IN LIEU OF FORM CMS-2552-96(04/2005) Health Financial Systems PREPARED 1/10/2011 8:59 THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b) FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE 42 CFR 413.20(b)). FORM APPROVED OMB NO. 0938-0050 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g). WORKSHEET S PARTS I & II DATE RECEIVED HOSPITAL AND HOSPITAL HEALTH DDUVIDED NO. I INTERMEDIARY LISE ONLY Т С

FOR DELNOR-COMMUNITY HOSPITAL

MCRLE32

TUSPITAL AND TUSPITAL TEALIT		PROVIDER NO.		PERIU	U		INTERMEDIART USE UNLT	1	DATE RECEIVED.
CARE COMPLEX	1	14-0211	1	FROM	9/ 1/2009	1	AUDITEDDESK REVIEW	1	/ /
COST REPORT CERTIFICATION	I		1	TO	8/31/2010	1	INITIALREOPENED	1	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	1		1			1	FINAL 1-MCR CODE	1	
						Ι	00 - # OF REOPENINGS	1	

ELECTRONICALLY FILED COST REPORT

#### PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISIONMENT 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: DELNOR-COMMUNI TY HOSPI TAL 14-0211

THE COST REPORTING PERIOD BEGINNING 9/ 1/2009 AND ENDING 8/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELLEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

#### OFFICER OR ADMINISTRATOR OF PROVIDER(S)

DATE: 1/10/2011

TIME

8:59

TITLE

DATE

### PART II - SETTLEMENT SUMMARY

		TI TLE V		TI TLE XVI I I	TI TLE XI X	
		1	A	B	4	
		I	2	3	4	
1	HOSPI TAL	(		42, 281	20, 987	0
7	HOSPITAL-BASED HHA	(		0	0	0
100	TOTAL	(		42, 281	20, 987	0

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

MCRI F32 1. 23. 0. 1 ~ 2552-96 22. 1. 123. 2

I PROVIDER NO: I PERIOD	DRM CMS-2552-96 (08/2010) ): I PREPARED 1/10/2011 9/ 1/2009 I WORKSHEET S-2 8/31/2010 I
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS 1 STREET: 300 RANDALL ROAD P.O. BOX: 1.01 CITY: GENEVA STATE: IL ZIP CODE: 60134- COUNTY: K	KANE
HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;	PAYMENT SYSTEM
COMPONENT COMPONENT NAME PROVIDER NO. NPI NUMBER	DATE (P, T, O OR N) CERTIFIED V XVIII XIX
0 1 2 2.01 02.00 HOSPITAL DELNOR-COMMUNITY HOSPITAL 14-0211	3 4 5 6 7/ 1/1966 N P 0
09. 00 HOSPITAL-BASED HHA DELNOR-COMMUNITY HHA 14-7093	7/11/1969 N P N
17         COST REPORTING PERIOD (MM/DD/YYYY)         FROM:         9/         1/2009         TO:         8/31/2010	1 2
18 TYPE OF CONTROL	2
TYPE OF HOSPI TAL/SUBPROVI DER	
19 HOSPI TAL	1
20 SUBPROVI DER	
<ul> <li>OTHER INFORMATION</li> <li>INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIO 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.</li> <li>ODES YOUR FACILITY UQUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT 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 AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.</li> <li>OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.</li> <li>OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 "Y" FOR YES AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 1 NDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE ON STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.</li> <li>OF OR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL</li> <li>OF OR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL</li> <li>OF OR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL</li> <li>OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2</li></ul>	N N 16974 1 1 N N
ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	
<ul> <li>ARE YOU CLASSIFIED AS A REFERRAL CENTER?</li> <li>DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.</li> </ul>	N N
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	
23. 02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ / / /
23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ / / /
23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN	/ / / /
COL. 2 AND TERMINATION DATE IN COL. 3. 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION	/ / / /
AND TERMINATION DATE. 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE I	N / / / /
COL. 2 AND TERMINATION DATE IN COL. 3. 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN	/ / / /
COL. 2 AND TERMINATION DATE IN COL. 3. 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND	/ /
TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE	
CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).	

Heal t	h Financial System	s MCRI F32	FOR DELNOR-COMMUNITY H						(08/2010) CC REPARED 1/1	
HOSPI	TAL & HOSPITAL HEA IDENTIFICATION D				4-0211	I FROM 9		9 I	WORKSHEET S	
	PAYMENTS FOR I&R? IS THIS TEACHING IF LINE 25.01 IS EFFECT DURING THE E-3, PART IV. IF	PROGRAM APPROVED I YES, WAS MEDICARE FIRST MONTH OF TH NO, COMPLETE WORK	LIATED WITH A TEACHING H N ACCORDANCE WITH CMS PL PARTICIPATION AND APPROV E COST REPORTING PERIOD? SHEET D-2, PART II.	JB. 15-I, C /ED TEACHIN ? IF YES,	HAPTER 4? G PROGRAM STATU COMPLETE WORKSH	IS IN IEET	N N			
25. 03 25. 04 25. 05	DEFINED IN CMS PU ARE YOU CLAIMING HAS YOUR FACILITY UNDER 42 CFR 413.	B. 15-I, SECTION 2 COSTS ON LINE 70 C DIRECT GME FTE CA	CT COST REIMBURSEMENT FC (148? IF YES, COMPLETE FWORKSHEET A? IF YES, P(COLUMN 1) OR IME FTE (1)(iv)(B)? E INSTRUCTIONS)	WORKSHEET COMPLETE W CAP (COLUM	D-9. ORKSHEET D-2, P N 2) BEEN REDUC	PART I. ED	N N			
25. 06 26 26. 01 26. 02 27 28 28. 01 28. 02	RESIDENTS CAP SLO FOR YES AND "N" F IF THIS IS A SOLE IN THE C/R PERIOD SUBSCRIPT LINE 26 ENTER THE APPLICA ENTER THE APPLICA DOES THIS HOSPITA FOR SWING BEDS. I IF THIS FACILITY THERE WERE NO MED IF HOSPITAL BASED ENTER IN COLUMNA INTERMEDIARY) IF THE FACILITY CLAS TWO CHARACTER STA OR TWO CHARACTER	TS UNDER 42 CFR 41 OR NO IN THE APPLI COMMUNI TY HOSPITA ENTER BEGINNING O1 FOR NUMBER OF BLE SCH DATES: L HAVE AN AGREEMEN F YES, ENTER THE A CONTAINS A HOSPITA I CARE UTILIZATION SNF, ENTER APPROF 2 AND 3 THE WAGE I INSTRUCTIONS) THE HOSPITAL BASE YOU HAVE NOT TRANS SIFICATION URBAN(1 TE CODE IF A RURAL CODE IF RURAL BASE	BEGI IT UNDER EITHER SECTION 1 GREEMENT DATE (MM/DD/YY) L-BASED SNF, ARE ALL PAT ENTER "Y", IF "N" COMPLE RIATE TRANSITION PERIOD NDEX ADJUSTMENT FACTOR E ID SNF FACILITY SPECIFIC ITIONED TO 100% PPS SNF ) OR RURAL (2). IN COLUM . BASED FACILITY. IN COLU	2. 105 (f) (1) RUCTI ONS) R OF PERIOD STATUS ON E AND ENTER NNI NG: / I883 OR SEC YY) IN COLU TI ENTS UNDE ETE LI NES 2 1, 2, 3, 0 BEFORE AND RATE (FROM PPS PAYMEN IN 3 ENTER JMN 4, ENTE	(iv)(C)? ENTER S SCH STATUS IN LINE 26.01. SUBSEQUENT DAT / EN TION 1913 MN 2. R MANAGED CARE 8.01 AND 28.02 R 100 IN COLUMN ON OR AFTER THE YOUR FISCAL T. IN COLUMN 2 THE SNF MSA COD R THE SNF CBSA	I EFFECT ES. IDI NG: IDI NG: OR I 1. ENTER E OR CODE	1		3	4
30. 03 30. 04 31 31. 01 31. 02 31. 03 31. 04 31. 05	I NCREASE IN THE R USED FOR DI RECT P EXPENSES FOR EACH 3. INDI CATE I N CO ASSOCI ATED WI TH D STAFFI NG RECRUI TMENT RETENTI ON TRAI NI NG I S THI S A RURAL H AGGREGATE FOR BOT DOES THI S HOSPI TA HOSPI TAL (CAH)? (S I F SO, I S THI S TH SEE 42 CFR 413.70 I F THI S FACILI TY PAYMENT FOR OUTPA I F THI S FACILI TY SERVI CES? I F YES, BE ON OR AFTER 12 I F THI S FACILI TY TRAI NI NG PROGRAMS NOT BE ON WORKSHE YES COMPLETE WORK I S THI S A RURAL S CFR 412.113(c). I S THI S A RURAL S CFR 412.113(c).	UG PAYMENTS BEGINN ATIENT CARE AND RE CATEGORY TO TOTAL LUMN 2 "Y" FOR YES IRECT PATIENT CARE NECT PATIENT CARE NECT PATIENT CARE UDALIFY AS A RUF EE 42 CFR 485.606f E INITIAL 12 MONTH QUALIFY AS A RUF ULLIFIES AS A CAF ENTER SERVICES? (S QUALIFIES AS A CAF ENTER IN COLUMN 2 /21/2000). QUALIFIES AS A CAF ? ENTER "Y" FOR YU SHEET D-2, PART II OSPITAL QUALIFYING UBPROVIDER 1 QUALI UBPROVIDER 2 QUALI UBPROVIDER 3 QUALI UBPROVIDER 4 QUALI	PERIOD FOR THE FACILITY	S EXPECTED N COLUMN 1 HEET G-2, P PENDING REF DR EACH CAT NER THAN 50 METHOD OF (RPCH)/CR Y OPERATED THE ALL-INC ST REIMBURS Y DETERMINA ST REIMBURS S, THE GME DULD BE COS E CRNA FEE TO THE CRNA TO THE CRNA	THIS INCREASE T THE PERCENTAGE ART I, LINE 6, LECTS INCREASES EGORY. (SEE INS BEDS IN THE REIMBURSEMENT? ITICAL ACCESS AS AN RPCH/CAH? LUSI VE METHOD C EMENT FOR AMBUL TION (DATE MUST EMENT FOR I&R ELIMINATION WOUT T REIMBURSED. I SCHEDULE? SEE 4 FEE SCHEDULE? FEE SCHEDULE? FEE SCHEDULE? FEE SCHEDULE?	O BE OF TOTAL COLUMN STR) F ANCE ILD F 2 SEE 42 SEE 42 SEE 42 SEE 42 SEE 42	% 0.0 0.0 0.0 N N N N N N N N N N N	0% 0% 0%		
MI SCEL 32 33 34 35 35.01 35.02 35.03 35.04	IS THIS A NEW HOS IN COLUMN 1. IF Y YOU ELECT TO BE R NO IN COLUMN 2 IS THIS A NEW HOS HAVE YOU ESTABLIS HAVE YOU ESTABLIS HAVE YOU ESTABLIS	CLUSIVE PROVIDER? PITAL UNDER 42 CFF ES, FOR COST REPOF EI MBURSED AT 100% PITAL UNDER 42 CFF HED A NEW SUBPROVI HED A NEW SUBPROVI HED A NEW SUBPROVI HED A NEW SUBPROVI	IF YES, ENTER THE METHO 412.300 PPS CAPITAL? EN TING PERIODS BEGINNING ( FEDERAL CAPITAL PAYMENT? 413.40 (f)(1)(i) TEFRA? DER (EXCLUDED UNIT) UNDE DER (EXCLUDED UNIT) UNDE	NTER "Y" FO ON OR AFTER PER 42 CFR 4 ER 42 CFR 4 ER 42 CFR 4 ER 42 CFR 4 ER 42 CFR 4	R YES AND "N" F OCTOBER 1, 200 FOR YES AND "N 13.40(f)(1)(i)? 13.40(f)(1)(i)? 13.40(f)(1)(i)? 13.40(f)(1)(i)?	OR NO 02, DO I" FOR	N N N N			

	ORM CMS-2552-96 (08/2010) CONTD D: I PREPARED 1/10/2011
	9/ 1/2009 I WORKSHEET S-2 8/31/2010 I
<ul> <li>PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL</li> <li>DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)</li> <li>ODES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)</li> <li>DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)</li> <li>IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?</li> </ul>	V XVIII XIX 1 2 3 N Y N N Y N N N N
TITLE XIX INPATIENT SERVICES 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	Y ? N N N N
<ul> <li>40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).</li> <li>40.01 NAME: FI/CONTRACTOR NAME</li> <li>40.02 STREET: P.O. BOX: 40.03 CITY: STATE: ZIP CODE: -</li> <li>41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?</li> <li>42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?</li> <li>42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?</li> <li>42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?</li> <li>43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?</li> <li>44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY</li> <li>45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.</li> <li>45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?</li> <li>45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?</li> <li>46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).</li> </ul>	Y FI/CONTRACTOR # N N N N
IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE L CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER (SEE 42 CFR 413.13.) OUTPATIENT OUTPATIENT OUTPATIENT	
PART A PART B ASC RADIOLOGY DIAGNOSTIC 1 2 3 4 5 47.00 HOSPITAL N N N N 50.00 HHA N N	
<ul> <li>DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)</li> <li>OI IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV</li> <li>IF YOU ARE 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 MDH PERIOD: BEGINNING: / ENDING:</li> <li>LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 2,486,653 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0</li> </ul>	N N / /
<ol> <li>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.</li> <li>55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.</li> </ol>	N N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS DATE IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	Y OR N LIMIT Y OR N FEES 1 2 3 4 N 0.00 0
<ul> <li>56. 01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.</li> </ul>	0.00 0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.	0.00 0 0.00 0

Health Financial Systems MCRIF32	FOR DELNOR-COMMUNITY HOSPITAL		ORM CMS-2552-96 (08 D: I PREP	/2010) CONTD ARED 1/10/2011
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				RKSHEET S-2
57 ARE YOU CLAIMING NURSING AND ALLIE 58 ARE YOU AN INPATIENT REHABILITATIO			Ν	
ENTER IN COLUMN 1 "Y" FOR YES AND FEDERAL PPS REIMBURSEMENT? ENTER I	'N" FOR NO. IF YES HAVE YOU MADE T N COLUMN 2 "Y" FOR YES AND "N" FOR	HE ELECTION FOR 100% NO. THIS OPTION IS	Ν	
ONLY AVAILABLE FOR COST REPORTING 10/1/2002.	PERIODS BEGINNING ON OR AFTER 1/1/	2002 AND BEFORE		
58. 01 IF LINE 58 COLUMN 1 IS Y, DOES THE REPORTING PERIOD ENDING ON OR BEFO THE FACILITY TRAINING RESIDENTS IN 412. 424(d)(1)(iii)(2)? ENTER IN CO 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 COVERS THE BEGINNING OF THE FOURTH OF THE NEW TEACHING PROGRAM IN EXI	RE NOVEMBER 15, 2004? ENTER "Y" FO A NEW TEACHING PROGRAM IN ACCORDA LUMN 2 "Y"FOR YES OR "N" FOR NO. I (SEE INSTRUCTIONS). IF THE CURREN ENTER 4 IN COLUMN 3, OR IF THE SU STENCE, ENTER 5. (SEE INSTR).	R YES OR "N" FOR NO. IS NCE WITH 42 CFR SEC. F COLUMN 2 IS Y, ENTER T COST REPORTING PERIOD BSEQUENT ACADEMIC YEARS		
59 ARE YOU A LONG TERM CARE HOSPITAL IF YES, HAVE YOU MADE THE ELECTION "Y" FOR YES AND "N" FOR NO. (SEE I	FOR 100% FEDERAL PPS REIMBURSEMEN		Ν	
60 ARE YOU AN INPATIENT PSYCHIATRIC F ENTER IN COLUMN 1 "Y" FOR YES AND FACILITY? ENTER IN COLUMN 2 "Y" FO	ACILITY (IPF), OR DO YOU CONTAIN A 'N" FOR NO. IF YES, IS THE IPF OR	IPF SUBPROVIDER A NEW	N	
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE THIS FACILITY IN ITS MOST RECENT C FOR YES AND "N" FOR NO. IS THIS FA ACCORDANCE WITH 42 CFR §412.424(d) COL. 2 IS Y, ENTER 1, 2 OR 3 RESPE REPORTING PERIOD COVERS THE BEGINN ACADEMIC YEARS OF THE NEW TEACHING	DST REPORTING PERIOD FILED BEFORE CILITY TRAINING RESIDENTS IN A NEW (1)(ii)(C)? ENTER IN COL. 2 "Y" F CTIVELY IN COL. 3, (SEE INSTRUC). NG OF THE FOURTH ENTER 4 IN COL.	NOV. 15, 2004? ENTER "Y" TEACHING PROGRAM IN DR YES OR "N" FOR NO. IF IF THE CURRENT COST 3, OR IF THE SUBSEQUENT		0
MULTI CAMPUS				
61.00 IS THIS FACILITY PART OF A MULTICA ENTER "Y" FOR YES AND "N" FOR NO.	MPUS HOSPITAL THAT HAS ONE OR MORE	CAMPUSES IN DIFFERENT C	BSA?	
IF LINE 61 IS YES, ENTER THE NAME CBSA IN COL. 4 AND FTE/CAMPUS IN C		IN COL.2, ZIP IN COL 3,		
NAME	COUNTY	STATE ZIP CODE	CBSA FTE/CAMPU	S
62. 00			0.0	0
SETTLEMENT DATA				

/ /

63. 00 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 COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

Health Financial Systems MCRIF3 HOSPITAL AND HOSPITAL COMPLEX STATISTICAL	HEALTH CARE	I	I N PROVI DER NO: 14-0211	LIEU OF FORM CI I PERIOD: I FROM 9/1, I TO 8/31,	ΙP	(01/2010) REPARED 1/10/2011 WORKSHEET S-3 PART I
COMPONENT 1 ADULTS & PEDI ATRI CS 2 HMO 2 01 HMO - (IRF PPS SUBPROVI DER)	NO. OF BED DAYS BEDS AVAI LABLE 1 2 139 50, 735	CAH N/A 2. 01	I/P TITLE V 3	DAYS / 0/P Y TITLE XVIII 4 13, 900	VISITS / NOT LTCH N/A 4.01	TRI PS TOTAL TI TLE XI X 5 1, 783
3       ADULTS & PED-SB SNF         4       ADULTS & PED-SB NF         5       TOTAL ADULTS AND PEDS         6       INTENSI VE CARE UNIT         12       TOTAL         13       RPCH VI SI TS         18       HOME HEALTH AGENCY         23       20         23       20         00TPATI ENT PHYSI CAL THERAPY         23       00         24       00TPATI ENT SPEECH PATHOLOGY         24       TOTAL         25       TOTAL         26       OBSERVATI ON BED DAYS         27       AMBULANCE TRI PS	R			13, 900 2, 351 16, 251 12, 025		1, 783 269 2, 052
28 EMPLOYEE DI SCOUNT DAYS 28 01 EMP DI SCOUNT DAYS -I RF 29 LABOR & DELI VERY DAYS						
COMPONENT           ADULTS & PEDI ATRI CS           HMO           OI HMO - (IRF PPS SUBPROVIDER)           ADULTS & PED-SB SNF           ADULTS & PED-SB SNF           ADULTS & PED-SB NF           TOTAL ADULTS AND PEDS           INTENSI VE CARE UNIT           TOTAL           RPCH VI SI TS           HOME HEALTH AGENCY           OUTPATI ENT PHYSI CAL THERAPY           OUTPATI ENT SPEECH PATHOLOGY           RC           HOHC           OUTPATI ENT SPEECH PATHOLOGY           RC           HO           OUTPATI ENT SPEECH PATHOLOGY           RC           HO           OUTPATI ENT SPEECH PATHOLOGY           RC           HC           SOUTPATI ENT SPEECH PATHOLOGY           RC           HC           SOUTPATI ENT SPEECH PATHOLOGY           RC           HC           SOUTPATI ENT SPEECH PATHOLOGY           RC           SOUTPATI ENT SPEECH PATHOLOGY           RC <td>R</td> <td></td> <td>TOTAL OBSE ADMI TTED 6. 01</td> <td>RVATI ON BEDS NOT ADMI TTED 6. 02 3, 027</td> <td> I NTERNS TOTAL 7</td> <td>&amp; RES. FTES LESS I &amp;R REPL NON-PHYS ANES 8</td>	R		TOTAL OBSE ADMI TTED 6. 01	RVATI ON BEDS NOT ADMI TTED 6. 02 3, 027	I NTERNS TOTAL 7	& RES. FTES LESS I &R REPL NON-PHYS ANES 8
COMPONENT           1         ADULTS & PEDI ATRI CS           2         HMO           2         01           3         ADULTS & PED-SB SNF           4         ADULTS & PED-SB NF           5         TOTAL ADULTS AND PEDS           6         INTENSI VE CARE UNI T           12         TOTAL           13         RPCH VI SI TS           18         HOME HEALTH AGENCY           23         10           23         20           24         OUTPATI ENT PHYSI CAL THERAPY           23         0           24         OUTPATI ENT SPEECH PATHOLOGY           24         RHC	EMPLOYEES ON PAYROLL 9 10 1, 139. 49 11. 25	ME EQUIV NONPAID WORKERS 11	TI TLE V 12	DI SCHARGE: TI TLE XVI I 13 3, 766 3, 766	S TITLE XIX 14 622 622	
<ul> <li>24 10 FOHC</li> <li>25 TOTAL</li> <li>26 OBSERVATI ON BED DAYS</li> <li>27 AMBULANCE TRI PS</li> <li>28 EMPLOYEE DI SCOUNT DAYS</li> <li>28 01 EMP DI SCOUNT DAYS -I RF</li> <li>29 LABOR &amp; DELI VERY DAYS</li> </ul>	1, 150. 74					

Heal th	Financial Systems MCRIF32 HOSPITAL WAGE INDEX INFORMA		-Community Hospi	TAL I PROVIDER I 14-0211 I	NO: I PERIO	ORM CMS-2552-96 (05/2004) D: I PREPARED 1/10/2011 9/ 1/2009 I WORKSHEET S-3 8/31/2010 I PARTS II & III
PART II	- WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARI ES 2	ADJUSTED SALARI ES 3	PAI D HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE DATA SOURCE 5 6
1 2	SALARIES TOTAL SALARY NON-PHYSICIAN ANESTHETIST PART A	73, 516, 621	797, 350	74, 313, 971	2, 393, 544. 00	31. 05
3 4	NON-PHYSICIAN ANESTHETIST PART B PHYSICIAN - PART A	1, 636, 040		1, 636, 040	18, 325. 00	89. 28
5 5.01 6 6.01 7	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) PHYSICIAN - PART B NON-PHYSICIAN - PART B INTERNS & RESIDENTS (APPRVD) CONTRACT SERVICES, I&R HOME OFFICE PERSONNEL	143, 838		143, 838	3, 231. 00	44. 52
8 8. 01	SNF EXCLUDED AREA SALARIES	2, 862, 567	23, 459	2, 886, 026	67, 881. 00	42.52
	OTHER WAGES & RELATED COSTS CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT LABORATORY SERVICES UNDER	88, 074		88, 074	925.00	95. 22
10 10. 01 11 12	CONTRACT MANAGEMENT & ADMINISTRATIVE UNDER CONRACT CONTRACT LABOR: PHYS PART A TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) HOME OFFICE SALARIES & WAGE RELATED COSTS HOME OFFICE: PHYS PART A TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	550, 001		550, 001	3, 167. 00	173. 67
19	WAGE RELATED COSTS WAGE-RELATED COSTS (CORE) WAGE-RELATED COSTS (OTHER) EXCLUDED AREAS NON-PHYS ANESTHETIST PART A NON-PHYS ANESTHETIST PART B PHYSICIAN PART A PART A TEACHING PHYSICIANS PHYSICIAN PART B WAGE-RELATD COSTS (RHC/FOHC) INTERNS & RESIDENTS (APPRVD)	22, 201, 444 750, 204 221, 422 36, 464		22, 201, 444 750, 204 221, 422 36, 464		CMS       339         CMS       339
23 24 25	OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE	699, 295 17, 462, 481 1, 301, 964 1, 158, 102 16, 549	32, 815 525, 209 3, 069	732, 110 17, 987, 690 1, 301, 964 1, 161, 171 16, 549	22, 981.00 583, 854.00 7, 916.00 41, 079.00 1, 284.00	31. 86 30. 81 164. 47 28. 27 12. 89
26 26. 01 27	HOUSEKEEPING HOUSEKEEPING UNDER CONTRACT DI ETARY	1, 088, 360 1, 334, 074	-565, 535	1, 088, 360 768, 539	83, 075. 00 46, 476. 00	13. 10 16. 54
	DI ETARY UNDER CONTRACT CAFETERIA	.,,	573, 652	573, 652	35, 061. 00	16. 36
29 30	MAI NTENANCE OF PERSONNEL NURSI NG ADMI NI STRATI ON	1, 943, 818	26, 193	1, 970, 011	51, 311. 00	38. 39
31 32 33 34 35	CENTRAL SERVICE AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBRARY SOCIAL SERVICE OTHER GENERAL SERVICE	1, 910, 466 1, 563, 976	11, 625 9, 116	1, 922, 091 1, 573, 092	46, 776. 00 71, 710. 00	41. 09 21. 94
	- HOSPITAL WAGE INDEX SUMMARY					
1 2 3 4	NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES SUBTOTAL OTHER WAGES & RELATED COSTS	73, 038, 707 2, 862, 567 70, 176, 140 638, 075	797, 350 23, 459 773, 891	73, 836, 057 2, 886, 026 70, 950, 031 638, 075	2, 379, 904. 00 67, 881. 00 2, 312, 023. 00 4, 092. 00	31. 02 42. 52 30. 69 155. 93
5 6 7 8 9 10 11 12	SUBTOTAL WAGE-RELATED COSTS TOTAL NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES SUBTOTAL OTHER WAGES & RELATED COSTS SUBTOTAL WAGE-RELATED COSTS TOTAL	22, 201, 444 93, 015, 659	773, 891	22, 201, 444 93, 789, 550	2, 316, 115. 00	31. 29 40. 49

Heal th	Financial Systems	MCRI F32 FOR	DELNOR-COMMUNI TY	HOSPI TAL		IN LIEU	OF FORM	CMS-2552	2-96 (05/2004)
				1	PROVI DER	NO: I	PERI OD:		I PREPARED 1/10/2011
	HOSPI TAL WAGE	INDEX INFORMATION		1	14-0211	I	FROM 9/	1/2009	I WORKSHEET S-3
				I		1	TO 8/	31/2010	I PARTS II & III
						PALD HOU	RS .	AVERAGE	
		AMOUI	NT RECLASS (	OF A	DJUSTED	RELATED	TO I	HOURLY	
PART II	- WAGE DATA	REPOR	TED SALARIES	S S	ALARI ES	SALARY		WAGE	DATA SOURCE
		1	2		3	4		5	6
13	TOTAL OVERHEAD COST	rs 28, 479	9, 085 616, 1	144 2	9, 095, 229	991, 52	3.00	29. 34	

HOSPI	Financial Systems MCRIF32 TAL-BASED HOME HEALTH AGENCY STICAL DATA	FOR DELNOR-COMMUNITY HOSPITA	I PROVIDER NO I 14-0211 I HHA NO:	I FROM 9/	MS-2552-96 S-4 ( I PREPA 1/2009 I WORKS 1/2010 I I	RED 1/10/2011
HOME	HEALTH AGENCY STATISTICAL DATA	HHA 1	COUNTY:			
			TI TLE V 1	TITLE XVIII 2	TI TLE XI X 3	OTHER 4
1 2	HOME HEALTH AI DE HOURS UNDUPLI CATED CENSUS COUNT		0	0	0	0
			TOTAL 5			
1 2	HOME HEALTH AI DE HOURS UNDUPLICATED CENSUS COUNT		0			
	HOME HEALTH AGENCY - NUMBER OF (FULL TIME EQUIVALENT)	EMPLOYEES				
	ENTER THE NUMBER OF HOURS IN YO	UR NORMAL WORK WEEK				
			HHA NO. OF I	FTE EMPLOYEES (20	80 HRS)	
			STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADM	II NI STRATOR (S)				
4 5	DI RECTOR(S) AND ASSISTANT DI REC OTHER ADMINISTRATIVE PERSONEL		8. 15		8. 15	
6 7 8			. 81 1. 82		. 81 1. 82	
9 10	PHYSI CAL THERAPY SUPERVI SOR OCCUPATI ONAL THERAPY SERVI CE		. 11		. 11	
11 12 13	OCCUPATIONAL THERAPY SUPERVISOR SPEECH PATHOLOGY SERVICE SPEECH PATHOLOGY SUPERVISOR		. 01		. 01	
14 15	MEDICAL SOCIAL SERVICE MEDICAL SOCIAL SERVICE SUPERVIS	OR			<i></i>	
16 17 18	HOME HEALTH AIDE HOME HEALTH AIDE SUPERVISOR		. 65		. 65	
	HOME HEALTH AGENCY MSA CODES		1	1.01		
19	HOW MANY MSAS IN COL. 1 OR CBSA YOU PROVIDER SERVICES TO DURING	THE C/R PERIOD?	0	1		
20	LIST THOSE MSA CODE(S) IN COL. COL. 1.01 SERVICED DURING THIS CONTAINS THE FIRST CODE).			16974		
	CTIVITY DATA - APPLICABLE FOR SER R AFTER OCTOBER 1, 2000	VICES ON				
		W	FULL EPIS	SODES WI TH	LUPA	PEP ONLY
			UTLI ERS 1	OUTLI ERS 2	EPI SODES 3	EPI SODES 4
21	SKILLED NURSING VISITS SKILLED NURSING VISIT CHARGES		4, 416 757, 272	0 0	188 32, 300	44 7, 492
22 23 24	PHYSICAL THERAPY VISIT CHARGES PHYSICAL THERAPY VISIT CHARGES		5, 238 899, 006	0 0	32, 300 142 24, 454	7, 492 71 12, 235
25 26	OCCUPATIONAL THERAPY VISITS OCCUPATIONAL THERAPY VISIT CHAR	GES	701 120, 145	0 0	2 338	10 1, 722
27 28 29	SPEECH PATHOLOGY VISITS SPEECH PATHOLOGY VISIT CHARGES MEDICAL SOCIAL SERVICE VISITS		221 37, 761 30	0 0 0	3 511 1	0 0 2
30 31	MEDICAL SOCIAL SERVICE VISIT CH HOME HEALTH AIDE VISITS	ARGES	6, 160 948	0 0	198 0	416 8
32 33 34	HOME HEALTH AIDE VISIT CHARGES TOTAL VISITS (SUM OF LINES 21, 2 OTHER CHARGES	3, 25, 27, 29 & 31)	117, 690 11, 554 294	0 0 0	0 336 0	1, 000 135 0
35 36	TOTAL CHARGES (SUM OF LNS 22, 24 TOTAL NUMBER OF EPI SODES (STAND	ARD/NON OUTLIER)	1, 938, 328 703	0 0	57, 801 126	22, 865 13
37 38	TOTAL NUMBER OF OUTLIER EPISODE TOTAL NON-ROUTINE MEDICAL SUPPL		0 157	0 0	0 0	0 0

