SUA	188334		188334	.674068	.674068	.674068 41.01
44 LABORATORY	1466838	2	1466840	.254758	.254758	.254758 44
44.01 LAB SUA						44.01
49 RESPIRATORY THERAPY	581240		581240	.677613	.677613	.677613 49
50 PHYSICAL THERAPY	4135804	2840981	6976785	.359479	.359479	.359479 50
51 OCCUPATIONAL THERAPY	4048742	1078765	5127507	.363358	.363358	.363358 51
52 SPEECH PATHOLOGY	685859	488625	1174484	.438587	.438587	.438587 52
55 MEDICAL SUPPLIES CHARGED TO	1465988	4350	1470338	.374277	.374277	.374277 55
56 DRUGS CHARGED TO PATIENTS	2546236		2546236	.492628	.492628	.492628 56
59 PSYCHIATRIC/PSYCHOLOGICAL S						59
62 OUTPATIENT SERVICE COST CENTERS						
OBSERVATION BEDS (NON-DISTI						62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	26722413	4412723	31135136			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	26722413	4412723	31135136			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				887749		887749	25
26 INTENSIVE CARE UNIT							26
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							31
33 NURSERY							33
101 TOTAL				887749		887749	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	15117	9477			58.73	556584	25
26 INTENSIVE CARE UNIT							26
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							31
33 NURSERY							33
101 TOTAL	15117	9477				556584	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-3028) [] 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	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC		2995	108591	66899			.027581	1845 41
41.01 RADIOLOGY SUA			188334	63291				41.01
44 LABORATORY		1787	1466840	924842			.001218	1126 44
44.01 LAB SUA								44.01
49 RESPIRATORY THERAPY		16299	581240	359582			.028042	10083 49
50 PHYSICAL THERAPY		276478	6976785	2625639			.039628	104049 50
51 OCCUPATIONAL THERAPY		159678	5127507	2564109			.031141	79849 51
52 SPEECH PATHOLOGY		12108	1174484	429418			.010309	4427 52
55 MEDICAL SUPPLIES CHARGED TO P		20413	1470338	874565			.013683	12142 55
56 DRUGS CHARGED TO PATIENTS		26327	2546236	1590902			.010340	16450 56
59 PSYCHIATRIC/PSYCHOLOGICAL SER								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		516085	19640355	9499247				229971 101

PROVIDER NO. 14-3028 VAN MATRE HEALTHSOUTH REHABIL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/16/2011 18:47

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
25	INPAT ROUTINE SERV COST CTRS								
26	ADULTS & PEDIATRICS					15117		9477	25
27	INTENSIVE CARE UNIT								26
28	CORONARY CARE UNIT								27
29	BURN INTENSIVE CARE UNIT								28
30	SURGICAL INTENSIVE CARE UNIT								29
31	OTHER SPECIAL CARE (SPECIFY)								30
32	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					15117		9477	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-3028) [] 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 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY SUA							41.01
44 LABORATORY							44
44.01 LAB SUA							44.01
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 PSYCHIATRIC/PSYCHOLOGICAL SER							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
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 (14-3028) [] 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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC		108591			66899		41
41.01 RADIOLOGY SUA		188334			63291		41.01
44 LABORATORY		1466840			924842		44
44.01 LAB SUA							44.01
49 RESPIRATORY THERAPY		581240			359582		49
50 PHYSICAL THERAPY		6976785			2625639		50
51 OCCUPATIONAL THERAPY		5127507			2564109		51
52 SPEECH PATHOLOGY		1174484			429418		52
55 MEDICAL SUPPLIES CHARGED TO P		1470338			874565		55
56 DRUGS CHARGED TO PATIENTS		2546236			1590902		56
59 PSYCHIATRIC/PSYCHOLOGICAL SER							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		19640355			9499247		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-3028) [] 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	
41 ANCILLARY SERVICE COST CENTERS						41
41.01 RADIOLOGY-DIAGNOSTIC						41.01
44 LABORATORY						44
44.01 LAB SUA						44.01
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 PSYCHIATRIC/PSYCHOLOGICAL SER						59
62 OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINC						62
101 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) (14-3028)	SUB I	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)	15117						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	15117						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15117						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)	9477						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							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) (14-3028)	SUB I	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	8521405						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	8521405						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11494781						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11494781						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.741328						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	760.39						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	8521405						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) (14-3028)	SUB I	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	563.70					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5342185					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5342185					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT						43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
48 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-3028)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3739121					48
49 TOTAL PROGRAM INPATIENT COSTS	9081306					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	556584					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	229971					51
52 TOTAL PROGRAM EXCLUDABLE COST	786555					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	8294751					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) (14-3028)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-3028 VAN MATRE HEALTHSOUTH REHABILI
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/16/2011 18:47