Health Financial Systems MCRIF32 FOR DELNOR-COMMUNITY HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA HOME HEALTH AGENCY STATISTICAL DATA	HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008) I PROVIDER NO: I PERIOD: I PREPARED 1/10/2011 I 14-0211 I FROM 9/ 1/2009 I WORKSHEET S-4 I HHA NO: I TO 8/31/2010 I I 14-7093 I I COUNTY:
HHA 1	
PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000	
	SCIC WITHIN SCIC ONLY TOTAL A PEP EPI SODES (COLS. 1-6) 5 6 7
<ul> <li>21 SKI LLED NURSI NG VI SI TS</li> <li>22 SKI LLED NURSI NG VI SI T CHARGES</li> <li>23 PHYSI CAL THERAPY VI SI TS</li> <li>24 PHYSI CAL THERAPY VI SI T CHARGES</li> <li>25 OCCUPATI ONAL THERAPY VI SI T CHARGES</li> <li>26 OCCUPATI ONAL THERAPY VI SI T CHARGES</li> <li>27 SPEECH PATHOLOGY VI SI TS</li> <li>28 SPEECH PATHOLOGY VI SI T CHARGES</li> <li>29 MEDI CAL SOCI AL SERVI CE VI SI T CHARGES</li> <li>30 MEDI CAL SOCI AL SERVI CE VI SI T CHARGES</li> <li>31 HOME HEALTH AI DE VI SI TS</li> <li>32 HOME HEALTH AI DE VI SI T CHARGES</li> <li>33 TOTAL VI SI TS (SUM OF LI NES 21, 23, 25, 27, 29 &amp; 31)</li> <li>34 OTHER CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 &amp; 34)</li> <li>35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 &amp; 34)</li> <li>36 TOTAL NUMBER OF OUTLI ER EPI SODES</li> <li>38 TOTAL NON-ROUTI NE MEDI CAL SUPPLY CHARGES</li> </ul>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

HOSPITAL UNCOMPENSATED CARE DATA

TAL		IN	LI EU	0F	FORM	CMS-2	552-96	S-10	(05/	2004)
1	PROVI DER	NO:	1	PER	I OD:		1	PREP	ARED	1/10/2011
I	14-0211		1	FR0	M 9/	' 1/20	09 I	WOF	RKSHE	ET S-10
1			1	Т0	8/	'31/20	10 I			
1			1				1			

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	UNCOMPENSATED CARE INFORMATION		
1 2	DO YOU HAVE A WRITTEN CHARITY CARE POLICY? ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER		
2.01	LINES 2.01 THRU 2.04 IS IT AT THE TIME OF ADMISSION?		
2.02 2.03	IS IT AT THE TIME OF FIRST BILLING? IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		
2.04 3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?		
6 7	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA? ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET		
	WORTH DATA?		
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE		
9. 02	ELIGIBILITY? IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE		
9.03	CHARITY FROM BAD DEBT? IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON		
9.04	CHARITY DETERMINATION? IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE		
10	DISTINCTION IMPORTANT? IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,		
	WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO		
	BE A CHARITY WRITE OFF?		
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY		
11.01	LEVEL? IF YES ANSWER 11.01 THRU 11.04 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL		
11.02	POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%		
	OF THE FEDERAL POVERTY LEVEL?		
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY		
14	MEDICAL EXPENSES?		
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02		
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING		
14.02	COMPENSATED CARE? WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM		
15	GOVERNMENT FUNDING? DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE		
16	TO CHARITY PATIENTS? ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE		
10	CHARI TY CARE?		
47	UNCOMPENSATED CARE REVENUES		
	REVENUE FROM UNCOMPENSATED CARE GROSS MEDI CAI D REVENUES	8, 188, 050	
18 19	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		
20 21	RESTRI CTED GRANTS NON-RESTRI CTED GRANTS		
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	8, 188, 050	
22	UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	. 266585	
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)		
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		

Health Financial Systems	MCRI F32	FOR	DELNOR-COMMUNI TY HOSPI TAL		IN LI	EU	OF FO	RM CMS-2552	-96	S-10 (05/2004)
			I	PROVI DER	NO:	I	PERI 0	D:	1	PREPARED 1/10/2011
HOSPI TAL U	JNCOMPENSATED CARE	DATA	λ Ι	14-0211		I.	FROM	9/ 1/2009	1	WORKSHEET S-10
			I			I.	T0	8/31/2010	I.	
			I			I.			I.	

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27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	41, 911, 966
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11, 173, 101
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	20, 113, 074
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5, 361, 844
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	11, 173, 101
	(SUM OF LINES 25, 27, AND 29)	

Heal th Finan RECLASS TR	cial Systems MCRIF32 FOR DELNOR- IFICATION AND ADJUSTMENT OF IAL BALANCE OF EXPENSES	-Community Hosf I I I	PITAL PROVIDER NO: 14-0211	IN LIEU OF FOR I PERIOD: I FROM 9/ 1/2009 I TO 8/31/2010	M CMS-2552-96( I PREPARED I WORKSHEI I	1/10/2011
COST	COST CENTER DESCRIPTION	SALARI ES			RECLASS- I FI CATI ONS 4	RECLASSI FI ED TRI AL BALANCE 5
1 0100	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & FIXT		21, 989, 158		-14, 756, 766	7, 232, 392
2 0200 3 0300 4 0400 5 0500	R GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS	699, 295	23, 509, 705		5, 967, 439 7, 211, 028 146, 249	5, 967, 439 7, 211, 028 24, 355, 249
6. 01 0610 6. 02 0611 6. 03 0612 6. 04 0613		347, 451 1, 785, 863 860, 754 2, 398, 358	258, 369 1, 654, 467 198, 372 146, 482	605 820	22, 599 55, 571 80, 816 115, 496 -406, 131	605, 820 3, 462, 929 1, 114, 697 2, 625, 656
6.050614 6.060660 70700	PT ACCIS OTHER ADMINI STRATI VE AND GENERAL MAINTENANCE & REPAIRS	1, 613, 210 10, 456, 845	1, 834, 695 19, 790, 363			3, 563, 401 29, 841, 077
8 0800 9 0900 10 1000 11 1100	MAI NTENANCE & REPAI RS OPERATION OF PLANT LAUNDRY & LI NEN SERVICE HOUSEKEEPING DI ETARY CAFETERIA MAINTENANCE OE DEDSONNEL	1, 158, 102 16, 549 1, 088, 360 1, 334, 074	4, 279, 496 569, 989 292, 803 784, 041	5, 437, 598 586, 538 1, 381, 163 2, 118, 115	3, 069	5, 440, 667 586, 538 1, 381, 163 1, 215, 442
12 1200 13 1300	CAFETERIA MAINTENANCE OF PERSONNEL	1,001,071	7017011	2,,	910, 790	910, 790
14 1400 15 1500	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	1, 943, 818	200, 707	2, 144, 525	26, 193	2, 170, 718
10 1000	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	1, 910, 466 1, 563, 976	8, 120, 035 1, 221, 164	10, 030, 501 2, 785, 140	-7, 936, 791 17, 081	2, 093, 710 2, 802, 221
21 2100 22 2200 23 2300	NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25 2500 26 2600	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	13, 207, 844 3, 254, 530	3, 060, 799 320, 423	16, 268, 643 3, 574, 953	30, 743 7, 782	16, 299, 386 3, 582, 735
373700383800393900	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	3, 037, 697 751, 113	10, 898, 866 117, 815	13, 936, 563 868, 928	74, 601 6, 717	14, 011, 164 875, 645
40400041410041.01410141.024102	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CAT SCAN MRI ULTRASOUND CCL RADIOISOTOPE LABORATORY WHOLE BLOOD & RACKED RED BLOOD CELLS	1, 676, 583 2, 742, 139 711, 976 437, 834	335, 826 1, 116, 334 547, 120 482, 773	2, 012, 409 3, 858, 473 1, 259, 096 920, 607	360, 517	2, 012, 409 4, 218, 990 1, 259, 096 920, 607
41. 03 4103 41. 04 3120 43 4300 44 4400	ULTRASOUND CCL RADI OI SOTOPE LABORATORY	733, 335 1, 856, 994 290, 194 2, 259, 566	62, 886 2, 166, 868 675, 566 3, 288, 926	965, 760 5, 548, 492	6, 096 92, 016	796, 221 4, 029, 958 965, 760 5, 640, 508
46. 30 4650 48 4800	BLOOD CLOTTING FACTORS ADMIN COSTS INTRAVENOUS THERAPY	1, 443, 144	1, 101, 840 618, 776	1, 324, 127 2, 061, 920	7, 116	1, 324, 127 2, 069, 036
50 5000 53 5300	RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	943, 667 3, 280, 395 816, 555	197, 567 130, 984 1, 679, 073	1, 141, 234 3, 411, 379 2, 495, 628	376, 862	1, 141, 234 3, 788, 241 2, 495, 628
56 5600 58 5800 58.01 3950	MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS ASC (NON-DISTINCT PART) LITHOTRIPSY OUTPAT SERVICE COST CNTRS	1, 395, 519	450, 828 437, 797	1, 846, 347 437, 797	7, 948, 416 3, 041	7, 948, 416 1, 849, 388 437, 797
60.01 6001	CLINIC CARDIAC REHAB CARDIAC CATH	404, 438	17, 623	422, 061	282, 501	704, 562
60. 03 4950 60. 04 6003 60. 05 4951 60. 06 4952	GENETIC TESTING CHRONIC PAIN CLINIC DIABETES EDUCATION WOUND CARE	56, 014 190, 952 247, 594 317, 010	2,009 387,090 4,741 84,271	58, 023 578, 042 252, 335 401, 281	118, 678 28, 282 31, 491	58, 023 696, 720 280, 617 432, 772
62 6200 63.50 6310	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) RHC	3, 199, 553	542, 451 1, 539, 787	542, 451 4, 739, 340	37, 312 11, 491	579, 763 4, 750, 831
69. 10 6910 69. 20 6920 69. 30 6930 69. 40 6940		1, 447, 857	266, 298	1, 714, 155	31, 849	1, 746, 004
85. 01 8510 85. 02 8520 88 8800	SPEC PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION INTEREST EXPENSE					
95		72, 101, 911	115, 385, 183	187, 487, 094	9, 481	187, 496, 575
96.01 9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN HOMEMAKERS	127, 638	80, 345	207, 983		207, 983
98 9800 101	PHYSICIANS' PRIVATE OFFICES TOTAL	1, 287, 072 73, 516, 621	459, 397 115, 924, 925	1, 746, 469 189, 441, 546	-9, 481 -0-	1, 736, 988 189, 441, 546

Health Financial Systems	MCRI F32	FOR DELNOR-COMMUNITY	IN LIEU OF FORM CMS-2552-96(9/1996)					
			I PROVIDER NO:	1	PERI (	DD:	I.	PREPARED 1/10/2011
RECLASSIFICATION AND	ADJUSTMENT OF		I 14-0211	1	FROM	9/ 1/2009	I.	WORKSHEET A
TRIAL BALANCE OF	EXPENSES		I	1	Т0	8/31/2010	I	

	COST CENTE	COST CENTER DESCRIPTION R	ADJUSTMENTS	S NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR	0	,
1	0100	OLD CAP REL COSTS-BLDG & FIXT	-7, 060, 619	171, 773
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS NONPATIENT TELEPHONES IS	500	5, 967, 439
4	0400	NEW CAP REL CUSIS-MVBLE EQUIP	-817 163	7,211,528
6.01	0610	NONPATIENT TELEPHONES	-179, 828	425, 992
6.02	0611	IS	1777 020	3, 462, 929
		PURCHASI NG	-132, 647	982, 050
6.04	0613			2, 625, 656
6.05	0614	PT ACCTS OTHER ADMINISTRATIVE AND GENERAL MAINTENANCE & REPAIRS	-47,863	3, 515, 538
6.06 7	0660	MAINTENANCE & REPAIRS	-4, 245, 665	25, 595, 412
8	0800	OPERATION OF PLANT		5, 137, 872
9	0900	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	002,770	586, 538
10	1000	HOUSEKEEPING		1, 381, 163
11	1100	DI ETARY		1, 215, 442
12	1200	DI ETARY CAFETERI A MAINTENANCE OF PERSONNEL	-474, 442	436, 348
13	1300	MAINTENANCE OF PERSONNEL		2 170 710
14 15	1400	CENTRAL SERVICES & SUPPLY		2, 170, 718
16	1600	NURSI NG ADMI NI STRATI ON CENTRAL SERVI CES & SUPPLY PHARMACY MEDI CAL RECORDS & LI BRARY SOCI AL SERVI CE	-63, 886	2, 029, 824
17	1700	MEDI CAL RECORDS & LI BRARY	00,000	2, 802, 221
		SCOTTLE SERVICE		
		NONPHYSI CI AN ANESTHETI STS		
21		NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD		
23 24	2300 2400	PARAMED ED PRGM-(SPECIFY)		
<b>∠</b> ⊤	2400	INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDLATRICS	-1, 598, 028	14, 701, 358
26	2600	INTENSIVE CARE UNIT		
		ANCILLARY SRVC COST CNTRS	44 400	
		OPERATING ROOM	-41,600	13, 969, 564
38 39	3800 3900	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CAT SCAN		875, 645
39 40	4000	ANESTHESI OLOGY	-1, 636, 040	376, 369
40	4100	RADI OLOGY-DI AGNOSTI C	6, 666	4, 225, 656
41.01	4101	CAT SCAN		1, 259, 096
41.02	4102	MRI		920, 607
		ULTRASOUND		796, 221
41.04				4, 029, 958
43 44		RADI OI SOTOPE LABORATORY	- JNB JEJ	965, 760 5 392 256
44 46		WHOLE BLOOD & PACKED RED BLOOD CELLS	-248, 252	5, 392, 256 1, 324, 127
48	4800	INTRAVENOUS THERAPY		2, 069, 036
49	4900	RESPI RATORY THERAPY	-21, 046	1, 120, 188
50	5000	BLOOD CLOTITING FACTORS ADMIN COSTS INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	-3, 183	3, 785, 058
53	5300		-1, 4/9, 296	1, 016, 332
54 55	5400 5500	ΕLEGIKUENGEMALUGKAPHY ΜΕΝΙΔΔΙ SUPPLIES ΔΗΛΦΩΕΝ ΤΟ ΦΛΤΙΕΝΤΟ		
55 56	5600	DRUGS CHARGED TO PATIENTS		7, 948, 416
		ASC (NON-DI STI NCT PART)		1, 849, 388
58.01	3950	LI THOTRI PSY		437, 797
		OUTPAT SERVICE COST CNTRS		
60			0/ 1/7	((0.005
		CARDIAC REHAB	-36, 167	668, 395
		CARDIAC CATH GENETIC TESTING		58, 023
		CHRONIC PAIN CLINIC	-341, 169	355, 551
		DI ABETES EDUCATI ON	-12, 345	268, 272
		WOUND CARE	-4, 992	427, 780
60. 07	6004	SLEEP LAB		579, 763
61	6100	EMERGENCY	-975, 969	3, 774, 862
62 43 EQ		OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 63.60				
03.00	0320	OTHER REIMBURS COST CNTRS		
69. 10	6910			
		OUTPATIENT PHYSICAL THERAPY		
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY		
		OUTPATIENT SPEECH PATHOLOGY		1 (05 (00
71	7100	HOME HEALTH AGENCY	-120, 805	1, 625, 199
	0610	SPEC PURPOSE COST CENTERS		
05 01		PANCREAS ACQUISITION INTESTINAL ACQUISITION		
		INTEREST EXPENSE		-0-
85.02		SUBTOTALS	-19, 836, 634	167, 659, 941
85. 02 88 95	8800	SUBTOTALS NONREI MBURS COST CENTERS	-19, 836, 634	
85. 02 88 95 96	8800 9600	SUBTOTALS NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	-19, 836, 634	167, 659, 941 207, 983
85. 02 88 95 96 96. 01	8800 9600 9601	SUBTOTALS NONREI MBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN HOMEMAKERS	-19, 836, 634	207, 983
85. 02 88 95 96	8800 9600 9601	SUBTOTALS NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		

	FOR DELNOR-COMMUNITY	I PROVIDER NO: I PERIOD: I PREPARED 1/10/2011
COST CENTERS USED IN COST REPORT		I 14-0211 I FROM 9/ 1/2009 I NOT A CMS WORKSHEET I TO 8/31/2010 I
LINE NO. COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST         1       OLD CAP REL COSTS-BLDG & FIXT         2       OLD CAP REL COSTS-MVBLE EQUIP         3       NEW CAP REL COSTS-MVBLE EQUIP         3       NEW CAP REL COSTS-MVBLE EQUIP         5       EMPLOYEE BENEFITS         6.01       NONPATIENT TELEPHONES         6.02       IS         6.03       PURCHASING         6.04       PT REG         6.05       PT ACCTS         6.06       OTHER ADMINISTRATIVE AND GENERAL         7       MAINTENANCE & REPAIRS         8       OPERATION OF PLANT         9       LAUNDRY & LINEN SERVICE         10       HOUSEKEEPING         11       DI ETARY         12       CAFETERIA         13       MAINTENANCE OF PERSONNEL         14       NURSING ADMINISTRATION         15       CENTRAL SERVICES & SUPPLY         16       PHARMACY         17       MEDI CAL RECORDS & LI BRARY         18       SOCI AL SERVICE         20       NONPHYSI CI AN ANESTHETISTS         21       NURSING SCHOOL         22       I & SERVICES-SALARY & FRINGES APPR         23       I & SERVICES-OTHER PRGM COSTS APPR	VD 2300 2400 2500	NONPATI ENT TELEPHONES NONPATI ENT TELEPHONES NONPATI ENT TELEPHONES NONPATI ENT TELEPHONES OTHER ADMI NI STRATI VE AND GENERAL
26       I NTENSI VE CARE UNI T         ANCI LLARY SRVC COST         37       OPERATI NG ROOM         38       RECOVERY ROOM         39       DELI VERY ROOM & LABOR ROOM         40       ANESTHESI OLOGY         41       RADI OLOGY-DI AGNOSTI C         41.01       CAT SCAN         41.02       MRI         41.03       ULTRASOUND         41.04       CCL         43       RADI OI SOTOPE         44       LABORATORY         46       WHOLE BLOOD & PACKED RED BLOOD CEL         46.30       BLOOD CLOTTI NG FACTORS ADMI N COSTS         48       INTRAVENOUS THERAPY         49       RESPI RATORY THERAPY         50       PHYSI CAL THERAPY         53       ELECTROCARDI OLOGY         54       ELECTROCENALOGRAPHY         55       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         58       ASC (NON-DI STI NCT PART)         58       ASC (NON-DI STI NCT PART)	4650 4800 4900 5000 5300 5400	RADI OLOGY-DI AGNOSTI C RADI OLOGY-DI AGNOSTI C RADI OLOGY-DI AGNOSTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD CLOTTI NG FOR HEMOPHI LI ACS OTHER ANCI LLARY SERVI CE COST CENTERS
OUTPAT SERVICE COST 60 CLINIC 60.01 CARDIAC REHAB 60.02 CARDIAC CATH 60.03 GENETIC TESTING 60.04 CHRONIC PAIN CLINIC 60.05 DIABETES EDUCATION 60.06 WOUND CARE 60.07 SLEEP LAB 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT PAR 63.60 FQHC	6000 6001 6002 4950 6003 4951 4952 6004 6100 7T) 6200 6310 6320	CLINIC CLINIC OTHER OUTPATIENT SERVICE COST CENTER CLINIC OTHER OUTPATIENT SERVICE COST CENTER OTHER OUTPATIENT SERVICE COST CENTER CLINIC RURAL HEALTH CLINIC ##### FEDERALLY QUALIFIED HEALTH CTR #####
OTHER REIMBURS COST 69. 10 CMHC 69. 20 OUTPATIENT PHYSICAL THERAPY 69. 30 OUTPATIENT OCCUPATIONAL THERAPY 69. 40 OUTPATIENT SPEECH PATHOLOGY 71 HOME HEALTH AGENCY SPEC PURPOSE COST CE 85. 01 PANCREAS ACQUISITION 85. 02 INTESTINAL ACQUISITION 88 INTEREST EXPENSE	6910 6920 6930 6940 7100 8510 8520 8800	CMHC ##### OPT ##### OOT ##### OSP #####
88 I INTEREST EXPENSE 95 SUBTOTALS NONREI MBURS COST CEN 96 GIFT, FLOWER, COFFEE SHOP & CANTEE 96.01 HOMEMAKERS 98 PHYSI CI ANS' PRI VATE OFFI CES 101 TOTAL	8800 N 9600 9601 9800	OLD CAP REL COSTS-BLDG & FIXT GIFT, FLOWER, COFFEE SHOP & CANTEEN OLD CAP REL COSTS-BLDG & FIXT

RECLASSI FI CATI ONS	FOR DELNOR-COMMUNITY HOSPITAL   PROVIDER   140211 	FROM 9/ 1/2009   WORKSHEET A-6
EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER 1 2	CREASE LINE NO SALARY OTHER 3 4 5
1 GENL EXP TO PROPER CC 2 3 CHGBLE MEDICAL SUPPLIES 4 CHGBLE DRUGS 5 SHARED DIETARY COST 6 OLD/NEW CAPITAL	A NEW CAP REL COSTS-MVBLE EQUIP OTHER ADMINISTRATIVE AND GENERAL B OPERATING ROOM C DRUGS CHARGED TO PATIENTS D CAFETERIA F	4         105, 497           6.06         1, 578, 299           37         66, 503           56         7, 948, 416           12         573, 652         337, 138
<ul> <li>For the second state of the second st</li></ul>	<ul> <li>INCH</li> <li>CODE</li> <li>(1) COST CENTER</li> <li>2</li> <li>A NEW CAP REL COSTS-MVBLE EQUIP</li> <li>OTHER ADMINISTRATIVE AND GENERAL</li> <li>B OPERATING ROOM</li> <li>C DRUGS CHARGED TO PATIENTS</li> <li>D CAFETERIA</li> <li>F</li> <li>NEW CAP REL COSTS-BLDG &amp; FIXT</li> <li>NEW CAP REL COSTS-MVBLE EQUIP</li> <li>G EMPLOYEE BENEFITS</li> <li>I HOME HEALTH AGENCY</li> <li>L LABORATORY</li> <li>WOUND CARE</li> <li>EMPLOYEE BENEFITS</li> <li>RADIOLOGY-DIAGNOSTIC</li> <li>PHYSICAL THERAPY</li> <li>CARDI AC REHAB</li> <li>PT REG</li> <li>MEDI CAL RECORDS &amp; LI BRARY</li> <li>PT ACCTS</li> <li>DI ABETES EDUCATION</li> <li>PURCHASI NG</li> <li>SLEEP LAB</li> <li>PURCHASI NG</li> <li>CHRONI C PAIN CLINI C</li> <li>N EMPLOYEE BENEFITS</li> <li>G EMPLOYEE BENEFITS</li> <li>O ADULTS &amp; PEDIATRI VE AND GENERAL OPERATION OF PLANT</li> <li>DI ETARY</li> <li>NURSI NG ADMI NI STRATI VE AND GENERAL OPERATING ROOM</li> <li>RECOVERY ROOM</li> <li>RADI OLOGY-DI AGNOSTI C</li> <li>CCL</li> <li>LABORATORY</li> <li>INTRAVENOUS THERAPY</li> <li>PHYSI CAL THERAPY</li> <li>ASC (NON-DI STI NCT PART)</li> <li>CHRONIC CARE</li> <li>EMERGENCY</li> <li>PHYSI CI ANS' PRIVATE OFFICES</li> </ul>	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
1 BONUS ALLOCATI ON 2 3 4 5 6 7 8 9 10 11 12 13 14 36 TOTAL RECLASSI FI CATI ONS	0 ADULTS & PEDIATRICS INTENSIVE CARE UNIT OPERATING ROOM RADIOLOGY-DIAGNOSTIC CCL LABORATORY INTRAVENOUS THERAPY PHYSICAL THERAPY ASC (NON-DISTINCT PART) CHRONIC PAIN CLINIC WOUND CARE EMERGENCY PHYSICIANS' PRIVATE OFFICES	25       30, 743         26       7, 782         37       8, 098         38       6, 717         41       33, 313         41.04       6, 096         44       9, 519         48       7, 116         50       22, 583         58       3, 041         60.04       4, 444         60.06       6, 804         61       11, 491         98       39, 112         1, 386, 655       24, 873, 715

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

Heal th Financial Systems MCRIF32 RECLASSIFICATIONS	PROVIDER NO:   PERIOD:   140211   FROM 9	DF FORM CMS-2552-96 (09/1996)   PREPARED 1/10/2011 9/ 1/2009   WORKSHEET A-6 3/31/2010
EXPLANATION OF RECLASSIFICATION	CODE DECREASE (1) COST CENTER NO 1 6 7	SALARY OTHER 8 9
1 GENL EXP TO PROPER CC	A OLD CAP REL COSTS-BLDG & FIXT 1	1, 683, 796
2 3 CHGBLE MEDI CAL SUPPLI ES 4 CHGBLE DRUGS 5 SHARED DI ETARY COST 6 OLD/NEW CAPI TAL 7	BPURCHASING6.03CPHARMACY16DDIETARY11FOLD CAP REL COSTS-BLDG & FIXT1	66, 503 7, 948, 416 573, 652 337, 138 13, 072, 970
8 9 EMPLOYEE MAMMOGRAM EXPENSE	G RADI OLOGY-DI AGNOSTI C 41	54, 193
10 HHA SPACE COSTS 11 SPACE RENTAL ALLOCATION 12 13 14 15 16 17 18 19 20 21 22 23 24	I PHYSI CI ANS' PRI VATE OFFI CES 98 L OTHER ADMI NI STRATI VE AND GENERAL 6.06	31, 849 1, 677, 759
25 HEART MATH 26 BONUS ALLOCATI ON 27 28 29 30 31 32 33 34 35	N PHYSI CI ANS' PRI VATE OFFI CES 98 O OTHER ADMI NI STRATI VE AND GENERAL 6.06	15, 653 1, 091 797, 350
1 BONUS ALLOCATI ON 2 3 4 5 6 7 8 9 10 11 12 13	0	
14 36 TOTAL RECLASSI FI CATI ONS		589, 305 25, 671, 065

A-7 REF 10

9

9 9 9

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

Health Financial Systems MCRIF32 FOR RECLASSIFICATIONS	DELNOR-COMM	PRO\	IN LIEU OF FORM CMS-255 VIDER NO:   PERIOD:   PR 211   FROM 9/ 1/2009   WOF   TO 8/31/2010   NOT	EPARED 1/10 RKSHEET A-6	0/2011
RECLASS CODE: A EXPLANATION : GENL EXP TO PROPER CC					
LINE COST CENTER 1.00 NEW CAP REL COSTS-MVBLE EQUIP 2.00 OTHER ADMINISTRATIVE AND GENER TOTAL RECLASSIFICATIONS FOR CODE A	SE LI NE 4 6. 06	AMOUNT 105, 497 1, 578, 299 1, 683, 796	COST CENTER OLD CAP REL COSTS-BLDG & FIXT	ASE LINE 1	AMOUNT 1, 683, 796 0 1, 683, 796
RECLASS CODE: B EXPLANATION : CHGBLE MEDICAL SUPPLIES					
LINE COST CENTER 1.00 OPERATING ROOM TOTAL RECLASSIFICATIONS FOR CODE B	SE LI NE 37	AMOUNT 66, 503 66, 503	COST CENTER PURCHASI NG	ASE LI NE 6. 03	AMOUNT 66, 503 66, 503
RECLASS CODE: C EXPLANATION : CHGBLE DRUGS					
LINE COST CENTER LINE COST CENTER 1.00 DRUGS CHARGED TO PATIENTS TOTAL RECLASSIFICATIONS FOR CODE C	SE LI NE 56	AMOUNT 7, 948, 416 7, 948, 416	DECRE/ COST CENTER PHARMACY	ASE LI NE 16	AMOUNT 7, 948, 416 7, 948, 416
RECLASS CODE: D EXPLANATION : SHARED DI ETARY COST					
LINE COST CENTER 1.00 CAFETERIA TOTAL RECLASSIFICATIONS FOR CODE D	SE LI NE 12	AMOUNT 910, 790 910, 790	COST CENTER DI ETARY	ASE LI NE 11	AMOUNT 910, 790 910, 790
RECLASS CODE: F EXPLANATION : OLD/NEW CAPITAL					
LINE COST CENTER 1.00 2.00 NEW CAP REL COSTS-BLDG & FIXT 3.00 NEW CAP REL COSTS-MVBLE EQUIP TOTAL RECLASSIFICATIONS FOR CODE F	SE LI NE 3 4	AMOUNT 0 5, 967, 439 7, 105, 531 13, 072, 970	COST CENTER COST CENTER OLD CAP REL COSTS-BLDG & FIXT	LINE	AMOUNT
RECLASS CODE: G EXPLANATION : EMPLOYEE MAMMOGRAM EXPE					
LINE COST CENTER 1.00 EMPLOYEE BENEFITS TOTAL RECLASSIFICATIONS FOR CODE G	SE LI NE 5	AMOUNT 54, 193 54, 193	DECRE/ COST CENTER RADI OLOGY-DI AGNOSTI C	ASE LI NE 41	AMOUNT 54, 193 54, 193
RECLASS CODE: I EXPLANATION : HHA SPACE COSTS					
LINE COST CENTER 1.00 HOME HEALTH AGENCY TOTAL RECLASSIFICATIONS FOR CODE I	SE LI NE 71	AMOUNT 31, 849 31, 849	COST CENTER PHYSICIANS' PRIVATE OFFICES	ASE LI NE 98	AMOUNT 31, 849 31, 849
RECLASS CODE: L EXPLANATION : SPACE RENTAL ALLOCATION					
LI NE COST CENTER 1. 00 LABORATORY 2. 00 WOUND CARE 3. 00 EMPLOYEE BENEFITS 4. 00 RADI OLOGY-DI AGNOSTI C 5. 00 PHYSI CAL THERAPY 6. 00 CARDI AC REHAB 7. 00 PT REG	SE LI NE 44 60.06 5 41 50 60.01 6.04	AMOUNT 82, 497 24, 687 58, 150 381, 397 354, 279 282, 501 75, 669	COST CENTER COST CENTER OTHER ADMINISTRATIVE AND GENER	LINE	AMOUNT

Health Financial Systems MCRIF32 RECLASSIFICATIONS	FOR DELNOR-COMMU	PR0'	VIDER NO:   PERIOD:	FORM CMS-2552-96 (09/199   PREPARED 1/10, 1/2009   WORKSHEET A-6 1/2010   NOT A CMS WORKS	/2011
RECLASS CODE: L EXPLANATION : SPACE RENTAL	ALLOCATI ON				
LINE COST CENTER 8.00 MEDICAL RECORDS & LI 9.00 PT ACCTS 10.00 DI ABETES EDUCATION 11.00 PURCHASING 12.00 SLEEP LAB 13.00 PURCHASING 14.00 CHRONIC PAIN CLINIC TOTAL RECLASSIFICATIONS FOR	INCREASE LINE 1BRARY 17 6.05 60.05 6.03 60.07 6.03 60.04 CODE L	AMOUNT 7, 965 115, 496 28, 282 57, 645 37, 312 57, 645 114, 234 1, 677, 759	COST CENTER	DECREASE	AMOUNT 0 0 0 0 0 0 0 0 0 1, 677, 759
RECLASS CODE: N EXPLANATION : HEART MATH					
LINE COST CENTER 1.00 EMPLOYEE BENEFITS TOTAL RECLASSIFICATIONS FOR	LI NE 5 CODE N	AMOUNT 16, 744 16, 744	COST CENTER PHYSI CLANS' PRI VAT	E OFFICES 98	AMOUNT 16, 744 16, 744
RECLASS CODE: 0 EXPLANATION : BONUS ALLOCA	TI ON				
RECLASS CODE: 0 EXPLANATION : BONUS ALLOCA LINE COST CENTER 1.00 EMPLOYEE BENEFITS 2.00 IS 3.00 PURCHASING 4.00 PT REG 5.00 OTHER ADMINISTRATIVI 6.00 OPERATION OF PLANT 7.00 DI ETARY 8.00 NURSING ADMINISTRATI 9.00 PHARMACY 10.00 MEDICAL RECORDS & LI 11.00 ADULTS & PEDIATRICS 12.00 INTENSIVE CARE UNIT 13.00 OPERATING ROOM 14.00 RECOVERY ROOM 15.00 RADIOLOGY-DIAGNOSTIO 16.00 CCL 17.00 LABORATORY 18.00 INTRAVENOUS THERAPY 19.00 PHYSICAL THERAPY 20.00 ASC (NON-DISTINCT P) 21.00 CHRONIC PAIN CLINIC 22.00 WOUND CARE 23.00 EMERGENCY 24.00 PHYSICIANS' PRIVATE TOTAL RECLASSIFICATIONS FOR	INCREASE LINE 5 6.02 6.03 6.04 E AND GENER 10N 14 10N 14 16 18RARY 17 25 26 37 38 C 41 41.04 44 48 50 ART) 58 60.04 60.06 61 0FFICES 98 CODE 0	AMOUNT 17, 162 22, 599 6, 784 5, 147 490, 679 3, 069 8, 117 26, 193 11, 625 9, 116 30, 743 7, 782 8, 098 6, 717 33, 313 6, 096 9, 519 7, 116 22, 583 3, 041 4, 444 6, 804 11, 491 39, 112 797, 350	COST CENTER OTHER ADMINISTRATI	DECREASE LI NE VE AND GENER 6.06	AMOUNT 797, 350 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Health Financial Systems	MCRI F32	FOR DELNOR-COMMUNITY	HOSPI TAL	IN L	IEU OF FORM	CM	S-2552-96(09/1996)
ANALYSIS OF CHANGES DU	JRING COST REPORT	FING PERIOD IN CAPITAL	I PROVIDER NO:	PERI O	D:	I.	PREPARED 1/10/2011
ASSET BALANCES OF HO	SPITAL AND HOSPI	TAL HEALTH CARE	I 14-0211	FROM	9/ 1/2009	I.	WORKSHEET A-7
COMPLEX CERTIFIED TO	) PARTICIPATE IN	HEALTH CARE PROGRAMS	I	Т0	8/31/2010	I	PARTS I & II

## PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRI PTI ON			ACQUI SI TI ONS		DI SPOSALS		FULLY
		BEGI NNI NG				AND	ENDI NG	DEPRECI ATED
		BALANCES	PURCHASES	DONATI ON	TOTAL	RETI REMENTS	BALANCE	ASSETS
		1	2	3	4	5	6	7
1	LAND	461, 057					461, 057	
2	LAND IMPROVEMENTS	3, 161, 242					3, 161, 242	
3	BUILDINGS & FIXTURE	19, 992, 127					19, 992, 127	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	7, 375, 562					7, 375, 562	
6	MOVABLE EQUI PMENT	1, 258, 236					1, 258, 236	
7	SUBTOTAL	32, 248, 224					32, 248, 224	
8	RECONCILING ITEMS							
9	TOTAL	32, 248, 224					32, 248, 224	

## PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRI PTI ON				ACQUI SI TI ONS		DI SPOSALS		FULLY	
		BEGI NNI NG BALANCES 1	PURCHASES 2	DONATI ON 3	TOTAL 4	AND RETI REMENTS 5	ENDI NG BALANCE 6	DEPRECI ATED ASSETS 7	
1	LAND								
2	LAND IMPROVEMENTS	7, 337, 234	3, 671, 459		3, 671, 459		11,008,693		
3	BUILDINGS & FIXTURE	121, 354, 294	27,657,391		27, 657, 391		149, 011, 685		
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUI PMENT	80, 734, 350	4, 589, 147		4, 589, 147		85, 323, 497		
7	SUBTOTAL	209, 425, 878	35, 917, 997		35, 917, 997		245, 343, 875		
8	RECONCILING ITEMS								
9	TOTAL	209, 425, 878	35, 917, 997		35, 917, 997		245, 343, 875		

Health Financial Systems	MCRI F32	FOR DELNOR-	COMMUNI TY	HOSPI TAL		IN L	IEU OF FORM	CN	IS-2552-96(12/1999)
RECONCILIATION OF CAP	ITAL COSTS CENT	RS		I PROVIDER NO:	I	PERI 0	D:	I.	PREPARED 1/10/2011
				I 14-0211	I	FROM	9/ 1/2009	I.	WORKSHEET A-7
					1	T0	8/31/2010		PARTS III & IV

PART 111 1 2 3 4 5	<ul> <li>RECONCILIATION OF DESCRIPTION</li> <li>OLD CAP REL COSTS-BL OLD CAP REL COSTS-MV NEW CAP REL COSTS-BL NEW CAP REL COSTS-MV TOTAL</li> </ul>		COMPUTATI C	N OF RATIOS GROSS ASSETS FOR RATIO 3 30, 989, 988 1, 258, 236 160, 020, 378 85, 323, 497 277, 592, 099	RATI 0 4 . 111639 . 004533 . 576458 . 307370 1. 000000	ALL( I NSURANCE 5		IER CAPI TAL OTHER CAPI TAL RELATED COSTS 7	TOTAL 8
	DESCRI PTI ON			SUMMARY OF OL	_D AND NEW CAP	TAL			
* 1 2 3 4 5	OLD CAP REL COSTS-BL OLD CAP REL COSTS-MV NEW CAP REL COSTS-BL NEW CAP REL COSTS-MV TOTAL	DEPRECI ATI ON 9 7, 232, 392 5, 967, 439 7, 211, 528 20, 411, 359	LEASE 10	I NTEREST 11 -7, 060, 619 -7, 060, 619	I NSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15 171, 773 5, 967, 439 7, 211, 528 13, 350, 740	
PART IV	- RECONCILIATION OF A	AMOUNTS FROM WO	ORKSHEET A,		S 1 THRU 4 _D AND NEW CAP	TAL			
* 1 2 3 4	OLD CAP REL COSTS-BL OLD CAP REL COSTS-MV NEW CAP REL COSTS-BL NEW CAP REL COSTS-MU	DEPRECI ATI ON 9 21, 989, 158	LEASE 10	I NTEREST 11	I NSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15 21, 989, 158	
4 5	TOTAL	21, 989, 158						21, 989, 158	

\*

(1)

All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers. The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

Heal th	Financial Systems MCRIF32 FOR DE	LNOR-COMMUNITY F		IN LIEU OF FORM CMS-2552-	-96(05/1999)	11
	ADJUSTMENTS TO EXPENSES		14-0211 	I PERIOD: I PREPAR I FROM 9/ 1/2009 I WORK I TO 8/31/2010 I	SHEET A-8	
	DESCRIPTION (1)	(2) BASI S/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH T AMOUNT IS TO BE ADJUSTED COST CENTER	THE LINE NO	
1 2 3 4 5 6 7	INVST INCOME-OLD BLDGS AND FIXTURES INVESTMENT INCOME-OLD MOVABLE EQUIP INVST INCOME-NEW BLDGS AND FIXTURES INVESTMENT INCOME-NEW MOVABLE EQUIP INVESTMENT INCOME-OTHER TRADE, QUANTITY AND TIME DISCOUNTS REFUNDS AND REBATES OF EXPENSES	1 5	-125, 048	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH T AMOUNT IS TO BE ADJUSTED COST CENTER 3 OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-MVBLE E	4 1 2 3 4	5 11
8 9 10	RENTAL OF PRVIDER SPACE BY SUPPLIERS TELEPHONE SERVICES TELEVISION AND RADIO SERVICE			NONPATI ENT TELEPHONES	6.01	
11 12 13 14	PARKING LOT PROVIDER BASED PHYSICIAN ADJUSTMENT SALE OF SCRAP, WASTE, ETC. RELATED ORGANIZATION TRANSACTIONS LAUNDRY AND LINEN SERVICE	A-8-2 B A-8-1	-6, 192, 441 -4, 586 -30, 108	RADI OLOGY-DI AGNOSTI C	41	
15 16 17 18	LAUNDRY AND LINEN SERVICE CAFETERIAEMPLOYEES AND GUESTS RENTAL OF QTRS TO EMPLYEE AND OTHRS SALE OF MED AND SURG SUPPLIES SALE OF DRUGS TO OTHER THAN PATIENTS SALE OF MEDICAL RECORDS & ABSTRACTS NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) VENDING MACHINES LNCOME FROM LMPOSITION OF INTEREST	В	-474, 442	CAFETERI A	12	
18 19 20	SALE OF MED AND SURG SUPPLIES SALE OF DRUGS TO OTHER THAN PATIENTS SALE OF MEDICAL RECORDS & ABSTRACTS	В	-63, 886	PHARMACY	16	
20	NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.) VENDING MACHINES INCOME FROM IMPOSITION OF INTEREST	B B	-106, 649 -13, 078	EMERGENCY PURCHASI NG	61 6. 03	
24 25 26 27	INTRST EXP ON MEDICARE OVERPAYMENTS ADJUSTMENT FOR RESPIRATORY THERAPY ADJUSTMENT FOR PHYSICAL THERAPY ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3/A-8-4 A-8-3/A-8-4 A-8-3		RESPIRATORY THERAPY PHYSICAL THERAPY	49 50	
28 29 30 31 32 33 34	UTI LIZATI ON REVIEW-PHYSI AN COMP DEPRECIATION-OLD BLDGS AND FIXTURES DEPRECIATION-OLD MOVABLE EQUIP DEPRECIATION-NEW BLDGS AND FIXTURES DEPRECIATION-NEW MOVABLE EQUIP NON-PHYSICIAN ANESTHETIST PHYSICIANS' ASSISTANT	A-8-3/A-8-4 A-8-3/A-8-4 A-8-3		**COST CENTER DELETED** OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-WVBLE E NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E NONPHYSICIAN ANESTHETISTS	89 1 2 3 4 20	
35 36 37	ADJUSTMENT FOR OCCUPATIONAL THERAPY ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4 A-8-4		**COST CENTER DELETED** **COST CENTER DELETED**	51 52	
38 39	OTHER ADJUSTMENTS (SPECIFY)	В	-340	PHYSI CAL THERAPY	50	
40 41	OB CLASSES OTHER ADJUSTMENTS (SPECIFY)	В	-40, 207	ADULTS & PEDIATRICS	25	
42 43 44	MISC INCOME ADVERT PRINT & PROMOS OTHER ADJUSTMENTS (SPECIFY)	B A	- 340 - 40, 207 - 161, 895 - 2, 385, 917 - 6, 935, 571 - 44, 608	OTHER ADMINISTRATIVE AND OTHER ADMINISTRATIVE AND	6.06 6.06	
46	OTTER ADJUSTMENTS (SFECTIT)	B B			1 60. 01	11
$\begin{array}{c} 46.\ 08\\ 46.\ 09\\ 46.\ 13\\ 46.\ 16\\ 46.\ 17\\ 46.\ 18\\ 46.\ 20\\ 46.\ 22\\ 46.\ 23\\ 46.\ 24\\ 46.\ 25\\ 46.\ 26\\ 46.\ 27\\ \end{array}$	PHYSICIAN FINDERS PHYSICIAN FINDERS PR TAXES MISC COSTS NRPC MISC INCOME OTHER REVENUE	A A A A B B B B B B B B B B B B B B B B	$\begin{array}{r} -355, 396\\ -43, 587\\ -120, 805\\ -493, 825\\ -28, 373\\ -2, 171\\ -2, 266\\ -119, 569\\ -275, 467\\ -25, 550\\ -1, 778\\ -250, 932\\ -435, 628\\ -23, 968\end{array}$	EMPLOYEE BENEFITS OTHER ADMINISTRATIVE AND HOME HEALTH AGENCY OTHER ADMINISTRATIVE AND NONPATIENT TELEPHONES EMPLOYEE BENEFITS OTHER ADMINISTRATIVE AND PURCHASING OPERATION OF PLANT OPERATION OF PLANT OPERATION OF PLANT OTHER ADMINISTRATIVE AND EMPLOYEE BENEFITS	5 6.06 71 6.06 6.01 5 6.06 6.03 8 8 8 8 8 6.06 5 5	
46. 28 46. 30 46. 31 46. 32	ER TRAUMA	B B B	-5, 573 205 -5, 104	ADULTS & PEDI ATRI CS EMERGENCY ELECTROCARDI OLOGY	25 61 53	
46.33 46.34 47 48 49	ACTIVITY REBATES HEALTH RIDE PHYSICIAN BILLING COSTS	B A A	-85, 255 -109, 072 -47, 863	OTHER ADMINISTRATIVE AND OTHER ADMINISTRATIVE AND PT ACCTS	6.06 6.06 6.05	
49 49.01 49.02 49.03 49.04	FEDERAL INCOME TAX STATE INCOME TAX REVERSE GAIN ON ASSET DISPOSITION	A A A	-129, 105 -25, 482 500	OTHER ADMINISTRATIVE AND OTHER ADMINISTRATIVE AND NEW CAP REL COSTS-MVBLE E	6.06 6.06 4	9
49.04 49.05 49.06 50	ADMN WRITE OFF PHYS WRITE OFF TOTAL (SUM OF LINES 1 THRU 49)	A A	-437, 127 -83, 212 -19, 836, 634	OTHER ADMINISTRATIVE AND OTHER ADMINISTRATIVE AND	6.06 6.06	

Health F	i nanci al	Systems	MCRI F32	FOR	DELNOR-	COMMUNI TY	HOSI I	PITAL PROVIDER N	0: I	IN L PERIC		OF FORM			05/1999) 1/10/20	,	
		AD	JUSTMENTS	TO EXPENSES	5		 	14-0211	l	FROM TO		/2009 /2010	 	WORKSH	IEET A-8		
		DESCRI	PTION (1)			(2) BASI S/COD	E	AMOU	NT	WORKSH	HEET A	SSIFIC TO/FR O BE A OST CE	OM WH DJUST	II CH THE ED	ELINE NO	WKST. A-7 REF.	
50	TOTAL (SU	UM OF LINE	S 1 THRU 4	9)		1		2 -19, 836, 6	34			3			4	5	

Description - all chapter references in this columnpertain to CMS Pub. 15-1.
 Basis for adjustment (see instructions).

 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

 Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRIF32	FOR DELNOR-COMMUNITY HOSPITAL	IN LIEU OF FORM CMS-2552-96(09/2000)
STATEMENT OF COSTS OF SERVICES	I PROVIDER NO:	I PERIOD: I PREPARED 1/10/2011
FROM RELATED ORGANIZATIONS AND	I 14-0211	I FROM 9/ 1/2009 I
HOME OFFICE COSTS		I TO 8/31/2010 I 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:

UK	GANTZ	ATTONS OK THE CLAIMING OF P	TOWE OFFICE COSTS.				
				AMOUNT OF		NET*	WKSHT A-7
				ALLOWABLE		ADJUST-	COL. REF.
LIN	E NO.	COST CENTER	EXPENSE I TEMS	COST	AMOUNT	MENTS	
	1	2	3	4	5	6	
1	50	PHYSI CAL THERAPY	RENTAL SPACE	191, 729	208, 926	-17, 197	
2	60	1 CARDI AC REHAB	RENTAL SPACE	78, 083	69, 642	8, 441	
3	6	6 OTHER ADMINISTRATIVE AND	RENTAL SPACE-PR				
4	6	6 OTHER ADMINISTRATIVE AND	RENTAL SPACE-COMM ED	28, 336	66, 326	-37,990	
4.01	41	RADI OLOGY-DI AGNOSTI C	ELBURN OCCUPANCY COS	11, 252		11, 252	
4.02	50	PHYSI CAL THERAPY	RENTAL SPACE	17, 731		17, 731	
4.03	60	5 DIABETES EDUCATION	RENTAL SPACE	14, 185	26, 530	-12, 345	
5		TOTALS		341, 316	371, 424	-30, 108	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO 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.

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHI P	RELATED NAME	ORGANIZATION(S) AND/OR HO PERCENTAGE OF OWNERSHIP	DME OFFICE TYPE OF BUSINESS
	1	2	3	4	5	6
1	В	DELNOR-COMMUNITY HEALTH	100.00	SYSTEM	100.00	SYSTEM
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERELATIONSHIP TO RELATED ORGANIZATIONS: THE FOLLOWING SYMBOLS TO INDICATE INTERELATIONSHIP TO RELATED ORGANIZATIONS: INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION. Α.

В

С.

D.

Ε. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANI ZATI ON.

DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY. F.

G.

Health Financial Systems	MCRI F32	FOR DELNOR-COMMUNITY	HOS	PI TAL		IN L	IEU OF FORM	СМ	S-2552-96(9/1996)
			- 1	PROVIDER NO:	1	PERI C	D:	I	PREPARED 1/10/2011
PROVI DER BASE	D PHYSICIAN AD	DJUSTMENTS	1	14-0211	- 1	FROM	9/ 1/2009	L	WORKSHEET A-8-2
			I		I	T0	8/31/2010	I	GROUP 1

	WK LI N		T A NO.	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATI ON 3	PROFES- SI ONAL COMPONENT 4	PROVI DER COMPONENT 5	RCE AMOUNT 6	PHYSI CI AN/ PROVI DER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	25		ADULTS	& PEDI ATRI CS	99, 996	99, 996	0	0	1	0	,
2	25			& PEDIATRICS	939, 376	939, 376					
3	61		EMERGEN		24, 998	2, 081	22, 917	177, 200	138	11, 757	588
4	44		LABORAT	ORY	248, 252	248, 252					
5	53		ELECTRO	CARDI OLOGY	1, 474, 192	1, 474, 192					
6	60	6	WOUND C	ARE							
7	49		RESPI RA	TORY THERAPY	21, 642	19, 392	2,250	177, 200	7	596	30
8	50		PHYSI CA	L THERAPY	20, 501	1, 701	18, 800	177, 200	201	17, 124	856
9	40		ANESTHE	SI OLOGY	1, 636, 040	1, 636, 040					
10	25			& PEDI ATRI CS	512, 876	512, 876					
11	61		EMERGEN		50, 100		50, 100	177, 200	448	38, 166	1, 908
12	61		EMERGEN		844, 350	844, 350					
13	60	6	WOUND C.	ARE	8, 400	2, 400	6,000	177, 200	40	3, 408	170
14			0								
15	60	4	PALN CL	INIC	341, 169	341, 169					
16	37		SURGERY		41, 600	41, 600					
17											

TOTAL

-	6, 263, 492	6, 163, 425	100, 067	834	71, 051	3, 552

Health Financial Systems MCRIF32 FOR DELNOR-COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996) I PROVIDER NO: I PERIOD: I PREPARED 1/10/2011 PROVIDER BASED PHYSICIAN ADJUSTMENTS I 14-0211 I FROM 9/ 1/2009 I WORKSHEET A-8-2 I TO 8/31/2010 I GROUP 1											
COST CENTER WKSHT A PHYSICIAN LINE NO. IDENTIFIER 10 11	COST OF PROVIDER MEMBERSHIPS COMPONENT & CONTINUING SHARE OF EDUCATION COL 12 12 13	PHYSICIAN PROVIDER COSTOF COMPONENT MALPRACTICE SHARE OF INSURANCE COL 14 14 15	ADJUSTED RCE LIMIT 16	RCE DI S- ALLOWANCE 17	ADJUSTMENT 18						
125ADULTS & PEDIATRICS225ADULTS & PEDIATRICS361EMERGENCY444LABORATORY553ELECTROCARDIOLOGY6606			11, 757	11, 160	99, 996 939, 376 13, 241 248, 252 1, 474, 192						
6 60 6 WOUND CARE 7 49 RESPI RATORY THERAPY 8 50 PHYSI CAL THERAPY 9 40 ANESTHESI OLOGY 10 25 ADULTS & PEDI ATRI CS			596 17, 124	1, 654 1, 676	21, 046 3, 377 1, 636, 040 512, 876						
11 61 EMERGENCY 12 61 EMERGENCY 13 60 6 WOUND CARE			38, 166 3, 408	11, 934 2, 592	11, 934 844, 350 4, 992						
14 0 15 60 4 PALN CLINIC 16 37 SURGERY 17			2, 100	_, 0, 2	341, 169 41, 600						

TOTAL

71, 051 29, 016 6, 192, 441

Health Financial Systems COST ALLOCATION		ELNOR-COMMUNI TY	HOSPITAL I PROVIDER NC I 14-0211 I	): I PERIOD:	M CMS-2552-96(7/2009) I PREPARED 1/10/2011 I NOT A CMS WORKSHEET
LI NE NO. COST CENTER GENERAL SERVICE CO 1 OLD CAP REL COST 2 OLD CAP REL COST 3 NEW CAP REL COST 4 NEW CAP REL COST 5 EMPLOYEE BENEFI T 6.01 NONPATIENT TELEP 6.02 IS 6.03 PURCHASI NG 6.04 PT REG 6.05 PT ACCTS 6.06 OTHER ADMINISTRA 7 MAINTENANCE & RE 8 OPERATION OF PLA 9 LAUNDRY & LI NEN 10 HOUSEKEEPI NG 11 DI ETARY 12 CAFETERI A 13 MAINTENANCE OF P 14 NURSI NG ADMINIST 15 CENTRAL SERVICES 16 PHARMACY 17 MEDI CAL RECORDS	E DESCRI PTI ON IST S-BLDG & FI XT S-MVBLE EQUI P S-MVBLE EQUI P S HONES TI VE AND GENERAL PAI RS NT SERVI CE FERSONNEL RATI ON & SUPPLY	1 2 1 3 4 5 6 7 8 8 -9 1 1 11 12 13 14 15 16 17 18 19	I STATI STI C SQUARE OLD MME SQUARE NEW MME GROSS NON DATA PURCHASI NG GROSS ACCUM. SQUARE POUNDS OF HOURS OF HOURS OF MEALS MEALS MUMBER HOURS OF SUPPLY PHARMACY DATA	I TO 8/31/2010 S DESCRI PTI ON FEET DE PR FEET DE PT SALARI ES PATI ENT TE PRODUCED CHARGES COST FEET LAUNDRY S ERVI CE SERVED SERV ED HOUSED S ERVI CE COS T S TAT PRODUCED	I ENTERED NOT ENTERED
	ARY & FRINGES APPRVD ER PRGM COSTS APPRVD	20 21 22 23 24 25	TI ME ASSI GNED ASSI GNED ASSI GNED ASSI GNED ASSI GNED	SPENT TI ME TI ME TI ME TI ME TI ME	NOT ENTERED NOT ENTERED NOT ENTERED NOT ENTERED NOT ENTERED NOT ENTERED

Health Financial Systems MCRIF: COST ALLOCATION -		ELNOR-COMMUNIT CE COSTS	Y HOSPITAL I I I	IN LI PROVI DER NO: 14-0211	I FROM 9/ 1/2	I PREPAR 2009 I WORK	ED 1/10/2011 SHEET B RT I
COST CENTER DESCRI PTI ON	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OSTS-MVBLE	E OSTS-BLDG &	C NEW CAP REL C OSTS-MVBLE E		NONPATI ENT TE LEPHONES
GENERAL SERVICE COST CNTR 001 OLD CAP REL COSTS-BLDG &	0 171, 773	1 171, 773	2	3	4	5	6. 01
002 OLD CAP REL COSTS-BLDG & 003 NEW CAP REL COSTS-BLDG &	5, 967, 439	171,773		5, 967, 43	39		
004 NEW CAP REL COSTS-MVBLE E 005 EMPLOYEE BENEFITS	7, 211, 528 23, 538, 086	1, 042 253		36, 19 8, 80		23, 580, 499 112, 515	547, 757
006 01 NONPATIENT TELEPHONES 006 02 IS 006 03 PURCHASING	425, 992 3, 462, 929 982, 050	4, 821 2, 609		8, 80 167, 48 90, 62	33 1, 458, 915	578, 318 278, 739	20, 547 8, 770
006 04 PT REG 006 05 PT ACCTS	2, 625, 656 3, 515, 538	1, 184 558		41, 13 19, 37	71 129	776, 663 522, 407	21, 299 17, 039
006 06 OTHER ADMINISTRATIVE AND 007 MAINTENANCE & REPAIRS 008 OPERATION OF PLANT	25, 595, 412 5, 137, 872	10, 053 6, 070		349, 25 210, 88		3, 386, 251 375, 029	61, 140 19, 294
009 LAUNDRY & LI NEN SERVI CE 010 HOUSEKEEPI NG	586, 538 1, 381, 163	1, 348 2, 477		46, 8 <sup>-</sup> 86, 03	35 1, 138	5, 359 352, 445	251 3, 508
011 DI ETARY 012 CAFETERI A 013 MAI NTENANCE OF PERSONNEL	1, 215, 442 436, 348	3, 594 2, 599		124, 85 90, 27		246, 248 185, 766	1, 253 1, 754
014 NURSI NG ADMI NI STRATI ON 015 CENTRAL SERVI CES & SUPPLY	2, 170, 718	1, 216		42, 25		629, 469	11, 025
016 PHARMACY 017 MEDI CAL RECORDS & LI BRARY 018 SOCI AL SERVI CE	2, 029, 824 2, 802, 221	1, 851 1, 965		64, 29 68, 26		618, 668 506, 464	6, 264 46, 858
020 NONPHYSI CLAN ANESTHETI STS 021 NURSI NG SCHOOL							
022 I &R SERVI CES-SALARY & FRI 023 I &R SERVI CES-OTHER PRGM C 024 PARAMED ED PRGM-(SPECI FY)							
I NPAT ROUTI NE SRVC CNTRS 025 ADULTS & PEDI ATRI CS	14, 701, 358	44, 263		1, 537, 68	39 854, 882	4, 277, 098	93, 467
026 I NTENSI VE CARE UNI T ANCI LLARY SRVC COST CNTRS 037 OPERATI NG ROOM	3, 582, 735 13, 969, 564	10, 492 16, 147		364, 50 560, 93		1, 053, 918 983, 700	11, 526 18, 041
038 RECOVERY ROOM 039 DELIVERY ROOM & LABOR ROO	875, 645	1, 291		44, 85		243, 234	2, 506
040 ANESTHESI OLOGY 041 RADI OLOGY - DI AGNOSTI C	376, 369 4, 225, 656	621 8, 514		21, 59 295, 77	75 894, 971	542, 930 887, 990	3, 257 27, 313
041 01 CAT SCAN 041 02 MRI 041 03 ULTRASOUND	1, 259, 096 920, 607 796, 221	838 1, 293 191		29, 11 44, 92 6, 63	25 206, 009	230, 560 141, 784 237, 477	1, 002 1, 754 1, 002
041 04 CCL 043 RADI 0I SOTOPE	4, 029, 958 965, 760	9, 085 607		315, 62 21, 09	20345, 79591142, 559	601, 352 93, 974	15, 285 2, 255
044 LABORATORY 046 WHOLE BLOOD & PACKED RED 046 30 BLOOD CLOTTING FACTORS AD	5, 392, 256 1, 324, 127	6, 515		226, 34	14 286, 498	731, 718 71, 983	22, 051 752
048 I NTRAVENOUS THERAPY 049 RESPI RATORY THERAPY	2, 069, 036 1, 120, 188	2, 157 2, 177		74, 94 75, 63	39 47, 661	467, 335 305, 589	8, 018 6, 014
050 PHYSI CAL THERAPY 053 ELECTROCARDI OLOGY 054 ELECTROENCEPHALOGRAPHY	3, 785, 058 1, 016, 332	1, 047 2, 864		36, 37 99, 49		1, 062, 294 264, 426	19, 545 11, 526
055 MEDICAL SUPPLIES CHARGED 056 DRUGS CHARGED TO PATIENTS	7, 948, 416						
058 ASC (NON-DI STI NCT PART) 058 01 LI THOTRI PSY 0UTPAT SERVI CE COST CNTRS	1, 849, 388 437, 797	5, 391 138		187, 27 4, 78		451, 912	18, 292 501
060 CLINIC 060 01 CARDIAC REHAB	668, 395				5, 514	130, 970	7, 267
060 02 CARDIAC CATH 060 03 GENETIC TESTING 060 04 CHRONIC PAIN CLINIC	58, 023 355, 551				29, 738	18, 139 61, 836	501 7, 517
060 05 DI ABETES EDUCATI ON 060 06 WOUND CARE	268, 272 427, 780				29,738 167 2,639	80, 179 102, 658	1, 754 2, 506
060 07 SLEEP LAB 061 EMERGENCY	579, 763 3, 774, 862	936 14, 365		32, 50 499, 05		1, 036, 114	501 33, 076
062 OBSERVATION BEDS (NON-DIS 063 50 RHC 063 60 FQHC							
OTHER RELIMBURS COST CNTRS 069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA 069 30 OUTPATIENT OCCUPATIONAL T 069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	1, 625, 199				7, 642	468, 861	7, 768
085 01 PANCREAS ACQUISITION 085 02 INTESTINAL ACQUISITION 095 SUBTOTALS	167, 659, 941	170, 572		5, 925, 70	)5 7, 208, 925	23, 122, 372	543, 999
NONREIMBURS COST CENTERS 096 GIFT, FLOWER, COFFEE SHOP	207, 983	797		27, 69		41, 333	543, 777
096 01 HOMEMAKERS 098 PHYSI CLANS' PRI VATE OFFI C 101 CROSS FOOT AD UISTMENT	1, 736, 988	404		14, 03	36 2, 603	416, 794	3, 257
101CROSS FOOT ADJUSTMENT102NEGATI VE COST CENTER							