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 (PPS) (14-3028)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	563.70	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	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		8521405			86
87 NEW CAPITAL-RELATED COST	887749	8521405	.104179		87
88 NON PHYSICIAN ANESTHETIST		8521405			88
89 MEDICAL EDUCATION		8521405			89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-3028) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		7202520		25
ANCILLARY SERVICE COST CENTERS				
41 RADIOLOGY-DIAGNOSTIC	.631535	66899	42249	41
41.01 RADIOLOGY SUA	.674068	63291	42662	41.01
44 LABORATORY	.254758	924842	235611	44
44.01 LAB SUA				44.01
49 RESPIRATORY THERAPY	.677613	359582	243657	49
50 PHYSICAL THERAPY	.359479	2625639	943862	50
51 OCCUPATIONAL THERAPY	.363358	2564109	931690	51
52 SPEECH PATHOLOGY	.438587	429418	188337	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.374277	874565	327330	55
56 DRUGS CHARGED TO PATIENTS	.492628	1590902	783723	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI				59
OUTPATIENT SERVICE COST CENTERS				
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		9499247	3739121	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		9499247		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-3028)	HOSPITAL (14-3028)	HOSPITAL (14-3028)	
	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

	HOSPITAL (14-3028) 1	HOSPITAL (14-3028) 1.01	HOSPITAL (14-3028) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
				LINE 17.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-3028)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11193179		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	PROGRAM .01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	TO .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	PROVIDER .03	NONE		NONE 3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		NONE 3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		11193179		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			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 PROVIDER .01 PROVIDER TO .02 PROGRAM	28611		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		11221790		7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-3028)	SUB I	SUB II	SUB III	SUB IV	
1 INPATIENT HOSPITAL SERVICES						1
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	10990723					1.02
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0288					1.03
1.04 INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	407822					1.04
1.05 OUTLIER PAYMENTS	10729					1.05
1.06 TOTAL PPS PAYMENTS	11409274					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)	41.416438					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	11409274					4
5 PRIMARY PAYER PAYMENTS	7489					5
6 SUBTOTAL	11401785					6
7 DEDUCTIBLES	148278					7
8 SUBTOTAL	11253507					8
9 COINSURANCE	47850					9
10 SUBTOTAL	11205657					10
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	23047					11
11.01 REDUCED REIMBURSABLE BAD DEBTS	16133					11.01
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	23047					11.02
12 SUBTOTAL	11221790					12
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-3028)	SUB I	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	11221790					17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS	11193179					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM	28611					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 PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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	2990403			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	2933201			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-779318			6
7	INVENTORY	71906			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	162006			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	5378198			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	9720			13
13.01	ACCUMULATED DEPRECIATION	-6075			13.01
14	BUILDINGS	12904716			14
14.01	ACCUMULATED DEPRECIATION	-3229834			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	2783759			18
18.01	ACCUMULATED DEPRECIATION	-1960252			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	10502034			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2350000			25
26	TOTAL OTHER ASSETS	2350000			26
27	TOTAL ASSETS	18230232			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	388189			28
29	SALARIES, WAGES & FEES PAYABLE	593635			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	2006095			35
36	TOTAL CURRENT LIABILITIES	2987919			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	7864280			41
42	TOTAL LONG TERM LIABILITIES	7864280			42
43	TOTAL LIABILITIES	10852199			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	7378033			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	7378033			51
52	TOTAL LIABILITIES AND FUND BALANCES	18230232			52

PROVIDER NO. 14-3028 VAN MATRE HEALTHSOUTH REHABILI
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/16/2011 18:47

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	8219239			1
2 NET INCOME (LOSS)	4181088			2
3 TOTAL	12400327			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 ROUNDING				5
6 RESTATEMENTS				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	12400327			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 MINORITY INTEREST	2090544			13
14 PARTNERSHIP DISTRIBUTIONS	2931750			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	5022294			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	7378033			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	11494781		11494781	1
3 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	11494781		11494781	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT				10
12 CORONARY CARE UNIT				11
13 BURN INTENSIVE CARE UNIT				12
14 SURGICAL INTENSIVE CARE UNIT				13
15 OTHER SPECIAL CARE (SPECIFY)				14
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
17 TOTAL INPATIENT ROUTINE CARE SERVICES	11494781		11494781	16
18 ANCILLARY SERVICES	15227631	4412723	19640354	17
19 OUTPATIENT SERVICES				18
20 HOME HEALTH AGENCY				19
21 AMBULANCE				20
22 CORF				21
23 ASC				22
24 HOSPICE				23
25 TOTAL PATIENT REVENUES	26722412	4412723	31135135	24

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		16136462	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		16136462	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	31135135	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	10883256	2
3	NET PATIENT REVENUES	20251879	3
4	LESS - TOTAL OPERATING EXPENSES	16136462	4
5	NET INCOME FROM SERVICE TO PATIENTS	4115417	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		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		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		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		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC INCOME	5288	23
24	MISC INCOME	44100	24
24.01	LOSS ON SALE OF FIXED ASSETS	-2670	24.01
24.02	INTEREST INCOME	18953	24.02
25	TOTAL OTHER INCOME	65671	25
26	TOTAL	4181088	26
27	ROUNDING		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4181088	31