Health Financi	al Systems	MCRIF32 FO	R DELNOR-COMMUNI	TY HOSPITAL	IN LIE	U OF FORM CMS-2	552-96(7/2009)(	CONTD
				1	PROVI DER NO:	I PERIOD:	I PREPARE	D 1/10/2011
	COST ALLOCA	TION - GENERAL SE	RVICE COSTS	1	14-0211	I FROM 9/ 1/2	009 I WORKS	SHEET B
				1		I TO 8/31/2	010 I PAF	RT I
		NET EXPENS	ES OLD CAP REL (	C OLD CAP REL	C NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE N	IONPATI ENT TE
	COST CENTER	FOR COST	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS L	EPHONES
	DESCRI PTI ON	ALLOCATI O	N					
		0	1	2	3	4	5	6.01
NONRE	IMBURS COST CE	NTERS						
103 TOTAL		169, 604,	912 171, 773	3	5, 967, 439	7, 211, 528	23, 580, 499	547, 757

Health Financial Systems MCRIF3 COST ALLOCATION -		נואסR-COMMUNI איד E COSTS	Y HOSPITAL I I I	PROVIDER NO: 14-0211	PERIOD: FROM 9/ 1/2	2009 I WORKS	CONTD ED 1/10/2011 SHEET B RT I
COST CENTER	IS	PURCHASI NG	PT REG	PT ACCTS	SUBTOTAL	OTHER ADMINIS I TRATIVE AND	MAINTENANCE & REPAIRS
DESCRIPTION GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E OO3 NEW CAP REL COSTS-MVBLE E OO4 NEW CAP REL COSTS-MVBLE E OO5 EMPLOYEE BENEFITS OO6 O1 NONPATIENT TELEPHONES	6. 02	6. 03	6.04	6. 05	6a. 05	6. 06	7
006 02 IS 006 03 PURCHASING 006 04 PT REG 006 05 PT ACCTS 006 06 OTHER ADMINISTRATIVE AND	5, 693, 013 29	1, 384, 257 2, 031 814 8, 975	3, 478, 33	35 4, 075, 856	29, 526, 630	29, 526, 630	
000     000     MAI NTENANCE & REPAI RS       008     OPERATI ON OF PLANT       009     LAUNDRY & LI NEN SERVI CE       010     HOUSEKEEPI NG       011     DI ETARY       012     CAFETERI A       013     MAI NTENANCE OF PERSONNEL		580 4, 817 8, 146 3, 685 2, 780			5, 945, 466 645, 132 1, 834, 912 1, 608, 297 719, 520	1, 253, 227 135, 985 386, 776 339, 008	
014 NURSI NG ADMI NI STRATI ON 015 CENTRAL SERVI CES & SUPPLY	5, 960	350			2, 928, 984		
016     PHARMACY       017     MEDI CAL     RECORDS & LI BRARY       018     SOCI AL     SERVI CE       020     NONPHYSI CI AN     ANESTHETI STS       021     NURSI NG     SCHOOL       022     I & R     SERVI CES-SALARY & FRI       023     I & R     SERVI CES-OTHER       024     PARAMED ED     PRGM-(SPECI FY)       INPAT ROUTI NE     SRVC CNTRS	1, 354, 402 346	388, 561 983			4, 802, 780 3, 429, 373		
025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT	185, 674 13, 406	55, 942 13, 341	419, 10 105, 24		22, 660, 766 5, 433, 099		
ANCI LLARY SRVC COST CNTRS 037 OPERATI NG ROOM 038 RECOVERY ROOM	139, 820 47, 809	503, 484 5, 400	419, 44 37, 62		17, 785, 950 1, 394, 288	3, 749, 047 293, 898	
039DELIVERY ROOM & LABOR ROO040ANESTHESI OLOGY041RADI OLOGY-DI AGNOSTI C04101 CAT SCAN04102 MRI04103 ULTRASOUND04104 CCL043RADI OL SOTOPE044LABORATORY046WHOLE BLOOD & PACKED RED	846, 065 129, 280 802, 486 67, 402 21, 838 165, 347 15, 909 862, 222 47, 636	14, 238 7, 658 13, 871 7, 244 784 92, 713 18, 834 82, 995 53, 238	27, 3 149, 4 269, 1 134, 4 78, 7 136, 3 49, 2 434, 6 26, 7	40         175, 134           93         315, 479           43         157, 560           75         92, 319           27         159, 767           47         57, 714           14         508, 791	1, 954, 116 6, 801, 731 3, 114, 753 1, 683, 021 1, 421, 851 5, 871, 249 1, 367, 950 8, 554, 004 1, 555, 851	411, 902 1, 433, 716 656, 549 354, 759 299, 708 1, 237, 583 288, 346 1, 803, 073 327, 953	
046     30     BLOOD     CLOTTI NG     FACTORS     AD       048     INTRAVENOUS     THERAPY       049     RESPI RATORY     THERAPY       050     PHYSI CAL     THERAPY       053     ELECTROCARDI OLOGY       054     ELECTROCENCEPHALOGRAPHY       055     MEDI CAL     SUPPLI ES       045     MEDI CAL     SUPPLI ES	269, 874 151, 613 254, 979 83, 470	29, 047 7, 365 1, 634 457	113, 3 97, 08 112, 1 193, 38	33 113, 775 16 131, 393	3, 381, 488 1, 927, 104 5, 444, 298 2, 125, 770		
056 DRUGS CHARGED TO PATIENTS 058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTRS	36, 320 777	18, 507 8	322, 13 86, 54 10, 43	43 101, 423	8, 648, 064 2, 961, 895 466, 663	1, 822, 899 624, 329 98, 366	
060 CLI NI C 060 01 CARDI AC REHAB 060 02 CARDI AC CATH	47, 174	366	8, 4	55 9, 909	878, 050	185, 082	
060         03         GENETIC         TESTING           060         04         CHRONIC         PAIN         CLINIC           060         05         DIABETES         EDUCATION         060           060         06         WOUND         CARE         060         07         SLEEP         LAB           061         EMERGENCY         062         OBSERVATION         BEDS         (NON-DIS           063         50         RHC         063         60         FQHC	253 4, 674 10, 864 15, 629 1, 296 110, 337	3 1, 666 87 3, 572 92 23, 043	18 11, 1 3, 3 8, 4 22, 1 201, 8	1913, 031413, 915579, 9127825, 992	77, 327 485, 132 368, 579 573, 153 670, 016 5, 988, 718	16, 300 102, 260 77, 692 120, 813 141, 231 1, 262, 344	
OTHER REIMBURS COST CNTRS 069 10 CMHC 069 20 OUTPATIENT PHYSICAL THERA 069 30 OUTPATIENT OCCUPATIONAL T 069 40 OUTPATIENT SPEECH PATHOLO 071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS 085 01 PANCREAS ACQUISITION		6, 529			2, 115, 999	446, 025	
085 02 INTESTINAL ACQUISITION 095 SUBTOTALS NONREIMBURS COST CENTERS	5, 692, 891	1, 383, 840	3, 478, 33	35 4, 075, 856	167, 151, 979	29, 009, 584	
096GIFT, FLOWER, COFFEE SHOP09601098PHYSICIANS' PRIVATE OFFIC101CROSS FOOT ADJUSTMENT102NEGATIVE COST CENTER	122	417			278, 729 2, 174, 204	58, 752 458, 294	

Heal th Fina	ncial Systems MCRIF	32 FOR DEL	NOR-COMMUNI TY	HOSPI TAL	IN LIEU	OF FORM CMS-2	2552-96(7/2009)	CONTD
				I F	PROVIDER NO: I	PERI OD:	I PREPAR	ED 1/10/2011
	COST ALLOCATION -	GENERAL SERVICE	COSTS	<i>'</i>	14-0211 I	FROM 9/ 1/2	2009 I WORK	SHEET B
				I		TO 8/31/2	2010 I PA	RTI
		IS P	URCHASI NG	PT REG	PT ACCTS		OTHER ADMINIS I	MAINTENANCE &
	COST CENTER						TRATIVE AND	REPAI RS
	DESCRI PTI ON							
		6. 02	6.03	6.04	6.05	6a. 05	6.06	7
	NREIMBURS COST CENTERS							
103 TO	TAL	5, 693, 013	1, 384, 257	3, 478, 335	5 4, 075, 856	169, 604, 912	29, 526, 630	

Health Financial Systems MCRI COST ALLOCATION		ELNOR-COMMUNITY H CE COSTS	I PI	IN LIEU ROVIDER NO: 4-0211	J OF FORM CMS-2 I PERIOD: I FROM 9/ 1/2 I TO 8/31/2	I PREPA	D)CONTD ARED 1/10/2011 RKSHEET B PART I
COST CENTER	OPERATION OF PLANT	LAUNDRY & LIN HO EN SERVICE	OUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE ( F PERSONNEL	) NURSING ADMIN ISTRATION
DESCRIPTION GENERAL SERVICE COST CNTI OLD CAP REL COSTS-BLDG & OO2 OLD CAP REL COSTS-BLDG & OO3 NEW CAP REL COSTS-BLDG & OO4 NEW CAP REL COSTS-MVBLE I OO5 EMPLOYEE BENEFITS OO6 O1 NONPATIENT TELEPHONES OO6 O2 IS	Ξ	9	10	11	12	13	14
006         03         PURCHASI NG           006         04         PT         REG           006         05         PT         ACCTS           006         06         OTHER         ADMI NI STRATI VE         AND           007         MAI NTENANCE & REPAI RS         008         OPERATI ON OF         PLANT           009         LAUNDRY & LINEN SERVICE         010         HOUSEKEEPI NG         011         DI ETARY           012         CAFETERIA         013         MAI NTENANCE OF PERSONNELL         014	7, 198, 693 66, 824 122, 795 178, 197 128, 844	847, 941 160 377 280	2, 344, 643 239, 725 99, 885	2, 365, 604	1, 100, 194		2 ( 77 22)
014     NURSI NG ADMI NI STRATI ON       015     CENTRAL SERVI CES & SUPPLY       016     PHARMACY       017     MEDI CAL RECORDS & LI BRARY       018     SOCI AL SERVI CE       020     NONPHYSI CI AN ANESTHETI STS       021     NURSI NG SCHOOL       022     I & SERVI CES-SALARY & FRI       023     I & SERVI CES-OTHER PRGM       024     PARAMED ED PRGM-(SPECI FY)	91, 767 7 97, 425 6		34, 960 171, 137 49, 277 246, 717		35, 678 17, 817 32, 525 49, 865		3, 677, 326
INPAT ROUTINE SRVC CNTRS 025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTR	2, 194, 692 520, 252	396, 542 68, 010	222, 411	1, 995, 127 370, 477	304, 481 64, 746		1, 179, 393 250, 760
037 OPERATI NG ROOM 038 RECOVERY ROOM 039 DELIVERY ROOM & LABOR ROO	800, 606 64, 013	73, 580 18, 742	314, 639 81, 240		75, 463 13, 724		292, 296 53, 173
040 ANESTHESI OLOGY 041 RADI OLOGY-DI AGNOSTI C 041 01 CAT SCAN 041 02 MRI 041 03 ULTRASOUND 041 04 CCL 043 RADI 0I SOTOPE 044 LABORATORY 046 WHOLE BLOOD & PACKED RED	30, 814 422, 151 41, 560 64, 120 9, 465 450, 474 30, 103 323, 053	36, 826 10, 430 7, 809 16, 440 20, 454 2, 698	266, 694 16, 981 11, 653 21, 642 165, 810		14, 057 63, 040 13, 348 7, 289 12, 712 29, 097 4, 903 64, 963 4, 845		54, 455 244, 157 51, 721 28, 243 49, 265 112, 690 18, 986 251, 622 18, 739
046 30 BLOOD CLOTTING FACTORS AI 048 INTRAVENOUS THERAPY 049 RESPIRATORY THERAPY 050 PHYSICAL THERAPY 053 ELECTROCARDIOLOGY 054 ELECTROENCEPHALOGRAPHY 055 MEDICAL SUPPLIES CHARGED 056 DRUGS CHARGED TO PATIENTS	106, 961 107, 957 51, 915 142, 010	5, 653 126 15, 053	25, 970 71, 917 43, 284		28, 505 22, 575 65, 368 16, 544		110, 428 87, 464 253, 171 64, 072
058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTRS	267, 296 6, 832	47, 358	69, 587		31, 209		120, 896
060         CLINIC           060         01         CARDIAC         REHAB           060         02         CARDIAC         CATH           060         03         GENETIC         TESTING           060         04         CHRONIC         PAIN         CLINIC           060         05         DIABETES         EDUCATION         060         06         WOUND         CARE		126			9, 415 1, 215 4, 064 4, 469 6, 841		36, 486 4, 694 15, 736 17, 330 26, 484
060 07 SLEEP LAB 061 EMERGENCY 062 0BSERVATION BEDS (NON-DIS 063 50 RHC 063 60 FQHC 0THER REIMBURS COST CNTRS 069 10 CMHC			191, 114		70, 227		272, 033
069       20       OUTPATI ENT PHYSICAL THER/         069       30       OUTPATI ENT OCCUPATI ONAL         069       40       OUTPATI ENT SPEECH PATHOLO         071       HOME HEALTH AGENCY         SPEC PURPOSE COST CENTERS         085       01         085       02         085       02	Г ) S						63, 032
095         SUBTOTALS NONREI MBURS COST CENTERS           096         GI FT, FLOWER, COFFEE SHOI           096         01 HOMEMAKERS           098         PHYSI CI ANS' PRI VATE OFFIC           101         CROSS FOOT ADJUSTMENT           102         NEGATI VE COST CENTER		847, 941	2, 344, 643	2, 365, 604	1, 068, 985 5, 539 25, 670		3, 677, 326

Heal th Finar	ncial Systems MCRIF	-32 FOR DI	ELNOR-COMMUNI TY	HOSPI TAL	IN LIEU	J OF FORM CMS-2	2552-96(7/200	9)CONTD
				I	PROVIDER NO:	I PERIOD:	I PREP	ARED 1/10/2011
	COST ALLOCATION -	- GENERAL SERVI	CE COSTS	I	14-0211	I FROM 9/ 1/2	2009 I WO	RKSHEET B
				I		I TO 8/31/2	2010 I	PART I
		OPERATION OF	LAUNDRY & LIN	HOUSEKEEPI NG	DI ETARY	CAFETERI A		O NURSING ADMIN
	COST CENTER	PLANT	EN SERVICE				F PERSONNEL	I STRATI ON
	DESCRI PTI ON							
		8	9	10	11	12	13	14
	NREIMBURS COST CENTERS							
103 TO	TAL	7, 198, 693	847, 941	2, 344, 64	3 2, 365, 604	1, 100, 194		3, 677, 326

Health Financial Systems MCRIF COST ALLOCATION ·		LNOR-COMMUNI TY E COSTS	I 1	IN LIE PROVIDER NO: 14-0211	I PERIOD: I FROM 9/1/	2009 I WOF	)CONTD RED 1/10/2011 KSHEET B ART I
COST CENTER DESCRI PTI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECO DS & LIBRARY	R SOCIAL SERVIC E	NONPHYSI CI AN ANESTHETI STS		) I &R SERVICES- SALARY & FRI
GENERAL SERVICE COST CNTF OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-WVBLE F OO3 NEW CAP REL COSTS-MVBLE F OO5 EMPLOYEE BENEFITS OO6 O1 NONPATIENT TELEPHONES OO6 O2 IS OO6 O3 PURCHASING OO6 O4 PT REG OO6 O5 PT ACCTS	Ī	16	17	18	20	21	22
006       06       OTHER ADMI NI STRATI VE AND         007       MAI NTENANCE & REPAI RS         008       OPERATI ON OF PLANT         009       LAUNDRY & LINEN SERVICE         010       HOUSEKEEPI NG         011       DI ETARY         012       CAFETERI A         013       MAI NTENANCE OF PERSONNEL         014       NURSI NG ADMI NI STRATI ON         015       CENTRAL SERVICES & SUPPLY         016       PHARMACY         017       MEDI CAL RECORDS & LI BRARY         018       SOCI AL SERVI CE         020       NONPHYSI CI AN ANESTHETI STS         021       NURSI NG SCHOOL         022       I & SERVI CES-SALARY & FRI         023       I & SERVI CES-OTHER PRGM (         024       DAPMONED DEDM (SECLEY)	440 267	5, 989, 153	4, 546, 51	4			
024 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS 025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT	56, 431 15, 239		122, 95 <sup>,</sup> 10, 68 <sup>,</sup>				
ANCI LLARY SRVC COST CNTRS 037 OPERATI NG ROOM 038 RECOVERY ROOM	8, 433 7, 960	65, 975 4, 136					
039DELIVERY ROOM & LABOR ROO040ANESTHESI OLOGY041RADI OLOGY-DI AGNOSTI C04101 CAT SCAN04102 MRI04103 ULTRASOUND04104 CCL043RADI OI SOTOPE044LABORATORY046WHOLE BLOOD & PACKED RED	6, 003 1, 012 2, 177 1, 487 737 4, 217 246 8, 155 69	46, 599 84 3 558 490 207, 504 3, 587	136, 63 912, 36 76, 20	4 23 39 1 20 9			
046 30 BLOOD CLOTTING FACTORS AE 048 INTRAVENOUS THERAPY 049 RESPIRATORY THERAPY 050 PHYSICAL THERAPY 053 ELECTROCARDIOLOGY 054 ELECTROENCEPHALOGRAPHY 055 MEDICAL SUPPLIES CHARGED	30, 307 5, 182 348 998	77, 718 18, 101 157 33	144, 42 238, 70	9 3			
056 DRUGS CHARGED TO PATIENTS 058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTRS	7, 993	5, 476, 520 2, 386	46, 28- 85				
060 CLINIC 060 01 CARDIAC REHAB 060 02 CARDIAC CATH	254	4	50, 89	5			
060         03         GENETIC         TESTING           060         04         CHRONIC         PAIN         CLINIC           060         05         DIABETES         EDUCATION           060         06         WOUND         CARE           060         07         SLEEP         LAB           061         EMERGENCY         062         OBSERVATION         BEDS         (NON-DIS	588 707 62 28, 788	12 5 8, 534	10, 48 13, 01 88	1 5 2 3			
063       50       RHC         063       60       FQHC         0THER       REIMBURS       COST         069       10       CMHC         069       20       OUTPATI       ENT         069       30       OUTPATI       ENT       SPECH         069       40       OUTPATI       ENT       SPECH       PATHOLO         071       HOME       HEALTH       AGENCY	A 7 ) 854	76, 747					
SPEC PURPOSE COST CENTERS 085 01 PANCREAS ACQUISITION 085 02 INTESTINAL ACQUISITION 095 SUBTOTALS NONREIMBURS COST CENTERS	188, 954	5, 989, 153	4, 546, 32	3			
096 GIFT, FLOWER, COFFEE SHOF 096 01 HOMEMAKERS 098 PHYSICIANS' PRIVATE OFFI 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER			19	1			

Health F	i nanci al	Systems	MCRI F32	FOR D	ELNOR-COMMUNI T'	Y HOSPITAL	IN	I LIEU OF FORM CMS-	·2552-96(7/2	2009)CONTD
						1	PROVIDER NO	): I PERIOD:	I PF	REPARED 1/10/2011
		COST ALLOCAT	ION - GENERA	L SERVI	CE COSTS	1	14-0211	I FROM 9/ 1/	′2009 I	WORKSHEET B
						I		I TO 8/31/	/2010 I	PART I
		AAAT AFNTER			PHARMACY			RVIC NONPHYSICIAN		CHOO I &R SERVICES-
		COST CENTER DESCRIPTION	CES &	SUPPLY		DS & LI BRAR	ΥE	ANESTHETI STS	L	SALARY & FRI
			1	5	16	17	18	20	21	22
	NONREI M	IBURS COST CEN	ITERS							
103	TOTAL			188, 954	5, 989, 153	4, 546, 51	14			

Heal t	h Financial	Systems MCRIF		ELNOR-COMMUNI TY CE COSTS	7 HOSPI TAL I I I	IN L PROVIDER NO: 14-0211	LIEU OF FORM CMS-2552-9 I PERIOD: I FROM 9/ 1/2009 I TO 8/31/2010	I PREPARED 1/10/2011 I WORKSHEET B
		COST CENTER DESCRI PTI ON	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)		I&R COST POST STEP- DOWN ADJ	TOTAL	
006 006 006 007 008 009 010 011 012 013 014 015 016 017 018 021 022	GENERAL OLD CAP OLD CAP NEW CAP NEW CAP EMPLOYE 01 NONPATI 02 I S 03 PURCHAS 05 PT ACCT 06 OTHER A MAI NTEN OPERATI LAUNDRY HOUSEKE DI ETARY CAFETER MAI NTEN NURSI NG CENTRAL PHARMAC MEDI CAL SOCI AL NONPHYS NURSI NG I &R SER	SERVICE COST CNTR REL COSTS-BLDG & REL COSTS-MVBLE E REL COSTS-MVBLE E E BENEFITS ENT TELEPHONES ING S DMINISTRATIVE AND ANCE & REPAIRS ON OF PLANT & LINEN SERVICE EPING IA ANCE OF PERSONNEL ADMINISTRATION SERVICES & SUPPLY Y RECORDS & LIBRARY SERVICE ICIAN ANESTHETISTS SCHOOL VICES-SALARY & FRI	23	24	25	26	27	
023 024 025	PARAMED I NPAT R	VI CES-OTHER PRGM C ED PRGM-(SPECIFY) OUTINE SRVC CNTRS & PEDIATRICS			33, 909, 3	46	33, 909, 346	
026	ANCI LLA	VE CARE UNIT RY SRVC COST CNTRS			7, 878, 4		7, 878, 499	
037 038 039	OPERATI RECOVER DELI VER				23, 314, 7 1, 984, 6		23, 314, 769 1, 984, 642	
040 041 041 041	ANESTHE	SI OLOGY GY-DI AGNOSTI C N			3, 427, 7 9, 406, 0 4, 819, 8 2, 223, 4 1, 842, 0 8, 149, 0	45 82 89 30	3, 427, 779 9, 406, 045 4, 819, 882 2, 223, 489 1, 842, 030 8, 149, 019	
043 044 046		ORY LOOD & PACKED RED			1, 752, 0 12, 039, 8 1, 958, 4	96	1, 752, 044 12, 039, 896 1, 958, 456	
048 049 050 053	I NTRAVE RESPI RA PHYSI CA ELECTRO	LOTTING FACTORS AD NOUS THERAPY TORY THERAPY L THERAPY CARDIOLOGY			4, 724, 1 2, 745, 1 7, 273, 4 2, 968, 9	16 64	4, 724, 138 2, 745, 116 7, 273, 464 2, 968, 940	
054 055 056 058	MEDI CAL DRUGS C	ENCEPHALOGRAPHY SUPPLIES CHARGED HARGED TO PATIENTS N-DISTINCT PART)			15, 947, 4 4, 179, 2		15, 947, 483 4, 179, 233	
	01 LI THOTR				4, 179, 2 572, 7		572, 719	
060 060	01 CARDI AC 02 CARDI AC	CATH			1, 160, 1		1, 160, 186	
060 060 060 060 061	05 DI ABETE 06 WOUND C 07 SLEEP L EMERGEN	PAIN CLINIC SEDUCATION ARE AB CY			99, 8 611, 6 478, 5 741, 0 859, 0 8, 773, 9	99 55 15 27	99, 872 611, 699 478, 555 741, 015 859, 027 8, 773, 968	
063 069	50 RHC 60 FQHC 0THER R 10 CMHC	TION BEDS (NON-DIS EIMBURS COST CNTRS						
069 069 071	30 OUTPATI 40 OUTPATI HOME HE SPEC PU	ENT PHYSICAL THERA ENT OCCUPATIONAL T ENT SPEECH PATHOLO ALTH AGENCY RPOSE COST CENTERS S ACQUISITION			2, 702, 6	57	2, 702, 657	
	02 I NTESTI SUBTOTA	NAL ACQUISITION LS			166, 543, 9	68	166, 543, 968	
096	GLFT, F	BURS COST CENTERS LOWER, COFFEE SHOP			382, 5	52	382, 552	
098 098 101 102	CROSS F	ANS' PRIVATE OFFIC OOT ADJUSTMENT E COST CENTER			2, 678, 3	92	2, 678, 392	

Health Financial Systems M	MCRIF32 FOR I	DELNOR-COMMUNI T	Y HOSPITAL	IN LI	EU OF FORM CMS-2552-	-96(7/2009)CONTD
			1	PROVI DER NO:	I PERIOD:	I PREPARED 1/10/2011
COST ALLOCATI	ION - GENERAL SERV	CE COSTS	1	14-0211	I FROM 9/ 1/2009	I WORKSHEET B
			I		I TO 8/31/2010	I PART I
	I&R SERVICES	- PARAMED ED PR	SUBTOTAL	I&R COST	TOTAL	
COST CENTER	OTHER PRGM C	GM-(SPECIFY)		POST STEP-		
DESCRI PTI ON				DOWN ADJ		
	23	24	25	26	27	
NONREI MBURS COST CENT	TERS					
103 TOTAL			169, 604, 9	12	169, 604, 912	

Health Financial Systems MCRIF32 FOR ALLOCATION OF OLD CAPITAL RELATE	2 DELNOR-COMMUNI 2D COSTS	I		EU OF FORM CMS- I PERIOD: I FROM 9/ 1/2 I TO 8/31/2	I PREP 2009 I WO	
DIR ASSGNED COST CENTER OLD CAPITAL DESCRIPTION REL COSTS		COLD CAP REL COSTS-MVBLE E		NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
0 GENERAL SERVICE COST CNTR 001 OLD CAP REL COSTS-BLDG & 002 OLD CAP REL COSTS-MVBLE E 003 NEW CAP REL COSTS-BLDG &	1	2	3	4	4a	5
004         NEW CAP REL COSTS-MVBLE E           005         EMPLOYEE BENEFITS           006         01 NONPATIENT TELEPHONES           006         02 IS           006         03 PURCHASING           006         04 PT REG           006         05 PT ACCTS	1, 042 253 4, 821 2, 609 1, 184 558				1, 042 253 4, 821 2, 609 1, 184 558	1, 042 5 25 12 34 23
006         06         OTHER ADMINISTRATIVE AND           007         MAINTENANCE & REPAIRS           008         OPERATION OF PLANT           009         LAUNDRY & LINEN SERVICE           010         HOUSEKEEPING           011         DIETARY           012         CAFETERIA	10, 053 6, 070 1, 348 2, 477 3, 594 2, 599				10, 053 6, 070 1, 348 2, 477 3, 594 2, 599	146 16 15 11 8
013 MAI NTENANCE OF PERSONNEL 014 NURSI NG ADMI NI STRATI ON 015 CENTRAL SERVI CES & SUPPLY	1, 216				1, 216	27
016PHARMACY017MEDI CAL RECORDS & LI BRARY018SOCI AL SERVI CE020NONPHYSI CI AN ANESTHETI STS021NURSI NG SCHOOL022I &R SERVI CES-SALARY & FRI023I &R SERVI CES-OTHER PRGM C	1, 851 1, 965				1, 851 1, 965	27 22
024 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS 025 ADULTS & PEDIATRICS	44, 263				44, 263	207
026 I NTENSI VE CARE UNIT ANCI LLARY SRVC COST CNTRS 037 OPERATI NG ROOM	10, 492 16, 147				10, 492 16, 147	46 43
038 RECOVERY ROOM 039 DELIVERY ROOM & LABOR ROO 040 ANESTHESI OLOGY	1, 291 621				1, 291 621	11 23
041 RADI OLOGY-DI AGNOSTI C 041 01 CAT SCAN 041 02 MRI	8, 514 838 1, 293				8, 514 838 1, 293	38 10 6
041 03 ULTRASOUND 041 04 CCL 043 RADI 0I SOTOPE 044 LABORATORY 046 WHOLE BLOOD & PACKED RED	191 9, 085 607 6, 515				191 9, 085 607 6, 515	10 26 4 32 3
046 30 BLOOD CLOTTING FACTORS AD 048 INTRAVENOUS THERAPY 049 RESPI RATORY THERAPY 050 PHYSI CAL THERAPY 053 ELECTROCARDI 0LOGY 054 ELECTROENCEPHALOGRAPHY 055 MEDI CAL SUPPLIES CHARGED	2, 157 2, 177 1, 047 2, 864				2, 157 2, 177 1, 047 2, 864	20 13 46 11
056 DRUGS CHARGED TO PATIENTS 058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTRS 060 CLINIC	5, 391 138				5, 391 138	20
060         01         CARDIAC         REHAB           060         02         CARDIAC         CATH           060         03         GENETIC         TESTING           060         04         CHRONIC         PAIN           060         05         DIABETES         EDUCATION           060         06         WOUND         CARE						6 1 3 3 4
060 07 SLEEP LAB 061 EMERGENCY 062 OBSERVATI ON BEDS (NON-DI S 063 50 RHC 063 60 FQHC 0THER REI MBURS COST CNTRS	936 14, 365				936 14, 365	45
069 10 CMHC 069 20 OUTPATIENT PHYSICAL THERA 069 30 OUTPATIENT OCCUPATIONAL T 069 40 OUTPATIENT SPEECH PATHOLO 071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS 085 01 PANCREAS ACQUISITION						20
085 01 PARCELAS ACCOLSTITION 085 02 INTESTINAL ACQUISITION 095 SUBTOTALS NONREIMBURS COST CENTERS	170, 572				170, 572	1, 022
096 GIFT, FLOWER, COFFEE SHOP 096 01 HOMEMAKERS	797				797	2
098 PHYSI CLANS' PRI VATE OFFI C 101 CROSS FOOT ADJUSTMENTS 102 NEGATI VE COST CENTER	404				404	18

Health Financial Systems	s MCRIF32 FOR	DELNOR-COMMUNI T	Y HOSPITAL	IN LIE	EU OF FORM CMS-2	552-96(1/201	O)CONTD
			I	PROVI DER NO:	I PERIOD:		ARED 1/10/2011
ALLOCATI OI	N OF OLD CAPITAL RELATE	D COSTS	1	14-0211	I FROM 9/ 1/20		RKSHEET B
			I		I TO 8/31/20	D10 I	PART II
0007-07	DI R ASSGNED			NEW CAP REL C			EMPLOYEE BENE
COST CEI		OSTS-BLDG &	OSIS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	SUBTOTAL	FLTS
DESCRI P	TION REL COSTS						
	0	1	2	3	4	4a	5
NONREIMBURS COS 103 TOTAL	ST CENTERS	171, 773				171, 773	1,042