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	62.69						62.69 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	61.61						61.61 41
41.01 RADIOLOGY SUA	33.61						33.61 41.01
44 LABORATORY	63.05						63.05 44
49 RESPIRATORY THERAPY	61.86						61.86 49
50 PHYSICAL THERAPY	37.63						37.63 50
51 OCCUPATIONAL THERAPY	50.01						50.01 51
52 SPEECH PATHOLOGY	36.56						36.56 52
55 MEDICAL SUPPLIES CHARGED TO PAT	59.48						59.48 55
56 DRUGS CHARGED TO PATIENTS	62.48						62.48 56
101 TOTAL CHARGES	30.51						30.51 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	1071990	6.12	-1071990	-11.24			3
4 NEW CAP REL COSTS-MVBLE EQUIP	351264	2.00	-351264	-3.68			4
5 EMPLOYEE BENEFITS	2023241	11.54	-2023241	-21.22			5
6 ADMINISTRATIVE & GENERAL	3769153	21.51	-3769153	-39.54			6
8 OPERATION OF PLANT	689018	3.93	-689018	-7.23			8
9 LAUNDRY & LINEN SERVICE	106459	.61	-106459	-1.12			9
10 HOUSEKEEPING	216176	1.23	-216176	-2.27			10
11 DIETARY	502807	2.87	-502807	-5.27			11
12 CAFETERIA							12
14 NURSING ADMINISTRATION	306362	1.75	-306362	-3.21			14
17 MEDICAL RECORDS & LIBRARY	215992	1.23	-215992	-2.27			17
18 SOCIAL SERVICE	280870	1.60	-280870	-2.95			18
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	3000349	17.12	5521056	57.91	8521405	48.62	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	39109	.22	29470	.31	68579	.39	41
41.01 RADIOLOGY SUA	126950	.72			126950	.72	41.01
44 LABORATORY	272207	1.55	101482	1.06	373689	2.13	44
44.01 LAB SUA							44.01
49 RESPIRATORY THERAPY	219113	1.25	174743	1.83	393856	2.25	49
50 PHYSICAL THERAPY	1137342	6.49	1370664	14.38	2508006	14.31	50
51 OCCUPATIONAL THERAPY	918610	5.24	944511	9.91	1863121	10.63	51
52 SPEECH PATHOLOGY	301611	1.72	213503	2.24	515114	2.94	52
55 MEDICAL SUPPLIES CHARGED TO PAT	359576	2.05	190738	2.00	550314	3.14	55
56 DRUGS CHARGED TO PATIENTS	811857	4.63	442491	4.64	1254348	7.16	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI							59
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES			9370	.10	9370	.05	98
100 NRCC MARKETING	105097	.60	69536	.73	174633	1.00	100
100.01 NRCC ROCKFORD MEM	681629	3.89	421816	4.42	1103445	6.30	100.01
100.02 GUEST MEALS			28623	.30	28623	.16	100.02
100.03 NRCC CLINICAL PSYCH	19200	.11	15329	.16	34529	.20	100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	17525982	100.00	0	.00	17525982	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	2995	108591	.027581	66899	1845	41
41.01 RADIOLOGY SUA		188334		63291		41.01
44 LABORATORY	1787	1466840	.001218	924842	1126	44
44.01 LAB SUA						44.01
49 RESPIRATORY THERAPY	16299	581240	.028042	359582	10083	49
50 PHYSICAL THERAPY	276478	6976785	.039628	2625639	104049	50
51 OCCUPATIONAL THERAPY	159678	5127507	.031141	2564109	79849	51
52 SPEECH PATHOLOGY	12108	1174484	.010309	429418	4427	52
55 MEDICAL SUPPLIES CHARGED TO PAT	20413	1470338	.013883	874565	12142	55
56 DRUGS CHARGED TO PATIENTS	26327	2546236	.010340	1590902	16450	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI OUTPATIENT SERVICE COST CENTERS						59
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
101 TOTAL	516085	19640355		9499247	229971	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	887749		887749	15117	58.73	9477	556584 25
101	TOTAL	887749		887749			9477	556584 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							556584	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							229971	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							786555	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							685	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							9477	
PER DISCHARGE CAPITAL COSTS							1148.26	
PER DIEM CAPITAL COSTS							83.00	

I. COST TO CHARGE RATIO FOR FREESTANDING IRF

1. TOTAL MEDICARE COSTS	9081306
(WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 6 LINES 25-30 + WKST D PART IV COL 7 LINE 101))	
2. TOTAL MEDICARE CHARGES	16701767
(WKST D-4 COLUMN 2 LINES 25-30 + LINE 103)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.544

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS	786555
(WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.047

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.000