Health Financial Systems MCRI ALLOCATION OF OLD C			TY HOSPITAL I I I	IN LI PROVIDER NO: 14-0211	I PERIOD: I FROM 9/1	/2009 I WO	0)CONTD ARED 1/10/2011 RKSHEET B PART II
COST CENTER	NONPATIENT TE IS LEPHONES		PURCHASI NG	PT REG	PT ACCTS	OTHER ADMINIS TRATIVE AND	MAI NTENANCE & REPAI RS
	6.01	6.02	6. 03	6.04	6.05	6.06	7
GENERAL SERVICE COST CNT OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE OO3 NEW CAP REL COSTS-MVBLE OO4 NEW CAP REL COSTS-MVBLE OO5 EMPLOYEE BENEFITS OO6 O1 NONPATIENT TELEPHONES OO6 O2 IS OO6 O3 PURCHASING OO6 O4 PT REG OO6 O5 PT ACCTS	E	4, 856	2, 625 4 2	1, 232	591		
006 06 0THER ADMINI STRATI VE AND 007 MAI NTENANCE & REPAI RS			17		071	10, 245	
008 OPERATION OF PLANT	9		1 9			434 47	
010 HOUSEKEEPI NG	2		15			134	
011 DI ETARY 012 CAFETERI A	1 1		7 5			117 53	
013 MAINTENANCE OF PERSONNEL 014 NURSING ADMINISTRATION	5	5	1			214	
015 CENTRAL SERVICES & SUPPL 016 PHARMACY	3	1, 155	736			351	
017     MEDI CAL     RECORDS & LI BRAR       018     SOCI AL     SERVI CE       020     NONPHYSI CI AN     ANESTHETI ST       021     NURSI NG     SCHOOL       022     I & R     SERVI CES-SALARY       023     I & R     SERVI CES-OTHER       024     PARAMED     ED       024     INPAT     ROUTI NE	S I C )		2			250	
025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT	45 5	158 11	106 25	149 37	75 19	1, 673 397	
ANCI LLARY SRVC COST CNTR 037 OPERATI NG ROOM		119		149			
037 OPERATING ROOM 038 RECOVERY ROOM 039 DELIVERY ROOM & LABOR RO	1	41	956 10	13	75 7	1, 298 102	
040 ANESTHESI OLOGY	2	722	27	10	5	143	
041 RADI OLOGY-DI AGNOSTI C 041 01 CAT SCAN	13	110 685	15 26	53 96	27 48	497 227	
041 02 MRI 041 03 ULTRASOUND	1	58 19	14 1	48 28	24 14	123 104	
041 04 CCL 043 RADI OI SOTOPE	7 1	141 14	176 36	48 18	24 9	429 100	
044 LABORATORY 046 WHOLE BLOOD & PACKED RED	10	736 41	157 101	148 10	47 5	624 114	
046 30 BLOOD CLOTTING FACTORS A 048 INTRAVENOUS THERAPY	D 4	230	55	40	20	247	
049 RESPI RATORY THERAPY 050 PHYSI CAL THERAPY	3 9	129 218	14 3	35 40	17 20	141 397	
053 ELECTROCARDI OLOGY 054 ELECTROENCEPHALOGRAPHY	5	71	1	69	34	155	
055 MEDICAL SUPPLIES CHARGED 056 DRUGS CHARGED TO PATIENT 058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 01 DUTPAT SERVICE COST CNTR	S 9	31 1	35	115 31 4	57 15 2	631 216 34	
060 CLINIC 060 01 CARDIAC REHAB	3	40	1	3	2	64	
060 02 CARDIAC CATH 060 03 GENETIC TESTING	-			-	_	6	
060 04 CHRONIC PAIN CLINIC 060 05 DIABETES EDUCATION	4 1	4 9	3	4 1	2 1	35 27	
060 06 WOUND CARE 060 07 SLEEP LAB	1	13 1	7	3	2	42 49	
061 EMERGENCY	16	94	44	72	36	437	
062 OBSERVATION BEDS (NON-DI 063 50 RHC 063 60 FOHC							
OTHER REIMBURS COST CNTR 069 10 CMHC 069 20 OUTPATIENT PHYSICAL THER 069 30 OUTPATIENT OCCUPATIONAL 069 40 OUTPATIENT SPEECH PATHOL 071 HOME HEALTH AGENCY	A T		12			154	
SPEC PURPOSE COST CENTER 085 01 PANCREAS ACQUI SI TI ON							
085 02 INTESTINAL ACQUISITION 095 SUBTOTALS	256	4, 856	2,624	1, 232	591	10, 066	
NONREI MBURS COST CENTERS 096 GI FT, FLOWER, COFFEE SHO		1, 000	2, 024	1,202	571	20	
096 01 HOMEMAKERS 098 PHYSI CLANS' PRI VATE OFFI			I			159	
101 CROSS FOOT ADJUSTMENTS 102 NEGATI VE COST CENTER	o ∠					104	

Health Financial Systems	S MCRIF32 F0	OR DELNOR-COMMUN	ITY HOSPITAL	IN LIEU	J OF FORM CMS-25	52-96(1/2010)CONTD	
			1	PROVI DER NO:	I PERIOD:	I PREPARED 1/	/10/2011
ALLOCATI ON	I OF OLD CAPITAL RELAT	TED COSTS	1	14-0211	I FROM 9/ 1/20	09 I WORKSHEET	В
			1		I TO 8/31/20	10 I PART II	
	NONPATI ENT	TE IS	PURCHASI NG	PT REG	PT ACCTS OT	HER ADMINIS MAINTEN	ANCE &
COST CEN	ITER LEPHONES				TR	ATIVE AND REPAIR	₹S
DESCRI PT	ION						
	6.01	6.02	6.03	6.04	6.05	6.06 7	/
NONREI MBURS COS	ST CENTERS						
103 TOTAL	25	58 4, 856	2, 625	1, 232	591	10, 245	

Heal th F	inancial Systems MCRIF ALLOCATION OF OLD CA		DELNOR-COMMUNI TY COSTS	/ HOSPI TAL I I I	IN LI PROVIDER NO: 14-0211	EU OF FORM CMS I PERIOD: I FROM 9/ 1 I TO 8/31	I PRE	D10)CONTD EPARED 1/10/2011 VORKSHEET B PART II
		OPERATION OF PLANT	LAUNDRY & LIN H EN SERVICE	IOUSEKEEPI NG	DI ETARY	CAFETERI A	MAI NTENANCE F PERSONNEL	O NURSING ADMIN I STRATION
001 002 003 004 005 006 01 006 02	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-MVBLE & NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS NONPATIENT TELEPHONES	Ē	9	10	11	12	13	14
006 04 006 05 006 06 007 008 009 010 011 012 013 014	PURCHASI NG PT REG PT ACCTS OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUDDLY	6, 530 61 111 162 117 55	1, 465 1	2, 754 282 117 41	4, 175	2, 900 94		1, 658
015 016 017 018 020 021 022 023 024	CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM C PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS	83 88 8		201 58 290		47 86 131		
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	1, 991 472	687 117	261	3, 521 654	801 171		533 113
037 038	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM	726 58	127 32	370 95		199 36		132 24
039 040 041	DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	) 28 383	64	313		37 166		25 110
041 01 041 02	CAT SCAN MRI	38 58	18 13	20		35 19		23 13
041 04	ULTRASOUND CCL	9 409	28 35	14		34 77		22 51
043 044 046	RADI OI SOTOPE LABORATORY WHOLE BLOOD & PACKED RED	27 293	5	25 195		13 171 13		9 113 8
048	BLOOD CLOTTING FACTORS AD	97	10			75		50
049 050	RESPI RATORY THERAPY PHYSI CAL THERAPY	98 47	24	31 84		60 172		39 114
053 054 055	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED	129	26	51		44		29
	DRUGS CHARGED TO PATIENTS ASC (NON-DISTINCT PART) LITHOTRIPSY OUTPAT SERVICE COST CNTRS	242 6	82	82		82		54
	CLINIC CARDIAC REHAB CARDIAC CATH					25		16
060 03 060 04	GENETIC TESTING CHRONIC PAIN CLINIC					3 11		2 7
060 06	DIABETES EDUCATION WOUND CARE	42	1			12 18		8 12
060 07 061 062 063 50	SLEEP LAB EMERGENCY OBSERVATION BEDS (NON-DIS	646	1 219	224		185		123
063 60	FQHC OTHER REIMBURS COST CNTRS	5						
069 20 069 30	CMHC OUTPATIENT PHYSICAL THERA OUTPATIENT OCCUPATIONAL T OUTPATIENT SPEECH PATHOLC HOME HEALTH AGENCY	-						28
	SPEC PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION	5						
095	SUBTOTALS NONREIMBURS COST CENTERS	6, 476	1, 465	2, 754	4, 175	2, 817		1, 658
	GIFT, FLOWER, COFFEE SHOP HOMEMAKERS					15		
098 101 102	PHYSICIANS' PRIVATE OFFIC CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	C 18				68		

Health Fina	ancial Systems	MCRI F32 FOR	DELNOR-COMMUNI		IN LI PROVIDER NO:	EU OF FORM CMS	•	2010)CONTD REPARED 1/10/2011
	ALLOCATION OF C	ULD CAPITAL RELATED	COSTS	I I	14-0211			WORKSHEET B PART II
	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAI NTENANCE F PERSONNEL	E O NURSING ADMIN ISTRATION
NC	ONREIMBURS COST CEN	8 ITEDS	9	10	11	12	13	14
	DTAL	6, 530	1, 465	2, 754	4, 175	2, 900		1, 658

		) COSTS	1	14-0211	I FROM 9/1 I TO 8/31		RKSHEET B PART II
COST CENTER DESCRI PTI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LI BRARY		NONPHYSI CI AN ANESTHETI STS	NURSI NG SCHOO L	I&R SERVICES SALARY & FRI
GENERAL SERVICE COST OLD CAP REL COSTS-BL OLD CAP REL COSTS-MV NEW CAP REL COSTS-MV EMPLOYEE BENEFITS O1 NONPATIENT TELEPHONE O2 IS O3 PURCHASING O4 PT REG O5 PT ACCTS O6 OTHER ADMINISTRATIVE	DG & BLE E DG & BLE E S	16	17	18	20	21	22
MAI NTENANCE & REPAI R OPERATI ON OF PLANT LAUNDRY & LI NEN SERV HOUSEKEEPI NG DI ETARY CAFETERI A MAI NTENANCE OF PERSO NURSI NG ADMI NI STRATI CENTRAL SERVI CES & S PHARMACY	S TCE NNEL ON UPPLY 248 1	4, 351					
MEDI CAL RECORDS & LI SOCI AL SERVI CE NONPHYSI CI AN ANESTHE NURSI NG SCHOOL I &R SERVI CES-SALARY I &R SERVI CES-OTHER P PARAMED ED PRGM-(SPE I NPAT ROUTI NE SRVC C ADULTS & PEDI ATRI CS	TI STS & FRI RGM C CI FY) NTRS 75		2, 770				
I NTENSI VE CARE UNI T ANCI LLARY SRVC COST OPERATI NG ROOM	CNTRS 20	48	7 91				
RECOVERY ROOM DELIVERY ROOM & LABO ANESTHESIOLOGY	10 R ROO 8	3 34	33 555				
RADI OLOGY-DI AGNOSTI C 01 CAT SCAN 02 MRI	1 3 2		83 554 46				
03 ULTRASOUND 04 CCL	1 6	151	12 132 10				
LABORATORY WHOLE BLOOD & PACKED		3	528 31				
30 BLOOD CLOTTING FACTO INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY	RS AD 40 7	56 13	165 88 145				
ELECTROCARDI OLOGY ELECTROENCEPHALOGRAP MEDI CAL SUPPLI ES CHA			69				
DRUGS CHARGED TO PAT ASC (NON-DI STI NCT PA O1 LI THOTRI PSY OUTPAT SERVI CE COST	I ENTS RT) 10	3, 979 2	28 1				
CLINIC 01 CARDIAC REHAB 02 CARDIAC CATH			31				
03 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION	1		2				
0 06 WOUND CARE 0 07 SLEEP LAB EMERGENCY	1 38	6	8 1 69				
OBSERVATION BEDS (NO 50 RHC 60 FQHC 0THER REIMBURS COST							
10 CMHC 20 OUTPATIENT PHYSICAL 30 OUTPATIENT OCCUPATIO 40 OUTPATIENT SPEECH PA HOME HEALTH AGENCY	NAL T	56					
SPEC PURPOSE COST CE 01 PANCREAS ACQUISITION 02 INTESTINAL ACQUISITI	NTERS	30					
SUBTOTALS NONREIMBURS COST CEN GIFT, FLOWER, COFFEE O1 HOMEMAKERS PHYSI CIANS' PRI VATE	248 TERS SHOP	4, 351	2, 770				

Health Fir	nancial Systems	MCRIF32 FOR	DELNOR-COMMUNI	TY HOSPITAL	IN LI	EU OF FORM CMS	5-2552-96(1/20	10)CONTD
	-			1	PROVI DER NO:	I PERIOD:	I PRE	PARED 1/10/2011
	ALLOCATION OF C	OLD CAPITAL RELATE	D COSTS	1	14-0211	I FROM 9/1	/2009 I W	ORKSHEET B
				1		I TO 8/31	/2010 I	PART II
		CENTRAL SERV	PHARMACY	MEDI CAL RECO	R SOCIAL SERVIC	NONPHYSI CI AN	NURSING SCHO	0 I&R SERVICES-
	COST CENTER	CES & SUPPLY		DS & LIBRARY	E	ANESTHETI STS	L	SALARY & FRI
	DESCRI PTI ON							
		15	16	17	18	20	21	22
Ν	NONREIMBURS COST CEN	NTERS						
103 1	FOTAL	248	4, 351	2,770				

Health Financial Systems MCRI		DELNOR-COMMUNI TY	HOSPI TAL I I	PROVI DER NO:		I PREPARED 1/10/2011
ALLOCATION OF OLD (	APITAL RELATEL	COSTS	I	14-0211	I FROM 9/ 1/2009 I TO 8/31/2010	
		PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL	
	23	24	25	26	27	
GENERAL SERVICE COST CNT 001 OLD CAP REL COSTS-BLDG & 002 OLD CAP REL COSTS-BLDG & 004 NEW CAP REL COSTS-MVBLE 005 EMPLOYEE BENEFITS 006 01 NONPATIENT TELEPHONES 006 02 IS 006 04 PT REG 006 04 PT REG 006 05 PT ACCTS 006 06 OTHER ADMINISTRATIVE AND 007 MAINTENANCE & REPAIRS 008 OPERATION OF PLANT 009 LAUNDRY & LINEN SERVICE 010 HOUSEKEEPING 011 DI ETARY 012 CAFETERIA 013 MAINTENANCE OF PERSONNELI 014 NURSING ADMINISTRATION 015 CENTRAL SERVICES & SUPPI 016 PHARMACY 017 MEDICAL RECORDS & LIBRAF 019 CAL RECORDS & LIBRAF	е Е ) ) -					
018     SOCI AL SERVICE       020     NONPHYSICI AN ANESTHETIST       021     NURSING SCHOOL       022     I&R SERVICES-SALARY & FF       023     I&R SERVICES-OTHER PRGM       024     PARAMED ED PRGM-(SPECIFY       INPAT ROUTINE SRVC CNTRS	RI C ()					
025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTF	20		54, 620 12, 586		54, 620 12, 586	
037 OPERATING ROOM 038 RECOVERY ROOM			20, 499 1, 767		20, 499 1, 767	
039 DELI VERY ROOM & LABOR RO 040 ANESTHESI OLOGY 041 RADI OLOGY-DI AGNOSTI C	00		2, 240 10, 387		2, 240 10, 387	
041 01 CAT SCAN 041 02 MRI			2, 621 1, 718		2, 621 1, 718	
041 03 ULTRASOUND 041 04 CCL			487 10, 797		487 10, 797	
043 RADI OI SOTOPE 044 LABORATORY 046 WHOLE BLOOD & PACKED REI	)		878 9, 583 326		878 9, 583 326	
046 30 BLOOD CLOTTING FACTORS A 048 INTRAVENOUS THERAPY			3, 266		3, 266	
049 RESPI RATORY THERAPY 050 PHYSI CAL THERAPY			2,865 2,342		2, 865 2, 342	
053 ELECTROCARDI OLOGY 054 ELECTROENCEPHALOGRAPHY	<b>、</b>		3, 559		3, 559	
055 MEDICAL SUPPLIES CHARGEI 056 DRUGS CHARGED TO PATIENT 058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTF	ſS		4, 782 6, 330 186		4, 782 6, 330 186	
060 CLINIC 060 01 CARDIAC REHAB			191		191	
060 02 CARDIAC CATH 060 03 GENETIC TESTING 060 04 CHRONIC PAIN CLINIC			12 76		12 76	
060 05 DI ABETES EDUCATION 060 06 WOUND CARE			68 111		68 111	
060 07 SLEEP LAB 061 EMERGENCY			1, 042 16, 619		1, 042 16, 619	
062 OBSERVATI ON BEDS (NON-DI 063 50 RHC 063 60 FOHC OTHER REIMBURS COST CNTF						
069 10 CMHC 069 20 OUTPATI ENT PHYSI CAL THEF 069 30 OUTPATI ENT OCCUPATI ONAL						
069 40 OUTPATIENT SPEECH PATHOL 071 HOME HEALTH AGENCY	_0		275		275	
SPEC PURPOSE COST CENTER 085 01 PANCREAS ACQUISITION 085 02 INTESTINAL ACQUISITION	RS					
085 02 INTESTINAL ACQUISITION 095 SUBTOTALS NONREIMBURS COST CENTERS	5		170, 233		170, 233	
096 GI FT, FLOWER, COFFEE SHO 096 01 HOMEMAKERS			871		871	
098 PHYSI CLANS' PRI VATE OFFI 101 CROSS FOOT ADJUSTMENTS 102 NEGATI VE COST CENTER	C		669		669	

Health Fi	nancial Systems	MCRI F32	FOR	DELNOR-COMMUNI TY	HOSPI TAL	IN LI	EU OF FORM CMS-2552-	96(1/2010)CONTD
					I	PROVI DER NO:	I PERIOD:	I PREPARED 1/10/2011
	ALLOCATION 0	F OLD CAPITAL F	RELATED	) COSTS	I	14-0211	I FROM 9/ 1/2009	I WORKSHEET B
					I		I TO 8/31/2010	I PART I I
					CUDTOTAL	DOGT	TOTAL	
				PARAMED ED PR	SUBTOTAL	POST	TOTAL	
		UTHER	RGM C	GM-(SPECIFY)		STEPDOWN ADJUSTMENT		
		23	2	24	25	ADJUSTMENT 26	27	
	NONREIMBURS COST		2	24	20	20	21	
	TOTAL	GENTERS			171, 773		171, 773	
105	IUIAL				171,773		1/1, //3	

Health Financial Systems MCRIF32 ALLOCATION OF NEW CAPITA		CLNOR-COMMUNI	TY HOSPITAL I I I	IN LIE PROVIDER NO: 14-0211	I FROM 9/ 1/	I PREP 2009 I WO	9) ARED 1/10/2011 RKSHEET B PART III
COST CENTER NEW		DLD CAP REL C DSTS-BLDG &	OLD CAP REL ( OSTS-MVBLE E	C NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
GENERAL SERVICE COST CNTR OC1 OLD CAP REL COSTS-BLDG & OC2 OLD CAP REL COSTS-WVBLE E OC3 NEW CAP REL COSTS-BUDG & OC4 NEW CAP REL COSTS-BUDG &	0	1	2	3	4	4a	5
005         EMPLOYEE BENEFITS           006         01         NONPATIENT TELEPHONES           006         02         IS           006         03         PURCHASING           006         04         PT REG           006         05         PT ACCTS	45, 107 158, 393 842			36, 199 8, 800 167, 483 90, 622 41, 135 19, 371	5, 172 197 1, 458, 915 21, 467 10, 338 129	41, 371 54, 104 1, 784, 791 112, 089 51, 473 20, 342	41, 371 197 1, 014 489 1, 362 916
007         MAI NTENANCE & REPAI RS           008         OPERATI ON OF PLANT           009         LAUNDRY & LI NEN SERVI CE           010         HOUSEKEEPI NG           011         DI ETARY	2, 631, 173 1, 396			349, 251 210, 887 46, 819 86, 035 124, 852	115, 548 195, 734 1, 138 13, 223	3, 095, 972 406, 621 46, 819 87, 173 139, 471	5, 939 658 9 618 432
012 CAFETERIA 013 MAINTENANCE OF PERSONNEL 014 NURSING ADMINISTRATION 015 CENTRAL SERVICES & SUPPLY				90, 273 42, 257	67, 989	90, 273 110, 246	326 1, 104
016     PHARMACY       017     MEDI CAL RECORDS & LI BRARY       018     SOCI AL SERVI CE       020     NONPHYSI CI AN ANESTHETI STS       021     NURSI NG SCHOOL       022     I &R SERVI CES-SALARY & FRI       023     I &R SERVI CES-OTHER PRGM C       024     PARAMED ED PRGM-(SPECI FY)				64, 296 68, 260	338, 914 2, 276	403, 210 70, 536	1, 085 888
025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT	44, 682 11, 679			1, 537, 689 364, 509	854, 882 154, 590	2, 437, 253 530, 778	7, 515 1, 849
ANCI LLARY SRVC COST CNTRS 037 OPERATI NG ROOM 038 RECOVERY ROOM	226, 624			560, 936 44, 850	683, 256 91, 840	1, 470, 816 136, 690	1, 725 427
039         DELIVERY ROOM & LABOR ROO           040         ANESTHESI OLOGY           041         RADI OLOGY-DI AGNOSTI C           041         01 CAT SCAN           041         02 MRI           041         03 ULTRASOUND           041         04 CCL	158, 680			21, 590 295, 775 29, 119 44, 925 6, 632 315, 620	89, 556 894, 971 193, 109 206, 009 186, 612 345, 795	111, 146 1, 349, 426 222, 228 250, 934 193, 244 661, 415	952 1,558 404 249 417 1,055
043 RADI OI SOTOPE 044 LABORATORY 046 WHOLE BLOOD & PACKED RED	66			21, 091 226, 344	142, 559 286, 498	163, 650 512, 908	1, 000 165 1, 283 126
046       30       BLOOD       CLOTTI NG       FACTORS       AD         048       INTRAVENOUS       THERAPY         049       RESPI RATORY       THERAPY         050       PHYSI CAL       THERAPY         053       ELECTROCARDI OLOGY         054       ELECTROCENCEPHALOGRAPHY         055       MEDI CAL       SUPPLI ES         045       MEDI CAL       SUPPLI ES	7, 794 956			74, 941 75, 639 36, 374 99, 498	214, 832 47, 661 39, 858 227, 171	297, 567 124, 256 76, 232 326, 669	820 536 1, 863 464
056 DRUGS CHARGED TO PATIENTS 058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTRS				187, 278 4, 787	206, 841	394, 119 4, 787	793
060 CLINIC 060 01 CARDIAC REHAB 060 02 CARDIAC CATH					5, 514	5, 514	230
060         03         GENETIC         TESTING           060         04         CHRONIC         PAIN         CLINIC           060         05         DIABETES         EDUCATION           060         06         WOUND         CARE           060         07         SLEEP         LAB           061         EMERGENCY         062         OBSERVATION         BEDS         (NON-DIS)           063         50         RHC         CARE         CARE         CARE         CARE				32, 509 499, 059	29, 738 167 2, 639 6, 749 59, 396	29, 738 167 2, 639 39, 258 558, 455	32 108 141 180 1, 817
063       60 FQHC         0THER REIMBURS COST CNTRS         069       10 CMHC         069       20 OUTPATI ENT PHYSI CAL THERA         069       30 OUTPATI ENT OCCUPATI ONAL T         069       40 OUTPATI ENT SPEECH PATHOLO         071       HOME HEALTH AGENCY         SPEC PURPOSE COST CENTERS	9, 473				7, 642	17, 115	822
08501PANCREASACQUISITION08502INTESTINALACQUISITION095SUBTOTALS3	3, 296, 865			5, 925, 705	7, 208, 925	16, 431, 495	40, 568
NONREI MBURS COST CENTERS 096 GIFT, FLOWER, COFFEE SHOP 096 01 HOMEMAKERS	114			27,698	2 ( 2 2	27, 812	72
098 PHYSICIANS' PRIVATE OFFIC 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER				14, 036	2, 603	16, 639	731

Health Financial Systems	MCRIF32 FOR	DELNOR-COMMUN	NI TY HOSPI TAL	IN LI	EU OF FORM CMS-2	2552-96(7/200	9)CONTD
			I	PROVI DER NO:	I PERIOD:		PARED 1/10/2011
ALLOCATION OF	NEW CAPITAL RELATED	) COSTS	I	14-0211	I FROM 9/ 1/2		RKSHEET B
			I		I TO 8/31/2	2010 I	PART III
	DLR ASSGNED	OLD CAP REL	C OLD CAP REL (	C NEW CAP REL C	NEW CAP REL C		EMPLOYEE BENE
COST CENTER		OSTS-BLDG &			OSTS-MVBLE E	SUBTOTAL	FLTS
DESCRI PTI ON	REL COSTS						
	0	1	2	3	4	4a	5
NONREI MBURS COST C							
103 TOTAL	3, 296, 979			5, 967, 439	7, 211, 528	16, 475, 946	41, 371

Heal t	h Financial Systems MCRIF ALLOCATION OF NEW CA		ELNOR-COMMUNI COSTS	TY HOSPITAL I I I	IN LI PROVIDER NO: 14-0211	I PERIOD: I FROM 9/1	/2009 I WO	9)CONTD ARED 1/10/2011 RKSHEET B PART III
	COST CENTER	NONPATIENT TE I LEPHONES	S	PURCHASI NG	PT REG	PT ACCTS	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	DESCRI PTI ON GENERAL SERVI CE COST CNTF	6.01	6.02	6. 03	6.04	6.05	6.06	7
001 002 003 004 005 006 006 006 006	OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS O1 NONPATIENT TELEPHONES O2 IS O3 PURCHASING O4 PT REG	E	1, 787, 842 9	113, 447 166	55, 121			
006 006	05 PT ACCTS 06 OTHER ADMINISTRATIVE AND	1, 689 6, 061		67 735		23, 014	3, 108, 707	
007 008 009 010 011 012 013	MAI NTENANCE & REPAI RS OPERATI ON OF PLANT LAUNDRY & LI NEN SERVI CE HOUSEKEEPI NG DI ETARY CAFETERI A MAI NTENANCE OF PERSONNEL	1, 913 25 348 124 174		48 395 668 302 228			131, 948 14, 317 40, 722 35, 693 15, 968	
013 014 015	NURSI NG ADMI NI STRATI ON CENTRAL SERVI CES & SUPPLY	1, 093	1, 872	29			65, 003	
016 017 018 020 021 022	PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRI	621 Y 4, 645 S	425, 336 109	31, 842 81			106, 588 76, 108	
023 024 025 026	I&R SERVICES-OTHER PRGM ( PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT	) 9, 264 1, 143	58, 309 4, 210	4, 584 1, 093	6, 633 1, 665	2, 758 692	502, 860 120, 577	
037	ANCI LLARY SRVC COST CNTRS	1, 789	43, 909	41, 266		2, 759	394, 724	
038 039	RECOVERY ROOM DELIVERY ROOM & LABOR ROO		15, 014	443	595	248	30, 943	
040 041 041 041 041	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C O1 CAT SCAN O2 MRI O3 ULTRASOUND	323 2, 708 99 174 99	265, 699 40, 599 252, 014 21, 167 6, 858	1, 167 628 1, 137 594 64		180 983 1, 771 884 518	43, 368 150, 951 69, 126 37, 351 31, 555	
041 041 043	04 CCL RADI OI SOTOPE	1, 515 224	51, 926 4, 996	7, 598 1, 543		897 324	130, 301 30, 359	
044 046 046	LABORATORY WHOLE BLOOD & PACKED RED 30 BLOOD CLOTTING FACTORS AD	2, 186 75 D	270, 774 14, 960	6, 801 4, 363	6, 955 423	2, 990 176	189, 839 34, 529	
048 049 050 053 054 055	I NTRAVENOUS THERAPY RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED		84, 752 47, 613 80, 074 26, 213	2, 380 604 134 37	1, 794 1, 536 1, 774 3, 060	746 639 738 1, 272	75, 045 42, 768 120, 825 47, 177	
056 058 058	DRUGS CHARGED TO PATIENTS ASC (NON-DISTINCT PART) 01 LITHOTRIPSY OUTPAT SERVICE COST CNTRS	1, 813 50	11, 406 244	1, 517 1	5, 098 1, 370 165	2, 119 569 69	191, 926 65, 733 10, 357	
	CLINIC 01 CARDIAC REHAB 02 CARDIAC CATH	720	14, 815	30	134	56	19, 487	
060	03 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION 06 WOUND CARE 07 SLEEP LAB EMERGENCY 0BSERVATION BEDS (NON-DIS	50 745 174 248 50 3, 279 S	80 1, 468 3, 412 4, 908 407 34, 651	137 7 293 8 1, 888	3 176 53 134 351 3, 195	1 73 22 56 146 1, 328	1, 716 10, 767 8, 180 12, 720 14, 870 132, 908	
063 063 069 069 069 069 069 071	50 RHC 60 FOHC 0THER REIMBURS COST CNTR 10 CMHC 20 OUTPATIENT PHYSICAL THER/	S A T		535			46, 960	
	SPEC PURPOSE COST CENTERS 01 PANCREAS ACQUISITION			555			+0, 200	
085	SUBTOTALS NONREIMBURS COST CENTERS	53, 928	1, 787, 804	113, 413	55, 121	23, 014	3, 054, 269	
096 096	GI FT, FLOWER, COFFEE SHOP 01 HOMEMAKERS			34			6, 186	
098 101 102	PHYSICIANS' PRIVATE OFFIC CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	323	38				48, 252	

Health Financial Systems	6 MCRI F32	FOR DEL	NOR-COMMUNI T	Y HOSPITAL	IN	LIEU OF	F FORM CMS	5-2552-96(7/20	09)CONTD
				I	PROVIDER NO:	. I F	PERI OD:	I PRE	PARED 1/10/2011
ALLOCATI O	I OF NEW CAPITA	L RELATED CO	STS	I	14-0211	I F	FROM 9/1	/2009 I W	ORKSHEET B
				I		1 7	TO 8/31	/2010 I	PART III
	NOND				DT DEC	DT (	ACCTC		
006T 0F		ATIENT TE IS		PURCHASI NG	PT REG	PLA	ACCTS		S MAINTENANCE &
COST CEI		JNES						TRATI VE AND	REPAI RS
DESCRI P	TON	( 01	( 00	( 00			( 05		-
		6.01	6.02	6.03	6.04		6.05	6.06	1
NONREI MBURS COS	ST CENTERS								
103 TOTAL		54, 301	1, 787, 842	113, 447	55, 12	21	23, 014	3, 108, 707	

Health Financial Systems MCRI ALLOCATION OF NEW C/		DELNOR-COMMUNI TY COSTS	′ HOSPI TAL I I I	IN LI PROVIDER NO: 14-0211	EU OF FORM CMS I PERIOD: I FROM 9/ 1 I TO 8/31	I PRE	09)CONTD PARED 1/10/2011 ORKSHEET B PART III
COST CENTER	OPERATION OF PLANT	LAUNDRY & LIN F EN SERVICE	IOUSEKEEPI NG	DI ETARY	CAFETERI A	MAI NTENANCE F PERSONNEL	O NURSING ADMIN ISTRATION
DESCRIPTION GENERAL SERVICE COST CNTI OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE I OO3 NEW CAP REL COSTS-MVBLE I OO5 EMPLOYEE BENEFITS OO6 O1 NONPATIENT TELEPHONES OO6 O2 IS	Ξ	9	10	11	12	13	14
006       03       PURCHASING         006       04       PT REG         006       05       PT ACCTS         006       06       OTHER ADMINISTRATIVE AND         007       MAINTENANCE & REPAIRS         008       OPERATION OF PLANT         009       LAUNDRY & LINEN SERVICE         010       HOUSEKEEPING         011       DIETARY         012       CAFETERIA	541, 188 5, 024 9, 232 13, 397 9, 686	66, 589 13 30 22	138, 774 14, 189 5, 912	203, 638	122, 589		
013     MAI NTENANCE OF PERSONNEL       014     NURSI NG ADMI NI STRATI ON       015     CENTRAL SERVI CES & SUPPL'       016     PHARMACY       017     MEDI CAL RECORDS & LI BRAR'       018     SOCI AL SERVI CE       020     NONPHYSI CI AN ANESTHETI STS       021     NURSI NG SCHOOL       022     I &R SERVI CES-SALARY & FRI       023     I &R SERVI CES-OTHER PRGM       024     PARAMED ED PRGM- (SPECI FY)	6, 899 7, 324 5		2, 069 10, 129 2, 917 14, 603		3, 975 1, 985 3, 624 5, 556		189, 925
I NPAT ROUTI NE SRVC CNTRS 025 ADULTS & PEDI ATRI CS 026 I NTENSI VE CARE UNI T	164, 994 39, 112	31, 140 5, 341	13, 164	171, 746 31, 892	33, 932 7, 214		60, 915 12, 951
ANCI LLARY SRVC COST CNTR 037 OPERATI NG ROOM 038 RECOVERY ROOM	60, 188 4, 812	5, 778 1, 472	18, 621 4, 808		8, 408 1, 529		15, 096 2, 746
039         DELIVERY         ROM & LABOR         ROG           040         ANESTHESI OLOGY         041         RADI OLOGY-DI AGNOSTI C         041 <td>2, 317 31, 737 3, 124 4, 820 712 33, 866 2, 263 24, 287</td> <td>2, 892 819 613 1, 291 1, 606 212</td> <td>15, 785 1, 005 690 1, 281 9, 814</td> <td></td> <td>1, 566 7, 024 1, 487 812 1, 416 3, 242 546 7, 239 540</td> <td></td> <td>2, 812 12, 610 2, 671 1, 459 2, 544 5, 820 981 12, 996 968</td>	2, 317 31, 737 3, 124 4, 820 712 33, 866 2, 263 24, 287	2, 892 819 613 1, 291 1, 606 212	15, 785 1, 005 690 1, 281 9, 814		1, 566 7, 024 1, 487 812 1, 416 3, 242 546 7, 239 540		2, 812 12, 610 2, 671 1, 459 2, 544 5, 820 981 12, 996 968
046       30       BLOOD CLOTTING FACTORS AI         048       INTRAVENOUS THERAPY         049       RESPIRATORY THERAPY         050       PHYSICAL THERAPY         053       ELECTROCARDIOLOGY         054       ELECTROCARDIOLOGY         055       MEDICAL SUPPLIES CHARGED	8, 041 8, 116 3, 903 10, 676	444 10 1, 182	1, 537 4, 257 2, 562		3, 176 2, 515 7, 284 1, 843		5, 703 4, 517 13, 076 3, 309
056 DRUGS CHARGED TO PATIENTS 058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTRS	20, 095 514	3, 719	4, 119		3, 477		6, 244
060         CLINIC           060         01         CARDIAC         REHAB           060         02         CARDIAC         CATH           060         03         GENETIC         TESTING           060         04         CHRONIC         PAIN CLINIC           060         05         DIABETES         EDUCATION           060         06         WOUND         CARE	-	10			1, 049 135 453 498 762		1, 884 242 813 895 1, 368
060 07 SLEEP LAB 061 EMERGENCY 062 OBSERVATION BEDS (NON-DIS 063 50 RHC 063 60 FOHC 0THER REIMBURS COST CNTRS		34 9, 961	11, 312		7, 825		14, 050
069 10 CMHC 069 20 OUTPATIENT PHYSICAL THER/ 069 30 OUTPATIENT OCCUPATIONAL 069 40 OUTPATIENT SPEECH PATHOLO 071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS 085 01 PANCREAS ACQUISITION 085 02 INTESTINAL ACQUISITION	Г Э						3, 255
085 02 INTESTINAL ACQUISITION 095 SUBTOTALS NONREIMBURS COST CENTERS 096 01 HOMEMAKERS 098 PHYSICIANS' PRIVATE OFFIC 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER		66, 589	138, 774	203, 638	119, 112 617 2, 860		189, 925

Health Financial Syst	ems MCRIF32	FOR	DELNOR-COMMUNI T	Y HOSPI TAL	IN LI	EU OF FORM CMS	-2552-96(7/20	09)CONTD
				I	PROVI DER NO:	I PERIOD:	I PRE	PARED 1/10/2011
ALLOCA	ION OF NEW CAPI	TAL RELATED	COSTS	I	14-0211	I FROM 9/1	/2009 I W	ORKSHEET B
				I		I TO 8/31	/2010 I	PART III
	OP	ERATION OF	LAUNDRY & LIN	HOUSEKEEPI NG	DI ETARY	<b>CAFETERIA</b>	MAI NTENANCE	O NURSING ADMIN
COST	CENTER PL	ANT	EN SERVICE				F PERSONNEL	I STRATI ON
DESCE	I PTI ON							
		8	9	10	11	12	13	14
	COST CENTERS							
103 TOTAL		541, 188	66, 589	138, 774	203, 638	122, 589		189, 925

Health Financial Systems MCRIF3. ALLOCATION OF NEW CAP		DELNOR-COMMUNI COSTS	I	IN LI PROVIDER NO: 14-0211	EU OF FORM CMS I PERIOD: I FROM 9/ 1 I TO 8/31	I PREF	09)CONTD PARED 1/10/2011 DRKSHEET B PART III
	ENTRAL SERVI ES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LI BRARY		NONPHYSI CI AN ANESTHETI STS		) I &R SERVI CES- SALARY & FRI
GENERAL SERVICE COST CNTR OO1 OLD CAP REL COSTS-BLDG & OO2 OLD CAP REL COSTS-BLDG & OO3 NEW CAP REL COSTS-BLDG & OO4 NEW CAP REL COSTS-MVBLE E OO5 EMPLOYEE BENEFITS OO6 O1 NONPATIENT TELEPHONES OO6 O2 IS OO6 O2 IS OO6 O4 PT REG OO6 O4 PT REG OO6 O5 PT ACCTS OO6 O6 OTHER ADMINISTRATIVE AND O07 MAINTENANCE & REPAIRS OO8 OPERATION OF PLANT OO9 LAUNDRY & LINEN SERVICE O10 HOUSEKEEPING O11 DIETARY	15	16	17	18	20	21	22
012CAFETERIA013MAI NTENANCE OF PERSONNEL014NURSI NG ADMI NI STRATI ON015CENTRAL SERVI CES & SUPPLY016PHARMACY017MEDI CAL RECORDS & LI BRARY018SOCI AL SERVI CE020NONPHYSI CI AN ANESTHETI STS021NURSI NG SCHOOL022I & R SERVI CES-SALARY & FRI023I & R SERVI CES-OTHER PRGM C	12, 114 28 17	982, 150	179, 867				
024 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS 025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT	3, 620 977		4, 864 423				
ANCI LLARY SRVC COST CNTRS 037 OPERATI NG ROOM 038 RECOVERY ROOM	541 510	10, 819 678	5, 886 2, 115				
039         DELIVERY         ROOM         & LABOR         ROO           040         ANESTHESI OLOGY <td< td=""><td>385 65 140 95 47 270 16 523 4</td><td>7, 642 14 1 92 80 34, 028 588</td><td>35, 994 5, 405 36, 094 3, 015 780 8, 535 679 34, 246 2, 018</td><td></td><td></td><td></td><td></td></td<>	385 65 140 95 47 270 16 523 4	7, 642 14 1 92 80 34, 028 588	35, 994 5, 405 36, 094 3, 015 780 8, 535 679 34, 246 2, 018				
046       30 BLOOD CLOTTING FACTORS AD         048       INTRAVENOUS THERAPY         049       RESPIRATORY THERAPY         050       PHYSICAL THERAPY         053       ELECTROCARDIOLOGY         054       ELECTROCARDIOLOGY         055       MEDICAL SUPPLIES CHARGED         056       DRUGS CHARGED TO PATIENTS	1, 943 332 22 64	12, 745 2, 968 26 5 898, 083	10, 694 5, 714 9, 443 4, 474				
058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTRS	512	398,083	1, 831 34				
060         CLINIC           060         01 CARDIAC REHAB           060         02 CARDIAC CATH           060         03 GENETIC TESTING           060         04 CHRONIC PAIN CLINIC           060         05 DIABETES EDUCATION           060         06 WOUND CARE           060         07 SLEEP LAB           061         EMERGENCY	16 38 45 4 1, 845	1 2 1 1, 400	2, 013 13 150 415 515 35 4, 474				
062     0BSERVATION BEDS (NON-DIS       063     50 RHC       063     60 FOHC       07HER REIMBURS COST CNTRS       069     10 CMHC       069     20 OUTPATIENT PHYSICAL THERA       069     30 OUTPATIENT OCCUPATIONAL T       069     40 OUTPATIENT SPEECH PATHOLO       071     HOME HEALTH AGENCY       SPEC PURPOSE COST CENTERS       085     01 PANCREAS ACQUISITION	55	12, 586					
<ul> <li>085 02 INTESTINAL ACQUISITION</li> <li>095 SUBTOTALS</li> <li>NONREI MBURS COST CENTERS</li> <li>096 01 HOMEMAKERS</li> <li>098 PHYSICIANS' PRIVATE OFFIC</li> <li>101 CROSS FOOT ADJUSTMENTS</li> <li>102 NEGATIVE COST CENTER</li> </ul>	12, 114	982, 150	179, 859 8				

Health Financial Syste	ms MCRIF3	2 FOR	DELNOR-COMMUNI	TY HOSPITAL	IN LII	EU OF FORM CMS	-2552-96(7/20	D9)CONTD
-				1	PROVI DER NO:	I PERI OD:	I PRE	PARED 1/10/2011
ALLOCATI	ON OF NEW CAP	I TAL RELATED	COSTS	1	14-0211	I FROM 9/ 1	/2009 I W	ORKSHEET B
				I		I TO 8/31	/2010 I	PART III
	C	ENTRAL SERVI	PHARMACY	MEDI CAL RECOR	SOCIAL SERVIC	NONPHYSI CI AN	NURSI NG SCHO	0 I&R SERVICES-
COST C	ENTER C	ES & SUPPLY		DS & LIBRARY	E	ANESTHETI STS	L	SALARY & FRI
DESCRI	PTION							
		15	16	17	18	20	21	22
NONREI MBURS C	OST CENTERS							
103 TOTAL		12, 114	982, 150	179, 867				

Health Financial Systems MCRI		DELNOR-COMMUNI TY	I	PROVIDER NO:	J OF FORM CMS-2552 I PERIOD:	I PREPARED 1/10/2011
ALLOCATION OF NEW (	APITAL RELATED	0 COSTS		14-0211	I FROM 9/ 1/2009 I TO 8/31/2010	
		PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN AD HISTMENT	TOTAL	
GENERAL SERVICE COST CNT 001 OLD CAP REL COSTS-BLDG & 002 OLD CAP REL COSTS-BLDG & 003 NEW CAP REL COSTS-MVBLE 004 NEW CAP REL COSTS-MVBLE 005 EMPLOYEE BENEFITS 006 01 NONPATIENT TELEPHONES 006 02 IS 006 03 PURCHASING 006 04 PT REG 006 05 PT ACCTS 006 06 OTHER ADMINISTRATIVE AND 007 MAINTENANCE & REPAIRS 008 OPERATION OF PLANT 009 LAUNDRY & LINEN SERVICE 010 HOUSEKEEPING 011 DI ETARY 012 CAFETERIA 013 MAINTENANCE OF PERSONNEI 014 NURSING ADMINISTRATION 015 CENTRAL SERVICES & SUPPI 016 PHARMACY 017 MEDICAL RECORDS & LIBRAF 018 SOCIAL SERVICE	Υ Ε	24	25	ADJUSTMENT 26	27	
021     NURSI NG SCHOOL       022     I &R SERVI CES-SALARY & FI       023     I &R SERVI CES-OTHER PRGM       024     PARAMED ED PRGM-(SPECI FY       I NPAT ROUTI NE SRVC CNTRS       025     ADULTS & PEDI ATRI CS       026     I NTENSI VE CARE UNI T       ANCI LLARY SRVC COST CNTF       037     OPERATI NG ROOM       038     RECOVERY ROOM       039     DELI VERY ROOM & LABOR RO       040     ANESTHESI OLOGY       041     RADI OLOGY-DI AGNOSTI C       041     02 MRI       041     03 ULTRASOUND       041     04 UCL       043     RADI OI SOTOPE       044     LABORATORY       045     04 BLOOD & PACKED REI       046     30 BLODD CLOTTI NG FACTORS A       048     I NTRAVENOUS THERAPY       049     RESPI RATORY THERAPY       049     RESPI RATORY THERAPY       050     PHYSI CAL THERAPY       053     ELECTROCARDI OLOGY	C ) IS 10		3, 513, 551 759, 917 2, 088, 963 203, 278 473, 984 1, 624, 750 596, 380 324, 387 241, 562 944, 231 208, 018 1, 083, 429 58, 182 506, 645 244, 257 321, 589 430, 150		3, 513, 551 759, 917 2, 088, 963 203, 278 473, 984 1, 624, 750 596, 380 324, 387 241, 562 944, 231 208, 018 1, 083, 429 58, 182 506, 645 244, 257 321, 589 430, 150	
054 ELECTROENCEPHALOGRAPHY 055 MEDICAL SUPPLIES CHARGEI 056 DRUGS CHARGED TO PATIENT 058 ASC (NON-DISTINCT PART) 058 01 LITHOTRIPSY 0UTPAT SERVICE COST CNTF 060 CLINIC 060 01 CARDIAC REHAB	S		1, 097, 226 517, 708 16, 221 45, 949		1, 097, 226 517, 708 16, 221 45, 949	
060         02         CARDI AC CATH           060         03         GENETIC TESTING           060         04         CHRONIC PAIN CLINIC           060         05         DI ABETES         EDUCATION           060         06         WOUND CARE         060           060         07         SLEEP LAB         061           061         EMERGENCY         062         OBSERVATION BEDS (NON-DI           063         50         RHC         063         60           063         60         FOHC         OTHER REI MBURS COST CNTF           069         10         CMHC         069         20         OUTPATI ENT PHYSICAL THEF           069         30         OUTPATI ENT OCCUPATIONAL         THER         069         30         0UTPATI ENT OCCUPATIONAL	2S 2A T		2, 272 44, 678 13, 964 23, 869 58, 651 841, 937		2, 272 44, 678 13, 964 23, 869 58, 651 841, 937	
069       40       OUTPATIENT SPEECH PATHOL         071       HOME HEALTH AGENCY         SPEC PURPOSE COST CENTER         085       01         040       PANCREAS ACQUISITION         085       02         085       02			82, 098		82, 098	
095 SUBTOTALS NONREIMBURS COST CENTERS 096 GIFT, FLOWER, COFFEE SHO			16, 367, 846 37, 743		16, 367, 846 37, 743	
096 01 HOMEMAKERS 098 PHYSICIANS' PRIVATE 0FFI 101 CROSS FOOT ADJUSTMENTS 102 NEGATIVE COST CENTER			70, 357		70, 357	

Health F	inancial Systems	MCRIF32 FOR	DELNOR-COMMUNI TY	HOSPI TAL	IN LII	EU OF FORM CMS-2552-	96(7/2009)CONTD
				1	PROVI DER NO:	I PERIOD:	I PREPARED 1/10/2011
	ALLOCATION OF	NEW CAPITAL RELATED	) COSTS	I	14-0211	I FROM 9/ 1/2009	I WORKSHEET B
				I		I TO 8/31/2010	I PART III
		I&R SERVICES-	PARAMED ED PR	SUBTOTAL	POST	TOTAL	
		OTHER PRGM C	GM-(SPECIFY)		STEPDOWN		
					ADJUSTMENT		
		23	24	25	26	27	
	NONREIMBURS COST CE	NTERS					
103	TOTAL			16, 475, 946		16, 475, 946	

Health Financial Systems	MCRI F32	FOR DELNOR-COMMUNIT	TY HOSPITAL	INI	LIEU OF FORM CMS-2552	-96(7/2009)
			1	PROVIDER NO:	I PERIOD:	I PREPARED 1/10/2011
COST AI	LLOCATION - STATI	STICAL BASIS	1	14-0211	I FROM 9/ 1/2009	I WORKSHEET B-1
			1		I TO 8/31/2010	1

COST CENTER

OLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE NONPATIENT TE

	DESCRI PTI ON	OSTS-BLDG &			E OSTS-BLDG &	OSTS-MVBLE		LEPHONES
		(SQUARE FEET	(OLD ) DE	MME PR	(SQUARE ) FEET	(NEW MME )DE PT	(GROSS ) SALARI ES	(NON )PATIENT TE )
		1		2	3	4	5	6. 01
001	GENERAL SERVICE COST OLD CAP REL COSTS-BLD	239, 363						
002 003	OLD CAP REL COSTS-MVB NEW CAP REL COSTS-BLD				239, 363			
004	NEW CAP REL COSTS-MVB	4 450				6, 729, 030	70 017 00/	
005 006	EMPLOYEE BENEFITS 01 NONPATIENT TELEPHONES	1, 452 353			1, 452 353	4, 826 184	72, 817, 326 347, 451	2, 186
006	02 IS 03 PURCHASING	6, 718 3, 635			6, 718	1, 361, 306 20, 031	1, 785, 863 860, 754	82 35
006 006	O4 PT REG	1, 650			3, 635 1, 650	9, 646	2, 398, 358	85
006 006	05 PT ACCTS 06 OTHER ADMINISTRATIVE	777 14, 009			777 14, 009	120 107, 817	1, 613, 210 10, 456, 845	68 244
007	MAINTENANCE & REPAIRS							
008 009	OPERATION OF PLANT LAUNDRY & LINEN SERVI	8, 459 1, 878			8, 459 1, 878	182, 638	1, 158, 102 16, 549	77 1
010	HOUSEKEEPING	3, 451			3, 451	1, 062	1, 088, 360	14
011 012	DI ETARY CAFETERI A	5, 008 3, 621			5, 008 3, 621	12, 338	760, 422 573, 652	5 7
013	MAINTENANCE OF PERSON					(2.440		4.4
014 015	NURSING ADMINISTRATIO CENTRAL SERVICES & SU	1, 695			1, 695	63, 440	1, 943, 818	44
016 017	PHARMACY MEDICAL RECORDS & LIB	2, 579 2, 738			2, 579 2, 738	316, 238 2, 124	1, 910, 466 1, 563, 976	25 187
018	SOCIAL SERVICE	2,750			2,750	2, 124	1, 303, 770	107
020 021	NONPHYSICIAN ANESTHET NURSING SCHOOL							
022	I &R SERVI CES-SALARY &							
023 024	I&R SERVICES-OTHER PR PARAMED ED PRGM-(SPEC							
	INPAT ROUTINE SRVC CN	(1 (70			(1 (70	797, 685	12 207 044	272
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	61, 679 14, 621			61, 679 14, 621	144, 247	13, 207, 844 3, 254, 530	373 46
037	ANCILLARY SRVC COST C OPERATING ROOM	22, 500			22, 500	637, 542	3, 037, 697	72
038	RECOVERY ROOM	1, 799			1, 799	85, 695	751, 113	10
039 040	DELIVERY ROOM & LABOR ANESTHESIOLOGY	866			866	83, 564	1, 676, 583	13
041	RADI OLOGY-DI AGNOSTI C	11, 864			11, 864	835, 092	2, 742, 139	109
041 041	O1 CAT SCAN O2 MRI	1, 168 1, 802			1, 168 1, 802	180, 189 192, 226	711, 976 437, 834	4 7
041	03 ULTRASOUND	266			266	174, 126	733, 335	4
041 043	04 CCL RADI OI SOTOPE	12, 660 846			12, 660 846	322, 659 133, 021	1, 856, 994 290, 194	61 9
044 046	LABORATORY WHOLE BLOOD & PACKED	9, 079			9,079	267, 329	2, 259, 566 222, 287	88 3
046	30 BLOOD CLOTTING FACTOR							
048 049	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	3, 006 3, 034			3, 006 3, 034	200, 458 44, 472	1, 443, 144 943, 667	32 24
050	PHYSI CAL THERAPY	1, 459			1, 459	37, 191	3, 280, 395	78
053 054	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPH	3, 991			3, 991	211, 972	816, 555	46
055 056	MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI							
058	ASC (NON-DISTINCT PAR	7, 512			7, 512	193, 002	1, 395, 519	73
058	01 LITHOTRIPSY OUTPAT SERVICE COST C	192			192			2
060	CLINIC					- 445	10.1 100	00
060 060	01 CARDI AC REHAB 02 CARDI AC CATH					5, 145	404, 438	29
060 060	O3 GENETIC TESTING O4 CHRONIC PAIN CLINIC					27, 748	56, 014 190, 952	2 30
060	05 DIABETES EDUCATION					156	247, 594	7
060 060	06 WOUND CARE 07 SLEEP LAB	1, 304			1, 304	2, 462 6, 297	317, 010	10 2
061	EMERGENCY	20, 018			20, 018	55, 422	3, 199, 553	132
062 063	OBSERVATION BEDS (NON 50 RHC							
063	60 FQHC							
069	OTHER REIMBURS COST C 10 CMHC							
069 069	20 OUTPATIENT PHYSICAL T 30 OUTPATIENT OCCUPATION							
069	40 OUTPATIENT SPEECH PAT						_	
071	HOME HEALTH AGENCY SPEC PURPOSE COST CEN					7, 131	1, 447, 857	31
085	01 PANCREAS ACQUISITION							
085 095	02 INTESTINAL ACQUISITIO SUBTOTALS	237, 689			237, 689	6, 726, 601	71, 402, 616	2, 171
096	NONREIMBURS COST CENT							2
040	GIFT, FLOWER, COFFEE	1, 111			1, 111		127, 638	2

Health Financial Systems MCRIF32 FOR COST ALLOCATION - STATISTIC	DELNOR-COMMUNI AL BASIS	TY HOSPITAL I I	IN LII PROVIDER NO: 14-0211	I PERIOD: I FROM 9/		99) ARED 1/10/2011 ARKSHEET B-1
COST CENTER DESCRI PTI ON	OLD CAP REL ( OSTS-BLDG &		C NEW CAP REL C E OSTS-BLDG &	NEW CAP REL OSTS-MVBLE E		NONPATIENT TE LEPHONES
	(SQUARE FEET	(OLD MME )DE PR	(SQUARE )FEET	(NEW MME )DE PT	(GROSS ) SALARI ES	(NON )PATIENT TE )
	1	2	3	4	5	6. 01
NONREI MBURS COST CENT 096 01 HOMEMAKERS						
098 PHYSI CLANS' PRI VATE 0	563		563	2, 429	1, 287, 072	13
101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER						
102 NEGATIVE COST CENTER 103 COST TO BE ALLOCATED	171, 773		5,967,439	7, 211, 528	23, 580, 499	547, 757
(WRKSHT B, PART I)			-, ,	.,,		
104 UNIT COST MULTI PLIER	. 717626	6	24.930499	4 07470	. 323831	
(WRKSHT B, PT I) 105 COST TO BE ALLOCATED				1. 07170	1, 042	250. 575023 258
(WRKSHT B, PART II)					1, 042	250
106 UNIT COST MULTIPLIER					. 000014	
(WRKSHT B, PT II) 107 COST TO BE ALLOCATED					41, 371	. 118024 54, 301
(WRKSHT B, PART III					11, 371	51, 501
108 UNIT COST MULTIPLIER					. 000568	
(WRKSHT B, PT III)						24.840348

5	RIF32 FOF	R DELNOR-COMMUN	II TY HOSPI TAL I	IN L PROVIDER NO: 14-0211	IEU OF FORM CN I PERIOD: I FROM 9/	I PRE	009)CONTD EPARED 1/10/2011 WORKSHEET B-1
		CAL DAGIG	i	14-0211	I TO 8/3	31/2010 I	
COST CENTER DESCRI PTI ON	IS	PURCHASI NG	PT REG	PT ACCTS		OTHER ADMINI TRATIVE AND	S MAINTENANCE & REPAIRS
	(DATA PRODUCED	(PURCHASI NG )	(GROSS )CHARGES	(GROSS )CHARGES	RECONCIL- ) IATION	( ACCUM. COST	(SQUARE )FEET )
GENERAL SERVICE COST OO1 OLD CAP REL COSTS-BLD OO2 OLD CAP REL COSTS-MVB OO3 NEW CAP REL COSTS-BLD OO4 NEW CAP REL COSTS-MVB OO5 EMPLOYEE BENEFITS OO6 O1 NONPATIENT TELEPHONES	6. 02	6.03	6. 04	6. 05	6a.06	6.06	7
006         02         I S           006         03         PURCHASI NG           006         04         PT         REG           006         05         PT         ACCTS           006         06         OTHER         ADMI NI STRATI VE           007         MAI NTENANCE & REPAI RS	3, 910, 646 20	28, 494, 640 41, 812 16, 746 184, 751	618, 443, 247	618, 443, 247	-29, 526, 630	140, 078, 282	210, 769
008     OPERATI ON OF PLANT       009     LAUNDRY & LINEN SERVI       010     HOUSEKEEPING       011     DI ETARY       012     CAFETERIA       013     MAINTENANCE OE DEPSON		11, 935 99, 160 167, 679 75, 856 57, 224				5, 945, 466 645, 132 1, 834, 912 1, 608, 297 719, 520	8, 459 1, 878 3, 451 5, 008 3, 621
013 MAI NTENANCE OF PERSON 014 NURSI NG ADMI NI STRATI 0 015 CENTRAL SERVI CES & SU	4, 094	7, 200				2, 928, 984	1, 695
016 PHARMACY 017 MEDI CAL RECORDS & LIB 018 SOCI AL SERVI CE 020 NONPHYSI CI AN ANESTHET 021 NURSI NG SCHOOL 022 I &R SERVI CES-SALARY & 023 I &R SERVI CES-OTHER PR 024 PARAMED ED PRGM-(SPEC	930, 365 238	7, 998, 368 20, 234				4, 802, 780 3, 429, 373	2, 579 2, 738
I NPAT ROUTI NE SRVC CN 025 ADULTS & PEDIATRI CS 026 I NTENSI VE CARE UNI T	127, 543 9, 209	1, 151, 554 274, 621	74, 530, 698 18, 713, 201	74, 530, 698 18, 713, 201		22, 660, 766 5, 433, 099	61, 679 14, 621
ANCI LLARY SRVC COST C 037 OPERATI NG ROOM 038 RECOVERY ROOM 039 DELI VERY ROOM & LABOR	96, 045 32, 841	10, 364, 272 111, 157	74, 580, 628 6, 689, 610	74, 580, 628 6, 689, 610		17, 785, 950 1, 394, 288	22, 500 1, 799
040         ANESTHESI OLOGY           041         RADI OLOGY-DI AGNOSTI C           041         01 CAT SCAN           041         02 MRI           041         03 ULTRASOUND           041         04 CCL           043         RADI OI SOTOPE           044         LABORATORY           046         WHOLE BLOOD & PACKED	581, 179 88, 805 551, 244 46, 300 15, 001 113, 580 10, 928 592, 278 32, 722	293, 074 157, 643 285, 527 149, 119 16, 137 1, 908, 470 387, 684 1, 708, 412 1, 095, 881	4, 870, 214 26, 571, 761 47, 865, 052 23, 905, 258 14, 006, 878 24, 240, 220 8, 756, 521 77, 240, 999 4, 757, 665	4, 870, 214 26, 571, 761 47, 865, 052 23, 905, 258 14, 006, 878 24, 240, 220 8, 756, 521 77, 240, 999 4, 757, 665		1, 954, 116 6, 801, 731 3, 114, 753 1, 683, 021 1, 421, 851 5, 871, 249 1, 367, 950 8, 554, 004 1, 555, 851	866 11, 864 1, 168 1, 802 266 12, 660 846 9, 079
046 30 BLOOD CLOTTI NG FACTOR 048 INTRAVENOUS THERAPY 049 RESPI RATORY THERAPY 050 PHYSI CAL THERAPY 053 ELECTROCARDI 0LOGY 054 ELECTROENCEPHALOGRAPH 055 MEDI CAL SUPPLI ES CHAR	185, 382 104, 146 175, 150 57, 337	597, 917 151, 606 33, 645 9, 408	20, 159, 439 17, 262, 241 19, 935, 285 34, 386, 087	20, 159, 439 17, 262, 241 19, 935, 285 34, 386, 087		3, 381, 488 1, 927, 104 5, 444, 298 2, 125, 770	3, 006 3, 034 1, 459 3, 991
056 DRUGS CHARGED TO PATI 058 ASC (NON-DI STINCT PAR 058 01 LI THOTRI PSY 0UTPAT SERVI CE COST C	24, 949 534	380, 960 165	57, 277, 732 15, 388, 072 1, 854, 684	57, 277, 732 15, 388, 072 1, 854, 684		8, 648, 064 2, 961, 895 466, 663	7, 512 192
060 CLINIC 060 01 CARDIAC REHAB 060 02 CARDIAC CATH	32, 405	7, 540	1, 503, 372	1, 503, 372		878, 050	
060         03         GENETIC TESTING           060         04         CHRONIC PAIN CLINIC           060         05         DIABETES EDUCATION           060         06         WOUND CARE           060         07         SLEEP LAB           061         EMERGENCY         062           063         50         RHC           063         60         FQHC	174 3, 211 7, 463 10, 736 890 75, 793	64 34, 297 1, 801 73, 518 1, 885 474, 335	33, 408 1, 977, 108 594, 056 1, 503, 818 3, 943, 531 35, 895, 709	33, 408 1, 977, 108 594, 056 1, 503, 818 3, 943, 531 35, 895, 709		77, 327 485, 132 368, 579 573, 153 670, 016 5, 988, 718	1, 304 20, 018
003     00     0THER REIMBURS COST C       069     10     CMHC       069     20     0UTPATI ENT PHYSI CAL T       069     30     0UTPATI ENT OCCUPATI ON       069     40     0UTPATI ENT SPEECH PAT       071     HOME HEALTH AGENCY SPEC PURPOSE COST CEN       085     01     PANCREAS ACQUI SI TI ON       085     02     INTESTI NAL ACQUI SI TI O		134, 391				2, 115, 999	
095 SUBTOTALS NONREIMBURS COST CENT 096 GIFT, FLOWER, COFFEE	3, 910, 562	28, 486, 048 8, 592	618, 443, 247	618, 443, 247	-29, 526, 630	137, 625, 349 278, 729	209, 095 1, 111

Health F	5	IF32 FOR ON - STATISTICA	DELNOR-COMMUN	I	IN L PROVIDER NO: 14-0211	I PERIOD: I FROM 9/		09)CONTD PARED 1/10/2011 ORKSHEET B-1
	COST CENTER DESCRIPTION	IS	PURCHASI NG	PT REG	PT ACCTS		OTHER ADMINI TRATIVE AND	S MAINTENANCE & REPAIRS
		(DATA PRODUCED	(PURCHASING)	(GROSS )CHARGES	(GROSS )CHARGES	RECONCIL- ) IATION	( ACCUM. COST	(SQUARE )FEET )
		6. 02	6.03	6.04	6.05	6a.06	6.06	7
096 01 098 101 102	NONREIMBURS COST CENT 1 HOMEMAKERS PHYSICIANS' PRIVATE O CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER	84					2, 174, 204	563
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	5, 693, 013	1, 384, 257	3, 478, 335	4, 075, 856		29, 526, 630	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1. 455773	. 04858	0	. 00659	1	. 21078	7
105	(WRKSHT B, PTT) COST TO BE ALLOCATED (WRKSHT B, PART II)	4, 856	2, 625	1, 232	4 591		10, 245	
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	. 001242	. 00009	2	. 00000	1	. 00007	3
107	COŜT TO BE ALLOCATÉD	1, 787, 842	113, 447	55, 121	2 23, 014		3, 108, 707	
108	(WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III)	. 457173	. 00398	1 . 00008	. 00003 9	7	. 02219	3

Heal th	5	IF32 FOR ON - STATISTIC	DELNOR-COMMUN		IN I PROVIDER NO: 14-0211	LIEU OF FORM CM I PERIOD: I FROM 9/ I TO 8/3	I PI	2009)CONTD REPARED 1/10/2011 WORKSHEET B-1
	COST CENTER DESCRI PTI ON	OPERATION OF PLANT	LAUNDRY & LI EN SERVICE	N HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAI NTENANCI F PERSONNEI	E O NURSING ADMIN ISTRATION
		(SQUARE FEET	(POUNDS OF )LAUNDRY	(HOURS OF ) S ERVI CE	(MEALS )SERVED	(MEALS )SERV ED	(NUMBER )HOUSED	(HOURS OF )S ERVI CE )
001 002 003 004 005 006 006 006	GENERAL SERVI CE COST OLD CAP REL COSTS-BLD OLD CAP REL COSTS-MVB NEW CAP REL COSTS-BLD NEW CAP REL COSTS-MVB EMPLOYEE BENEFI TS O1 NONPATI ENT TELEPHONES O2 I S O3 PURCHASI NG	8	9	10	11	12	13	14
006 006 007 008 009 010 011 012 013	04 PT REG 05 PT ACCTS 06 OTHER ADMINISTRATIVE MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVI HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSON	202, 310 1, 878 3, 451 5, 008 3, 621	175, 361 33 78 58	7, 042 720 300	113, 390	76, 075		
014 015 016 017 018 020 021 022 023 024	NURSI NG ADMI NI STRATI O CENTRAL SERVI CES & SU PHARMACY MEDI CAL RECORDS & LI B SOCI AL SERVI CE NONPHYSI CI AN ANESTHET NURSI NG SCHOOL I &R SERVI CES-SALARY & I &R SERVI CES-OTHER PR PARAMED ED PRGM-(SPEC I NPAT ROUTI NE SRVC CN	1, 695 2, 579 2, 738		105 514 148 741		2, 467 1, 232 2, 249 3, 448		1, 365, 460
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST C	61, 679 14, 621	82, 008 14, 065	668	95, 632 17, 758	21, 054 4, 477		437, 931 93, 112
037 038 039	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR	22, 500 1, 799	15, 217 3, 876	945 244		5, 218 949		108, 535 19, 744
040 041 041 041 041 041 043 044 046 046	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C O1 CAT SCAN 02 MRI 03 ULTRASOUND 04 CCL RADI OI SOTOPE LABORATORY WHOLE BLOOD & PACKED 30 BLOOD CLOTTI NG FACTOR	866 11, 864 1, 168 1, 802 266 12, 660 846 9, 079	7, 616 2, 157 1, 615 3, 400 4, 230 558	801 51 35 65 498		972 4, 359 923 504 879 2, 012 339 4, 492 335		20, 220 90, 660 19, 205 10, 487 18, 293 41, 844 7, 050 93, 432 6, 958
048 049 050 053 054 055 056	INTRAVENOUS THERAPY RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPH MEDI CAL SUPPLI ES CHAR DRUGS CHARGED TO PATI	3, 006 3, 034 1, 459 3, 991	1, 169 26 3, 113	78 216 130		1, 971 1, 561 4, 520 1, 144		41, 004 32, 477 94, 007 23, 791
058 058 060	ASC (NON-DISTINCT PAR 01 LITHOTRIPSY OUTPAT SERVICE COST C CLINIC	7, 512 192	9, 794	209		2, 158		44, 891
060 060 060	01 CARDIAC REHAB 02 CARDIAC CATH 03 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION 06 WOUND CARE 07 SLEEP LAB	1, 304	26 90			651 84 281 309 473		13, 548 1, 743 5, 843 6, 435 9, 834
061 062 063	07 SLEEP LAB EMERGENCY OBSERVATION BEDS (NON 50 RHC 60 FQHC OTHER REIMBURS COST C 10 CMHC 20 OUTPATIENT PHYSICAL T 30 OUTPATIENT OCCUPATION 40 OUTPATIENT SPEECH PAT	20, 018	26, 232	574		4, 856		101, 011
071 085 085	HOME HEALTH AGENCY SPEC PURPOSE COST CEN 01 PANCREAS ACQUISITION 02 INTESTINAL ACQUISITIO		175 0/4	7 040	110 000	70.047		23, 405
095 096	SUBTOTALS NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	200, 636 1, 111	175, 361	7, 042	113, 390	73, 917 383		1, 365, 460

Heal th	5	IF32 FOR ON - STATISTICA	DELNOR-COMMUNI <sup>-</sup> L BASIS	I P	IN L ROVIDER NO: 4-0211	IEU OF FORM CM I PERIOD: I FROM 9/ I TO 8/3	I PF	2009)CONTD REPARED 1/10/2011 WORKSHEET B-1
	COST CENTER DESCRI PTI ON	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAI NTENANCE F PERSONNEL	O NURSING ADMIN
		(SQUARE FEET	(POUNDS OF )LAUNDRY	(HOURS OF ) S ERVI CE	(MEALS ) SERVED	(MEALS )SERV ED	(NUMBER )HOUSED	(HOURS OF ) S ERVI CE )
	NONREIMBURS COST CENT	8	9	10	11	12	13	14
096 098 101 102	01 HOMEMAKERS PHYSI CI ANS' PRI VATE 0 CROSS FOOT ADJUSTMENT NEGATI VE COST CENTER	563				1, 775		
102	COST TO BE ALLOCATED (WRKSHT B, PART I)	7, 198, 693	847, 941	2, 344, 643	2, 365, 604	1, 100, 194		3, 677, 326
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	35. 582487	4. 835402	332. 951292	20. 86254	5 14. 46196	55	2.693104
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	6, 530	1, 465	2, 754	4, 175	2, 900		1, 658
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	. 032277	. 008354	. 391082	. 03682	0	20	. 001214
107	COST TO BE ALLOCATED (WRKSHT B, PART III	541, 188	66, 589	138, 774	203, 638	122, 589	20	189, 925
108	(WRKSHI B, PARTITI UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.675043	. 379725	19. 706617	1. 79590	8 1. 61142	23	. 139092

,	IF32 FOF ON - STATISTIC	R DELNOR-COMMUI CAL BASIS	NETY HOSPETAL I I I	IN I PROVIDER NO: 14-0211	LIEU OF FORM CM I PERIOD: I FROM 9/ I TO 8/3	I PR	DO9)CONTD EPARED 1/10/2011 WORKSHEET B-1
COST CENTER DESCRI PTI ON	CENTRAL SERV CES & SUPPLY		MEDICAL RECO DS & LIBRARY		I C NONPHYSI CI AN ANESTHETI STS		00 I&R SERVICES- SALARY & FRI
	(SUPPLY COS T	(PHARMACY )S TAT	(DATA ) PRODUCED	(TIME) SPENT	(ASSI GNED ) TI ME	(ASSIGNED )TIME	(ASSIGNED )TIME )
GENERAL SERVICE COST OO1 OLD CAP REL COSTS-BLD OO2 OLD CAP REL COSTS-MVB OO3 NEW CAP REL COSTS-MVB OO4 NEW CAP REL COSTS-MVB OO5 EMPLOYEE BENEFITS OO6 O1 NONPATIENT TELEPHONES OO6 O2 IS OO6 O3 PURCHASING	15	16	17	18	20	21	22
006         04         PT         REG           006         05         PT         ACCTS           006         06         OTHER ADMINISTRATIVE           007         MAINTENANCE & REPAIRS           008         OPERATION OF PLANT           009         LAUNDRY & LINEN SERVI           010         HOUSEKEEPING           011         DIETARY           012         CAPETERIA							
012CAFETERIA013MAI NTENANCE OF PERSON014NURSI NG ADMI NI STRATI O015CENTRAL SERVI CES & SU016PHARMACY017MEDI CAL RECORDS & LI B018SOCI AL SERVI CE020NONPHYSI CI AN ANESTHET021NURSI NG SCHOOL022I &R SERVI CES-SALARY &	2, 408, 609 5, 613 3, 404	8, 671, 652	3, 099, 879				
023 I &R SERVI CES-OTHER PR 024 PARAMED ED PRGM-(SPEC I NPAT ROUTI NE SRVC CN 025 ADULTS & PEDI ATRI CS 026 I NTENSI VE CARE UNI T ANCI LLARY SRVC COST C	719, 279 194, 257		83, 835 7, 288				
037 OPERATING ROOM 038 RECOVERY ROOM 039 DELIVERY ROOM & LABOR	107, 497 101, 472	95, 525 5, 988	101, 440 36, 455				
040     ANESTHESI OLOGY       041     RADI OLOGY - DI AGNOSTI C       041     01 CAT SCAN       041     02 MRI       041     03 ULTRASOUND       041     04 CCL       043     RADI OI SOTOPE       044     LABORATORY       046     WHOLE BLOOD & PACKED	76, 527 12, 904 27, 752 18, 961 9, 400 53, 755 3, 131 103, 948 877	67, 471 122 5 808 709 300, 443 5, 194	620, 337 93, 159 622, 062 51, 956 13, 438 147, 102 11, 707 590, 198 34, 772				
046       30       BLOOD       CLOTTING       FACTOR         048       INTRAVENOUS       THERAPY         049       RESPIRATORY       THERAPY         050       PHYSICAL       THERAPY         053       ELECTROCARDIOLOGY         054       ELECTROCCAPHALOGRAPH         055       MEDICAL       SUPPLIES         047       CLAS       SUPPLIES	386, 325 66, 057 4, 442 12, 728	112, 527 26, 208 228 48	184, 297 98, 474 162, 751 77, 107				
056 DRUGS CHARGED TO PATI 058 ASC (NON-DI STI NCT PAR 058 01 LI THOTRI PSY 0UTPAT SERVI CE COST C	101, 888	7, 929, 411 3, 455	31, 557 585				
060 CLINIC 060 01 CARDIAC REHAB 060 02 CARDIAC CATH	3, 243	6	34, 701				
060         03         GENETIC         TESTING           060         04         CHRONIC         PAIN         CLINIC           060         05         DIABETES         EDUCATION           060         06         WOUND CARE           060         07         SLEEP         LAB           061         EMERGENCY         062         OBSERVATION         BEDS (NON           063         50         RHC         063         60         FOHC	7, 500 2 9, 013 785 366, 959	18 7 12, 357	229 2, 578 7, 149 8, 872 602 77, 098				
OTHER REIMBURS COST C 069 10 CMHC 069 20 OUTPATI ENT PHYSI CAL T 069 30 OUTPATI ENT OCCUPATI ON 069 40 OUTPATI ENT SPEECH PAT 071 HOME HEALTH AGENCY SPEC PURPOSE COST CEN	10, 890	111, 122					
085 01 PANCREAS ACQUISITION 085 02 INTESTINAL ACQUISITIO 095 SUBTOTALS NONREIMBURS COST CENT 096 GIFT, FLOWER, COFFEE	2, 408, 609	8, 671, 652	3, 099, 749				

Heal th	Financial Systems MCR COST ALLOCATI	IF32 FOR D ON - STATISTICAL	ELNOR-COMMUNI . BASI S	I	IN I PROVIDER NO: 14-0211	LIEU OF FORM CM I PERIOD: I FROM 9/ I TO 8/3	I PR	009)CONTD EPARED 1/10/2011 WORKSHEET B-1
	COST CENTER DESCRI PTI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECO DS & LIBRARY		I C NONPHYSI CI AN ANESTHETI STS		DO I&R SERVICES- SALARY & FRI
			(PHARMACY S TAT	(DATA ) PRODUCED	(TIME )SPENT	(ASSI GNED ) TI ME	(ASSI GNED ) TI ME	(ASSIGNED )TIME )
		15	16	17	18	20	21	22
	NONREIMBURS COST CENT							
096 ( 098 101 102	D1 HOMEMAKERS PHYSICIANS' PRIVATE O CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER			130				
103	COST TO BE ALLOCATED	188, 954	5, 989, 153	4, 546, 514				
404	(WRKSHT B, PART I)		(00/5/					
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	. 078449	. 690659	) 1. 46667	5			
105	COST TO BE ALLOCATED	. 078449 248	4, 351	2, 770	0			
100	(WRKSHT B, PART II)	240	1, 551	2,770				
106	UNIT COST MULTIPLIER		. 000502	2				
	(WRKSHT B, PT II)	. 000103		. 00089	4			
107	COST TO BE ALLOCATED	12, 114	982, 150	179, 867				
4.0.0	(WRKSHT B, PART III							
108	UNIT COST MULTIPLIER		. 113260	)				

UNIT COST MULTIPLIER (WRKSHT B, PT III) . 005029 . 058024

02 INTESTINAL ACQUISITIO

NONREIMBURS COST CENT

GIFT, FLOWER, COFFEE

SUBTOTALS

)

	COST ALLOCAT	ION - STATISTICAL BASIS
	COST CENTER DESCRI PTI ON	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM-(SPECIFY)
		(ASSI GNED (ASSI GNED TI ME ) TI ME )
001 002 003 004 006 006 006 006 006 007 008 010 011 013 014 015 017 018 020 022 023 024 025 026 037 038 040 041 041 041 041 041 041 041 044 053 054 055 058 060 060 060 060 060 060 060 060 060 06	GENERAL SERVI CE COST OLD CAP REL COSTS-BLD NEW CAP REL COSTS-MVB EMPLOYEE BENEFITS 01 NONPATIENT TELEPHONES 02 IS 03 PURCHASI NG 04 PT REG 05 PT ACCTS 06 OTHER ADMI NI STRATI VE MAI NTENANCE & REPAI RS 0PERATI ON OF PLANT LAUNDRY & LINEN SERVI HOUSEKEEPI NG DI ETARY CAFETERI A MAI NTENANCE OF PERSON NURSI NG ADMI NI STRATI O CENTRAL SERVI CES & SU PHARMACY MEDI CAL RECORDS & LIB SOCI AL SERVI CES & SU PHARMACY MEDI CAL RECORDS & LIB SOCI AL SERVI CE NONPHYSI CI AN ANESTHET NURSI NG SCHOOL I & SERVI CES-SALARY & I & SERVI SERVI CE COST C I CAT SCAN OUTPATI ENT NICT PAR 01 LI THOTRI PSY OUTPAT SERVI CE COST C I CARDI AC CATH 03 GENETIC TESTI NG 04 CHRONI C PAI N CLI NI C 05 DI ABETES EDUCATI ON 06 WOUND CARE 07 SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON 50 RHC 60 FOHC 00 THER REI MBURS COST C 10 CMHC 20 OUTPATIENT SPEECH PAT HOME HEALTH AGENCY SPEC PURPOSE COST CEN 10 CMHC 20 OUTPATIENT SPEECH PAT HOME HEALTH AGENCY SPEC PURPOSE COST CEN 10 CMHC 20 OUTPATIENT SPEECH PAT HOME HEALTH AGENCY SPEC PURPOSE COST CEN 10 SPEC P	23 24
085	01 PANCREAS ACQUISITION	

COST ALLOCATION	-	STATI STI CAL	BASI S

COST CENTER DESCRI PTI ON	I&R SERVICES- PARAMED ED P OTHER PRGM C GM-(SPECIFY)				
	(ASSI GNED TI ME	(ASSI GNED )TI ME )			
DNREIMBURS COST CENT	23	24			

096 098 101	NONREIMBURS COST CENT 01 HOMEMAKERS PHYSICIANS' PRIVATE O CROSS FOOT ADJUSTMENT
102	NEGATIVE COST CENTER
102	COST TO BE ALLOCATED
105	(PER WRKSHT B, PART
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)
105	COST TO BE ALLOCATED
	(PER WRKSHT B, PART
106	UNIT COST MULTIPLIER
	(WRKSHT B, PT II)
107	COST TO BE ALLOCATED
108	(PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)

Heal	th Financial Systems MCRIF32 FOR COMPUTATION OF RATIO OF COSTS TO CHARGES A COST CENTER DESCRIPTION NO. INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC O1 CAT SCAN 02 MRI 03 ULTRASOUND 04 CCL RADIOLOSTOPE LABORATORY WHOLE BLOOD & PACKED RED 30 BLOOD CLOTTING FACTORS AD INTRAVENOUS THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY CONTPAT SERVICE COST CNTRS CLINIC 01 CARDIAC REHAB 02 CARDIAC CATH 03 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION 06 WOUND CARE 07 SLEEP LAB EMERGENCY OUTPAT SERVICE (NON DIS	R DELNOR-COMMUNI TY	Y HOSPI TAL I I I	IN LI PROVIDER NO: 14-0211	EU OF FORM CMS- I PERIOD: I FROM 9/ 1/20 I TO 8/31/20	I PREPARED 009 I WORKSHEE	T C
WKST LI NE	A COST CENTER DESCRIPTION NO.	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI SALLOWANCE 4	TOTAL COSTS 5	
	INPAT ROUTINE SRVC CNTRS		_	-		-	
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	33, 909, 346 7, 878, 499		33, 909, 346 7, 878, 499		33, 909, 346 7, 878, 499	
37	OPERATI NG ROOM	23, 314, 769		23, 314, 769		23, 314, 769	
38	RECOVERY ROOM	1, 984, 642		1, 984, 642		1, 984, 642	
39	DELIVERY ROOM & LABOR ROO	,		, ,			
40	ANESTHESI OLOGY	3, 427, 779		3, 427, 779		3, 427, 779	
41	RADI OLOGY-DI AGNOSTI C	9, 406, 045		9, 406, 045		9, 406, 045	
41	O1 CAT SCAN	4, 819, 882		4, 819, 882		4, 819, 882	
41	02 MRI	2, 223, 489		2, 223, 489		2, 223, 489	
41	03 ULTRASOUND	1, 842, 030		1, 842, 030		1, 842, 030	
41	04 CCL	8, 149, 019		8, 149, 019		8, 149, 019	
43	RADI OI SOTOPE	1, 752, 044		1, 752, 044		1, 752, 044	
44	LABORATORY	12, 039, 896		12, 039, 896		12, 039, 896	
46	WHOLE BLOOD & PACKED RED	1, 958, 456		1, 958, 456		1, 958, 456	
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	4, 724, 138		4, 724, 138	1, 654	4, 724, 138	
49	RESPIRATORY THERAPY	2, 745, 116		2, 745, 116	1,654	2, 746, 770	
50		7, 273, 464		7, 273, 464	1, 676	7, 275, 140	
53		2, 968, 940		2, 968, 940		2, 968, 940	
54							
55	NEDICAL SUPPLIES CHARGED	15 017 102		15 017 102		15, 947, 483	
50	ASC (NON_DISTINCT PAPT)	13, 747, 403		13, 947, 403		4, 179, 233	
58		572 719		15, 947, 483 4, 179, 233 572, 719		572, 719	
50	OUTPAT SERVICE COST CNTRS	572,717		572,717		572,717	
60	CLINIC						
60	01 CARDI AC REHAB	1, 160, 186		1, 160, 186		1, 160, 186	
60	02 CARDI AC CATH	,		,,			
60	03 GENETIC TESTING	99, 872		99, 872		99, 872	
60	04 CHRONIC PAIN CLINIC	611, 699		611, 699		611, 699	
60	05 DIABETES EDUCATION	478, 555		478, 555		478, 555	
60	06 WOUND CARE	741, 015		741, 015	2, 592	743, 607	
60	07 SLEEP LAB	859, 027		859, 027		859, 027	
61	CLINIC CLINIC CARDIAC REHAB C2 CARDIAC CATH C4 CHRONIC TESTING C4 CHRONIC PAIN CLINIC C5 DIABETES EDUCATION C6 WOUND CARE C7 SLEEP LAB EMERGENCY OBSERVATION BEDS (NON-DIS 50 RHC	8, 773, 968		1, 160, 186 99, 872 611, 699 478, 555 741, 015 859, 027 8, 773, 968 3, 857, 297	23, 094	8, 797, 062	
02	UBSERVATION BEDS (NUN-DIS	3, 857, 297		3, 857, 297		3, 857, 297	
63	60 FQHC						
101	OTHER REIMBURS COST CNTRS	1/7 /00 /00		1/7 /00 /00	20.01/	1/7 707 /04	
101	SUBTOTAL	107, 098, 608		107,098,608	29, 016	167, 727, 624	
102 103	LESS OBSERVATION BEDS TOTAL	167, 698, 608 3, 857, 297 163, 841, 311		167, 698, 608 3, 857, 297 163, 841, 311	29, 016	3, 857, 297 163, 870, 327	
103	TUTAL	103, 841, 311		103, 841, 311	29,010	103, 070, 327	

Heal	th Financial Systems MCRIF COMPUTATION OF RATIO OF COSTS		ELNOR-COMMUNI די	I PR	IN L OVIDER NO: -0211			1
WKST . LI NE		I NPATI ENT CHARGES 6	OUTPATI ENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11	
25 26	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	68, 049, 210 18, 713, 201		68, 049, 210 18, 713, 201	·			
37 38 39	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROO	47, 095, 001 3, 616, 441	26, 781, 470 3, 073, 169	73, 876, 471 6, 689, 610	. 315591 . 296675		. 315591 . 296675	
	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C 01 CAT SCAN	2, 105, 332 4, 653, 141 10, 483, 975	2, 764, 882 21, 918, 620 37, 381, 077	4, 870, 214 26, 571, 761 47, 865, 052	. 703825 . 353987 . 100697	. 353987 . 100697	. 703825 . 353987 . 100697	
41 41 41	02 MRI 03 ULTRASOUND 04 CCL	3, 786, 787 2, 626, 092 14, 929, 371	20, 118, 471 11, 380, 786 9, 310, 849	23, 905, 258 14, 006, 878 24, 240, 220	. 093013 . 131509 . 336178	. 131509 . 336178	. 093013 . 131509 . 336178	
43 44 46 46	RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RED 30 BLOOD CLOTTING FACTORS AD	1, 505, 366 31, 489, 041 3, 301, 883	7, 251, 155 48, 719, 080 1, 635, 612	8, 756, 521 80, 208, 121 4, 937, 495	. 200084 . 150108 . 396650	. 150108	. 200084 . 150108 . 396650	
48 48 49 50	INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY	12, 952, 415 14, 786, 310 6, 229, 568	7, 207, 024 2, 434, 482 13, 705, 717	20, 159, 439 17, 220, 792 19, 935, 285	. 234339 . 159407 . 364854	. 159407	. 234339 . 159503 . 364938	
53 54 55	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED	10, 212, 360	17, 931, 333	28, 143, 693	. 105492		. 105492	
56 58 58	DRUGS CHARGED TO PATIENTS ASC (NON-DI STINCT PART) 01 LI THOTRI PSY	31, 735, 796 2, 196, 674 1, 152, 963	25, 531, 936 13, 191, 398 701, 721	57, 267, 732 15, 388, 072 1, 854, 684	. 278472 . 271589 . 308796	. 271589	. 278472 . 271589 . 308796	
	OUTPAT SERVICE COST CNTRS CLINIC O1 CARDIAC REHAB O2 CARDIAC CATH	37, 073	1, 466, 299	1, 503, 372	. 771723	. 771723	. 771723	
60 60	03 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION	49, 544 28, 601 13, 265	33, 408 1, 927, 564 565, 455	33, 408 1, 977, 108 594, 056	2. 989464 . 309391 . 805572	. 309391	2.989464 .309391 .805572	
60 60 61	EMERGENCY	9, 851, 302	1, 490, 553 3, 943, 531 26, 044, 407	1, 503, 818 3, 943, 531 35, 895, 709	. 492756 . 217832 . 244429	. 217832 . 244429	. 494479 . 217832 . 245073	
	OBSERVATION BEDS (NON-DIS 50 RHC 60 FOHC	815, 520	5, 665, 968	6, 481, 488	. 595125	. 595125	. 595125	
101 102	OTHER REIMBURS COST CNTRS SUBTOTAL LESS OBSERVATION BEDS	302, 416, 232	312, 175, 967	614, 592, 199				
103	TOTAL	302, 416, 232	312, 175, 967	614, 592, 199				

Heal	th Financial Systems MCRIF COMPUTATION OF RATIO OF COSTS SPECIAL TITLE XIX WORKSHE	FOR DELNOR-COMMUNIT TO CHARGES	Y HOSPITAL **NOT I PROVIDER NO: I 14-0211 I	A CMS WORKSHEET I PERIOD: I FROM 9/ 1/200 I TO 8/31/201	** (07/2009) I PREPARED 1/10/2011 D9 I WORKSHEET C 10 I PART I
WKST LI NE		WKST B, PT I COL. 27 1	THERAPY TOTAL ADJUSTMENT COSTS 2 3	RCE DI SALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS				
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCLULARY SPVC COST ONTRS	33, 909, 346 7, 878, 499	33, 909, 346 7, 878, 499		33, 909, 346 7, 878, 499
37	OPERATING ROOM	23 314 769	23 314 769		23, 314, 769
38	RECOVERY ROOM	1, 984, 642	1, 984, 642		1, 984, 642
39	DELLVERY ROOM & LABOR ROO	1,701,012	1,701,012		1, , 0 1, 0 12
40	ANESTHESI OLOGY	3, 427, 779	3, 427, 779		3, 427, 779
41	RADI OLOGY-DI AGNOSTI C	9, 406, 045	9, 406, 045		9, 406, 045
41	01 CAT SCAN	4, 819, 882	4, 819, 882		4, 819, 882
41	02 MRI	2, 223, 489	2, 223, 489		2, 223, 489
41	03 ULTRASOUND	1, 842, 030	1, 842, 030		1, 842, 030
41	04 CCL	8, 149, 019	8, 149, 019		8, 149, 019
43	RADI OI SOTOPE	1, 752, 044	1, 752, 044		1, 752, 044
44	LABORATORY	12, 039, 896	12, 039, 896		12, 039, 896
46	WHOLE BLOOD & PACKED RED	1, 958, 456	1, 958, 456		1, 958, 456
46	30 BLOOD CLOTTING FACTORS AD				
48	INTRAVENOUS THERAPY	4, 724, 138	4, 724, 138		4, 724, 138
49	RESPIRATORY THERAPY	2, 745, 116	2, 745, 116	1,654	2, 746, 770
50		7, 273, 464	4, 724, 138 2, 745, 116 7, 273, 464 2, 968, 940	1,6/6	7, 275, 140
53		2, 968, 940	2, 968, 940		2, 968, 940
54					
55	NEDICAL SUPPLIES CHARGED	15 047 492	15 047 492		15, 947, 483
50	ASC (NON_DISTINCT PAPE)	15,947,465 170,223	15,947,405		4, 179, 233
58		572 719	572 719		572, 719
50	OUTPAT SERVICE COST CNTRS	572,717	572,717		572,717
60	CLINIC				
60	01 CARDIAC REHAB	1, 160, 186	1, 160, 186		1, 160, 186
60	02 CARDI AC CATH	.,,	.,		.,,
60	O3 GENETIC TESTING	99, 872	99, 872		99, 872
60	04 CHRONIC PAIN CLINIC	611, 699	611, 699		611, 699
60	05 DIABETES EDUCATION	478, 555	478, 555		478, 555 743, 607
60	06 WOUND CARE	741, 015	741, 015	2, 592	743, 607
60	07 SLEEP LAB	859, 027	859, 027		009,027
61	EMERGENCY	8, 773, 968	8, 773, 968	23, 094	8, 797, 062
62	CLINIC O1 CARDIAC REHAB O2 CARDIAC CATH O3 GENETIC TESTING O4 CHRONIC PAIN CLINIC O5 DIABETES EDUCATION O6 WOUND CARE O7 SLEEP LAB EMERGENCY OBSERVATION BEDS (NON-DIS 50 RHC	3, 857, 297	3, 857, 297		3, 857, 297
63	60 FQHC				
401	OTHER REIMBURS COST CNTRS	4/7 /00 /00		00. 0 <i>( (</i>	
101	SUBTOTAL	167, 698, 608	167, 698, 608	29, 016	167, 727, 624
102	LESS OBSERVATION BEDS	167, 698, 608 3, 857, 297 163, 841, 311	3, 857, 297	20.01/	3, 857, 297
103	TOTAL	103, 841, 311	103, 841, 311	29,016	163, 870, 327

Heal	Ith Financial Systems MCRIF3. COMPUTATION OF RATIO OF COSTS	TO CHARGES	ELNOR-COMMUNI TY	I PR I 14	ROVIDER NO: -0211	I FROM 9/ 1/2	I PREPARED 1/10/2011 009 I WORKSHEET C
	SPECIAL TITLE XIX WORKSHEE	I		I		I TO 8/31/20	010 I PART I
WKST LI NE	NO.	I NPATI ENT CHARGES 6	OUTPATI ENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATI O 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25 26		68, 049, 210 18, 713, 201		68, 049, 210 18, 713, 201			
37 38 39	RECOVERY ROOM DELIVERY ROOM & LABOR ROO	47, 095, 001 3, 616, 441	26, 781, 470 3, 073, 169	73, 876, 471 6, 689, 610	. 315591 . 296675	. 296675	. 315591 . 296675
	RADI OLOGY-DI AGNOSTI C 01 CAT SCAN	2, 105, 332 4, 653, 141 10, 483, 975	2, 764, 882 21, 918, 620 37, 381, 077	4, 870, 214 26, 571, 761 47, 865, 052	. 703825 . 353987 . 100697	. 703825 . 353987 . 100697	. 703825 . 353987 . 100697
41 41	04 CCL	3, 786, 787 2, 626, 092 14, 929, 371	20, 118, 471 11, 380, 786 9, 310, 849	23, 905, 258 14, 006, 878 24, 240, 220	. 093013 . 131509 . 336178	. 093013 . 131509 . 336178	. 093013 . 131509 . 336178
43 44 46	LABORATORY WHOLE BLOOD & PACKED RED	1, 505, 366 31, 489, 041 3, 301, 883	7, 251, 155 48, 719, 080 1, 635, 612	8, 756, 521 80, 208, 121 4, 937, 495	. 200084 . 150108 . 396650	. 150108	. 200084 . 150108 . 396650
46 48 49 50	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	12, 952, 415 14, 786, 310 6, 229, 568	7, 207, 024 2, 434, 482 13, 705, 717	20, 159, 439 17, 220, 792 19, 935, 285	. 234339 . 159407 . 364854	. 159407	. 234339 . 159503 . 364938
53 54 55	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	10, 212, 360	17, 931, 333	28, 143, 693	. 105492	. 105492	. 105492
56 58	DRUGS CHARGED TO PATIENTS ASC (NON-DISTINCT PART) 01 LITHOTRIPSY	31, 735, 796 2, 196, 674 1, 152, 963	25, 531, 936 13, 191, 398 701, 721	57, 267, 732 15, 388, 072 1, 854, 684	. 278472 . 271589 . 308796		. 278472 . 271589 . 308796
	01 CARDI AC REHAB	37, 073	1, 466, 299	1, 503, 372	. 771723	. 771723	. 771723
	02 CARDIAC CATH 03 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION	49, 544 28, 601 13, 265	33, 408 1, 927, 564 565, 455	33, 408 1, 977, 108 594, 056	2. 989464 . 309391 . 805572	. 309391	2.989464 .309391 .805572
60 60 61	UT JEEL LAD	13, 265 9, 851, 302	1, 490, 553 3, 943, 531 26, 044, 407	1, 503, 818 3, 943, 531 35, 895, 709	. 492756 . 217832 . 244429	. 492756 . 217832	. 494479 . 217832 . 245073
62 63	OBSERVATION BEDS (NON-DIS 50 RHC 60 FQHC	815, 520	5, 665, 968	6, 481, 488	. 595125	. 595125	. 595125
101 102		302, 416, 232	312, 175, 967	614, 592, 199			
103	TOTAL	302, 416, 232	312, 175, 967	614, 592, 199			

Health Financial SystemsMCRIF32FOR DELNOR-COMMUNITY HOSPITALIN LIEU OF FORM CMS-2552-96(09/2000)CALCULATION OF OUTPATIENT SERVICE COST TOIPROVIDER NO:I PERIOD:IPREPARED 1/10/2011CHARGE RATIOS NET OF REDUCTIONSI14-0211IFROM 9/ 1/2009IWORKSHEET CIIII08/31/2010IPART II							
WKST LI NE		WKST B, PT I	WKST B PT II	COST NET OF	REDUCTI ON	OPERATI NG COST COST NET OF REDUCTI ON CAP AND OPER AMOUNT COST REDUCTI ON 5 6 23, 314, 769 1, 984, 642 3, 427, 779 9, 406, 045 4, 819, 882 2, 223, 489 1, 842, 030 8, 149, 019 1, 752, 044 12, 039, 896 1, 958, 456 4, 724, 138 2, 745, 116 7, 273, 464 2, 968, 940 15, 947, 483 4, 179, 233 572, 719 1, 160, 186 99, 872 611, 699 478, 555 741, 015 859, 027 8, 773, 968 3, 857, 297	
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM RECOVERY ROOM	23, 314, 769	2, 109, 462	21, 205, 307		23, 314, 769	
38	RECOVERY ROOM	1, 984, 642	205, 045	1, 779, 597		1, 984, 642	
39	RECOVERY ROOM DELIVERY ROOM & LABOR ROO ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C 01 CAT SCAN 02 MRI 03 ULTRASOUND 04 CCL RADI OI SOTOPE LABORATORY WHOLE BLOOD & PACKED RED 30 BLOOD CLOTTING EACTORS AD						
40	ANESTHESI OLOGY	3, 427, 779	476, 224 1, 635, 137	2, 951, 555		3, 427, 779	
41	RADI OLOGY-DI AGNOSTI C	9, 406, 045	1, 635, 137	7, 770, 908		9, 406, 045	
41	01 CAT SCAN	4, 819, 882	599, 001	4, 220, 881		4, 819, 882	
41	02 MRI	2, 223, 489	1, 635, 137 599, 001 326, 105 242, 049 955, 028 208, 896 1, 093, 012	1, 897, 384		2, 223, 489	
41	03 ULTRASOUND	1, 842, 030	242, 049	1, 599, 981		1, 842, 030	
41	04 CCL	8, 149, 019	955, 028	7, 193, 991		8, 149, 019	
43	RADI OI SOTOPE	1, 752, 044	208, 896	1, 543, 148		1, 752, 044	
44	LABORATORY	12, 039, 896	1, 093, 012	10, 946, 884		12, 039, 896	
46	WHOLE BLOOD & PACKED RED	1, 958, 456	58, 508	1, 899, 948		1, 958, 456	
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	4, 724, 138	509, 911	4, 214, 227		4, 724, 138	
49	RESPI RATORY THERAPY	2, 745, 116	247, 122	2, 497, 994		2, 745, 116	
50	PHYSI CAL THERAPY	7, 273, 464	323, 931	6, 949, 533		7, 273, 464	
53	INTRAVENOUS THERAPY RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY ELECTROCARDI OLOGY	2, 968, 940	509, 911 247, 122 323, 931 433, 709	2, 535, 231		2, 968, 940	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	15, 947, 483	1, 102, 008	14, 845, 475		15, 947, 483	
58	ASC (NON-DISTINCT PART) 01 LITHOTRIPSY	4, 179, 233	524, 038	3, 655, 195		4, 179, 233	
58			524, 038 16, 407	556, 312		572, 719	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDI AC REHAB	1, 160, 186	46, 140	1, 114, 046		1, 160, 186	
60	02 CARDIAC CATH						
60	03 GENETIC TESTING	99, 872	2, 284	97, 588		99, 872	
60	04 CHRONIC PAIN CLINIC	611, 699	44, 754	566, 945		611, 699	
60	05 DIABETES EDUCATION	478, 555	14, 032	464, 523		478, 555	
60	06 WOUND CARE	741, 015	23, 980	717, 035		741, 015	
60	07 SLEEP LAB	859, 027	59, 693	799, 334		859, 027	
61	EMERGENCY	8, 773, 968	858, 556	7, 915, 412		8, 773, 968	
62	CLINIC CARDIAC REHAB 02 CARDIAC CATH 03 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION 06 WOUND CARE 07 SLEEP LAB EMERGENCY 0BSERVATION BEDS (NON-DIS 50 RHC	3, 857, 297	405, 892	3, 451, 405		3, 857, 297	
00	00 100						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS	105 010 515					
101	SUBTOTAL	125, 910, 763	12, 520, 924	113, 389, 839		125, 910, 763	
102	LESS OBSERVATION BEDS	125, 910, 763 3, 857, 297 122, 053, 466	405, 892	3, 451, 405		3, 857, 297	
103	TOTAL	122, 053, 466	12, 115, 032	109, 938, 434		125, 910, 763 3, 857, 297 122, 053, 466	

Health Financial Systems	MCRI F32	FOR D	DELNOR-COMMUNI T	Y HOSPI TAL		IN LI	EU OI	FORM CMS-255	52-9	96(09/2000)
CALCULATION OF OUTPAT	IENT SERVICE CO	IST TO		1	PROVI DER	NO:	I PEF	RI OD:	1	PREPARED 1/10/2011
CHARGE RATIOS NET OF	REDUCTI ONS			I	14-0211		I FRO	DM 9/ 1/2009	I	WORKSHEET C
				I			I T0	8/31/2010	I	PART II

		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE	NO.		7	8	9
37 38		ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM	73, 876, 471 6, 689, 610	. 315591 . 296675	
39 40		DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY	4, 870, 214	. 703825	. 703825
41		RADI OLOGY-DI AGNOSTI C	26, 571, 761		
41		CAT SCAN	47, 865, 052		
41	02	MRI	23, 905, 258	. 093013	. 093013
41	03	ULTRASOUND	14, 006, 878		. 131509
41	04	CCL	24, 240, 220	. 336178	. 336178
43		RADI OI SOTOPE	8, 756, 521	200084	. 200084
44		LABORATORY	80, 208, 121	. 150108	. 150108
46		WHOLE BLOOD & PACKED RED	4, 937, 495	. 396650	. 396650
46	30	BLOOD CLOTTING FACTORS AD			
48		INTRAVENOUS THERAPY	20, 159, 439	. 234339	. 234339
49		RESPI RATORY THERAPY	17, 220, 792	. 159407 . 364854	. 159407
50 53		RESPI RATORY THERAPY PHYSI CAL THERAPY	19, 935, 285 28, 143, 693	. 364854	. 364854 . 105492
53 54		LELUTROGARDI ULUGT	28, 143, 093	. 105492	. 105492
54		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED			
56		DRUGS CHARGED TO PATIENTS	57 267 732	. 278472	. 278472
58		ASC (NON-DI STINCT PART)	15, 388, 072	. 271589	. 271589
58		LI THOTRI PSY	1, 854, 684	. 308796	
		OUTPAT SERVICE COST CNTRS	.,		
60		CLINIC			
60		CARDI AC REHAB	1, 503, 372	. 771723	. 771723
60		CARDI AC CATH			
60		GENETIC TESTING	33, 408	2.989464	2. 989464
60		CHRONIC PAIN CLINIC	33, 408 1, 977, 108	. 309391	
60		DIABELES EDUCATION	594 056	805572	. 805572
60		WOUND CARE	1, 503, 818	. 492756	. 492756
60	07	SLEEP LAB	3, 943, 531	. 217832 . 244429	. 217832
61		EMERGENCY	35, 895, 709	. 244429 . 595125	. 244429
62 63	ΕO	OBSERVATION BEDS (NON-DIS RHC	6, 481, 488	. 595125	. 595125
63		FQHC			
03	00	OTHER REIMBURS COST CNTRS			
101			527, 829, 788		
101		LESS OBSERVATION BEDS	6, 481, 488		
102		SUBTOTAL LESS OBSERVATION BEDS TOTAL	521, 348, 300		

102	LESS OBSERVATION BEDS	0, 481, 486
103	TOTAL	521, 348, 300

Heal	th Financial Systems MCRI CALCULATION OF OUTPATIENT SEI CHARGE RATIOS NET OF REDUCTIO SPECIAL TITLE XIX WORKSHI	F32 FOR DE RVICE COST TO DNS EET	ELNOR-COMMUNI 1	TY HOSPITAL I PRI I 14 I	OVIDER NO: I -0211 I	A CMS WORKSHEET PERIOD: FROM 9/ 1/20 TO 8/31/20	I PREPAR 009 I WORK	DO) ED 1/10/2011 SHEET C RT II
WKST LI NE	NO.	WKST B, PT I W		OPERATING COST NET OF CAPITAL COST 3	CAPI TAL OF REDUCTI ON 4		COST NET OF CAP AND OPER DST REDUCTION 6	
	ANCILLARY SRVC COST CNTRS							
37	OPERATI NG ROOM	23, 314, 769		21, 205, 307	210, 946	1, 229, 908	21, 873, 915	
38	RECOVERY ROOM	1, 984, 642	205, 045	1, 779, 597	20, 505	103, 217	1, 860, 920	
39	DELIVERY ROOM & LABOR ROO	0 407 770	474 004	0 054 555	47 (00	174 400	0 000 0/7	
40	ANESTHESI OLOGY RADI OLOGY – DI AGNOSTI C O1 CAT SCAN O2 MRI O3 ULTRASOUND O4 CCL RADI OI SOTOPE LABORATORY	3, 427, 779	476, 224	2,951,555	47,622	171, 190	3, 208, 967	
41	RADI OLOGY - DI AGNOSTI C	9, 406, 045	1, 635, 137	7, 770, 908	163, 514	450, 713	8, 791, 818	
41	01 CAT SCAN	4, 819, 882	599,001	4, 220, 881	59, 900	244, 811	4, 515, 171	
41	02 MRI 03 ULTRASOUND	2, 223, 489	326, 105 242, 049	1,897,384	32, 611	110, 048 92, 799	2,080,830	
41 41	04 CCL	1,842,030	955, 028	1, 599, 981 7, 193, 991	24, 205 95, 503	417, 251	1, 725, 026 7, 636, 265	
41		8, 149, 019 1 752 044	208, 896	1, 543, 148	20, 890	417, 251 89, 503	7, 636, 265 1, 641, 651	
43		1, 752, 044	1, 093, 012	10, 946, 884	109, 301	634, 919	11, 295, 676	
44	WHOLE BLOOD & PACKED RED	1, 958, 456	58, 508	1, 899, 948	5, 851	110, 197	1, 842, 408	
46	30 BLOOD CLOTTING FACTORS AD		50, 500	1,077,740	5,051	110, 177	1,042,400	
48	INTRAVENOUS THERAPY	4, 724, 138	509, 911	4, 214, 227	50, 991	244, 425	4, 428, 722	
49	RESPI RATORY THERAPY	2, 745, 116	247, 122	2, 497, 994	24, 712	144, 884	2, 575, 520	
50	PHYSI CAL THERAPY	7, 273, 464	323, 931	6, 949, 533	32, 393	403, 073	6, 837, 998	
53	ELECTROCARDI OLOGY	2, 968, 940	433, 709	2, 535, 231	43, 371	147,043	2, 778, 526	
54	ELECTROENCEPHALOGRAPHY	2,,00,,10	1007707	2,000,201	107071	117/010	2/ / 0/ 020	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	15, 947, 483	1, 102, 008	14, 845, 475	110, 201	861, 038	14, 976, 244	
58	ASC (NON-DISTINCT PART)	4, 179, 233	524,038	3, 655, 195	52, 404	212,001	3, 914, 828	
58	01 LI THOTRI PSY	572, 719	16, 407	556, 312	1, 641	32, 266	538, 812	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CARDI AC REHAB	1, 160, 186	46, 140	1, 114, 046	4,614	64, 615	1, 090, 957	
60	01 CARDI AC REHAB 02 CARDI AC CATH 03 GENETI C TESTI NG 04 CHRONI C PAI N CLINI C 05 DI ABETES EDUCATI ON 06 WOUND CARE 07 SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON DI S							
60	03 GENETIC TESTING	99, 872	2, 284	97, 588	228	5, 660	93, 984	
60	04 CHRONIC PAIN CLINIC	611, 699	44, 754	566, 945	4, 475	32, 883	574, 341	
60	05 DIABETES EDUCATION	478, 555	14, 032	464, 523	1,403	26, 942	450, 210	
60	06 WOUND CARE	741, 015	23, 980	717,035	2, 398	41, 588	697,029	
60	07 SLEEP LAB	859,027	59, 693	799, 334	5, 969	46, 361	806, 697	
61	EMERGENCY	8, 773, 968	858, 556	7, 915, 412	85, 856	459, 094	8, 229, 018	
02	ODSERVATION DEDS (NON-DIS	3, 857, 297	405, 892	3, 451, 405	40, 589	200, 181	3, 616, 527	
	50 RHC							
63	60 FQHC OTHER REIMBURS COST CNTRS							
101	SUBTOTAL	125, 910, 763	12, 520, 924	113, 389, 839	1, 252, 093	6, 576, 610	118, 082, 060	
101	LESS OBSERVATION BEDS	3, 857, 297	405, 892	3, 451, 405	40, 589	200, 181	3, 616, 527	
102	TOTAL	122, 053, 466	12, 115, 032		1, 211, 504	6, 376, 429	114, 465, 533	
105	TOTAL	122,000,400	12, 110, 002	107, 700, 404	1,211,304	0, 070, 427	117, 100, 000	

Heal	th Financial Systems MCRIF: CALCULATION OF OUTPATIENT SER CHARGE RATIOS NET OF REDUCTIOI SPECIAL TITLE XIX WORKSHEI	VICE COST TO NS	DELNOR-COMMUNI	I	PROVI DER 14-0211	I PERI	NORKSHEET ** DD: 9/ 1/2009 8/31/2010	I I	(09/2000) PREPARED 1/10/2011 WORKSHEET C PART II
WKST . LI NE		TOTAL CHARGES	OUTPAT COST TO CHRG RATIO						
		7	8	9					
	ANCILLARY SRVC COST CNTRS								
37	OPERATI NG ROOM	73, 876, 471	. 296088	. 31273					
38	RECOVERY ROOM	6, 689, 610	. 278181	. 29361	0				
39	DELIVERY ROOM & LABOR ROO	4 070 014	( 50007	(0.10.1	7				
40	ANESTHESI OLOGY	4, 870, 214	. 658897	. 69404					
41	RADI OLOGY-DI AGNOSTI C	26, 571, 761	. 330871 . 094331	. 34783					
41	01 CAT SCAN	47, 865, 052		. 09944					
41 41	02 MRI 03 ULTRASOUND	23, 905, 258	. 087045	. 09164					
41	04 CCL	14, 006, 878 24, 240, 220	. 123156 . 315025	. 12978 . 33223					
41	RADI OI SOTOPE	8, 756, 521	. 187478	. 19769					
43	LABORATORY	80, 208, 121	. 140830	. 14874					
46	WHOLE BLOOD & PACKED RED	4, 937, 495	. 373146	. 39546					
46	30 BLOOD CLOTTING FACTORS AD	1, 707, 170		. 07010	0				
48	INTRAVENOUS THERAPY	20, 159, 439	. 219685	. 23180	9				
49	RESPI RATORY THERAPY	17, 220, 792	. 149559	. 15797					
50	PHYSI CAL THERAPY	19, 935, 285	. 343010	. 36322					
53	ELECTROCARDI OLOGY	28, 143, 693	. 098726	. 10395					
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED								
56	DRUGS CHARGED TO PATIENTS	57, 267, 732	. 261513	. 27654	8				
58	ASC (NON-DISTINCT PART)	15, 388, 072	. 254407	. 26818	4				
58	01 LI THOTRI PSY	1, 854, 684	. 290514	. 30791	1				
	OUTPAT SERVICE COST CNTRS								
60	CLI NI C								
	01 CARDI AC REHAB	1, 503, 372	. 725673	. 76865	3				
60	02 CARDI AC CATH				_				
60	03 GENETIC TESTING	33, 408	2.813218	2. 98263					
60	04 CHRONIC PAIN CLINIC	1, 977, 108	. 290496	. 30712					
60	05 DI ABETES EDUCATI ON	594,056	. 757858	. 80321					
60	06 WOUND CARE	1, 503, 818	. 463506	. 49116					
60 61	07 SLEEP LAB EMERGENCY	3, 943, 531 35, 895, 709	. 204562 . 229248	. 21631 . 24203					
62	OBSERVATION BEDS (NON-DIS	6, 481, 488	. 557978	. 58886					
63	50 RHC	0, 401, 400	. 557770	. 50000	3				
63	60 FQHC								
00	OTHER REIMBURS COST CNTRS								
101	SUBTOTAL	527, 829, 788							
102	LESS OBSERVATION BEDS	6, 481, 488							
103	TOTAL	521, 348, 300							

Health F	Financial Systems MCI	RIF32 FOR [	DELNOR-COMMUNI T		IN L PROVIDER NO:	IEU OF FORM C I PERIOD:	MS-2552-96(09/199 I PREPARE	97) ED 1/10/2011
APPO	ORTIONMENT OF INPATIENT I	ROUTINE SERVICE	CAPI TAL COSTS		14-0211	I FROM 9/ 1 I TO 8/31	/2009 I WORKS /2010 I PAR	SHEET D
	TITLE XVIII, PART A				PPS	1 10 0/31	/2010 1 1 1	
WKST A LINE NO.	COST CENTER DESCRIPTION		SWING BED	REDUCED CAP RELATED COST 3		SWING BED	REDUCED CAP	
25 26 101	I NPAT ROUTI NE SRVC CNTR ADULTS & PEDI ATRI CS I NTENSI VE CARE UNI T TOTAL	S 54, 620 12, 586 67, 206		54, 62 12, 58 67, 20	6 759, 917		3, 513, 551 759, 917 4, 273, 468	

Heal th I	Financial Systems MCRII	F32 FOR	DELNOR-COMMUNI T		IN LI ROVIDER NO:	EU OF FORM CM	S-2552-96(09/199 I PREPAREI	
APP	ORTIONMENT OF INPATIENT ROU	JTINE SERVICE	CAPI TAL COSTS		4-0211	I FROM 9/ 1/		HEET D
	TITLE XVIII, PART A				PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATI ENT DAYS 7	I NPATI ENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12	
25 26 101	I NPAT ROUTI NE SRVC CNTRS ADULTS & PEDI ATRI CS I NTENSI VE CARE UNI T TOTAL	30, 443 5, 010 35, 453	2, 351	1. 79 2. 51	= .,	115. 41 151. 68		

Heal	th Financial Systems MCRII	F32 FOR I	DELNOR-COMMUNI TY				52-96(09/1996) I PREPARED 1/10	/2011
A	PPORTIONMENT OF INPATIENT ANC	ILLARY SERVICE	CAPI TAL COSTS	1	14-0211 COMPONENT NO:	I FROM 9/ 1/2009	I WORKSHEET D	/2011
	TITLE XVIII, PART A	HOSE	PITAL	I	PPS	I	I	
WKST		OLD CAPITAL	NEW CAPITAL	TOTAL				
LINE		RELATED COST 1	2	CHARGES 3	CHARGES ( 4	CST/CHRG RATIO 5	COSTS 6	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		2, 088, 963	73, 876, 47	1 20, 927, 627	. 000277	5, 797	
38	OPERATING ROOM RECOVERY ROOM	1, 767		6, 689, 61			422	
39								
40	DELIVERY ROOM & LABOR ROO ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C 01 CAT SCAN 02 MRI 03 ULTRASOUND 04 CCL RADI 0I SOTOPE LABORATORY WHOLE BLOOD & PACKED RED 30 BLOOD CLOTTING FACTORS AD	2, 240	473, 984	4, 870, 21			374	
41 41	O1 CAT SCAN	10, 387	1, 624, 750 596, 380	26, 571, 76 47, 865, 05			1, 126 306	
41	02 MRI	2,021	324, 387	23, 905, 25			148	
	03 ULTRASOUND	487	241, 562	14,006,87			55	
41	04 CCL	10 797	944, 231	24, 240, 22			3, 761	
43	RADI OI SOTOPE	878	208, 018	8, 756, 52			102	
44	LABORATORY	9, 583	1,083,429	80, 208, 12			2,043	
46	WHOLE BLOOD & PACKED RED	326	58, 182	4,937,49		. 000066	93	
46	30 BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY	3, 266	506, 645	20, 159, 43	9 6, 003, 168	. 000162	973	
49	RESPI RATORY THERAPY	2, 865		17, 220, 79			1, 547	
50	PHYSI CAL THERAPY	2, 342		19, 935, 28			531	
53	ELECTROCARDI OLOGY	3, 559	430, 150	28, 143, 69	3 6, 735, 756	. 000126	849	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	4, 782	1, 097, 226	57, 267, 73			1, 331	
58	ASC (NON-DISTINCT PART)	6, 330	517, 708	15, 388, 07			481	
58	01 LI THOTRI PSY	186	16, 221	1, 854, 68	4 843, 315	. 000100	84	
(0	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS ASC (NON-DISTINCT PART) 01 LITHOTRIPSY OUTPAT SERVICE COST CNTRS CLINIC 01 CARDIAC PEHAR							
60 60		101	45, 949	1, 503, 37	2 23, 340	. 000127	3	
60		171	43, 747	1, 505, 57	2 23, 340	. 000127	3	
60	O2 CARDIAC CATH O3 CENETLC TESTING	12	2, 272	33, 40	Q	. 000359		
60	04 CHRONIC PAIN CLINIC	76	44, 678	1, 977, 10			1	
60	05 DLABETES EDUCATION	68	13, 964	594,05	6 13 532		2	
60	06 WOUND CARE	111	23, 869	1, 503, 81	8 12, 307		1	
60	07 SLEEP LAB	1,042	58, 651	3, 943, 53	1	. 000264		
61	EMERGENCY	16, 619	841, 937	35, 895, 70	9 5, 833, 689		2, 701	
62	CLINIC CARDIAC REHAB 22 CARDIAC CATH 33 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION 06 WOUND CARE 07 SLEEP LAB EMERGENCY 0BSERVATION BEDS (NON-DIS 50 RHC	6, 214	399, 678	6, 481, 48	8 12, 307 1 5, 833, 689 8	. 000959		
05	50 1010							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	108, 966	12, 411, 958	527, 829, 78	8 113, 803, 167		22, 731	

TITLE XVIII, PART A

FOR DELNOR-COMMUNITY HOSPITAL

HOSPI TAL

| | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

۱L	IN L	I El	J OF	FORM	CMS-2	552	2-9	6(09/1996)	CONTD
	PROVI DER NO:	T	PERI	OD:			1	PREPARED	1/10/2011
	14-0211	T	FROM	9/	1/200	9	1	WORKSHEI	ET D
	COMPONENT NO:	Т	TO	8/3	31/201	0	1	PART	
	14-0211	T					1		
	PPS								

WKST A LINE NO		COST CENTER DESCRIPTION	NEW CAPITA CST/CHRG RATIO 7	
37 38 39		ANCI LLARY SRVC COST CNTRS OPERATI NG ROOM RECOVERY ROOM DELI VERY ROOM & LABOR ROO	. 028276 . 030387	591, 750 48, 609
40		ANESTHESI OLOGY	. 097323	79, 089
			. 061146	176, 121
		CAT SCAN	. 012460	69, 262
		MRI	. 013570	27, 856
		ULTRASOUND	. 017246 . 038953	26, 890 329, 203
41 (	04	RADI OI SOTOPE	. 038953	329, 203 24, 129
43		LABORATORY	. 013508	231, 916
46		WHOLE BLOOD & PACKED RED		16, 682
	30	BLOOD CLOTTING FACTORS AI		10,002
48		INTRAVENOUS THERAPY	. 025132	150, 872
49		RESPI RATORY THERAPY	. 014184	132, 218
50		PHYSI CAL THERAPY	. 016132	73, 198
53			. 015284	102, 949
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED		
56		DRUGS CHARGED TO PATIENTS		303, 665
58 58 (	01	ASC (NON-DISTINCT PART) LITHOTRIPSY	. 033643 . 008746	39, 381 7, 376
58 (	01	OUTPAT SERVICE COST CNTR		1,370
60		CLINIC	,	
60 (	01	CARDI AC REHAB	. 030564	713
60 (	02	CARDI AC CATH		
60 (	03	CARDIAC CATH GENETIC TESTING CHRONIC PAIN CLINIC DIABETES EDUCATION	. 068008	
60 (	04	CHRONIC PAIN CLINIC	. 022598	389
60 (	05	DIABETES EDUCATION	. 023506	318
00 0	00	WOUND CARE	. 015672	195
	07	SLEEP LAB	. 014873	10/ 000
61		EMERGENCY OBSERVATION BEDS (NON-DIS	. 023455	136, 829
02		RHC	. 061665	
		FOHC		
03 0	00	OTHER REIMBURS COST CNTR	S	
101		TOTAL	-	2, 569, 610
-				

Heal th	Financial Systems	MCRI F32 FOR	DELNOR-COMMUNI TY		IN L PROVIDER NO:	I EU OF FORM	CMS-2552-96(1	1/1998) EPARED 1/10/2011
	RTIONMENT OF INPATIEN			i	14-0211	I FROM 9/	1/2009 I	WORKSHEET D
SERV	ICE OTHER PASS THROUG TITLE XVIII, PART A			I	PPS	I TO 8/3	31/2010 I	PART III
					115			
WKST A LINE NO.	COST CENTER DESCRIPT	ON NONPHYSICIAN ANESTHETIST	I MED EDUCATN COST	SWING BEI ADJ AMOUN		TOTAL PATI ENT DAY	PER DIEM YS	I
		1	2	3	4	5	6	
25 26 101	INPAT ROUTINE SRVC CI ADULTS & PEDIATRICS INTENSIVE CARE UNIT TOTAL	VIRS				30, 4 5, 0 35, 4	010	

Health Financial Systems	MCRI F32 F0	R DELNOR-COMMUNITY	HOSPI TAL	IN	LIEU OF FORM CMS-2552-96(11/1998)
			I	PROVI DER NO:	I PERIOD: I PREPARED 1/10/2011
APPORTIONMENT OF INPATIENT			I	14-0211	I FROM 9/ 1/2009 I WORKSHEET D
SERVICE OTHER PASS THROUGH	I COSTS		I		I TO 8/31/2010 I PART III
TITLE XVIII, PART A					
WKST A COST CENTER DESCRIPTI	ON INPATIENT	INPAT PROGRAM			
LINE NO.		PASS THRU COST			
	7	8			

25	ADULTS & PEDIATRICS	13, 900
26	INTENSIVE CARE UNIT	2, 351
101	TOTAL	16, 251

Heal	APPORTIONMENT OF INPATIENT AN OTHER PASS THROUGH COSTS		   	PROVI DER NO:         I         PERIOD:         I         PREPARED         1/10/2011           14-0211         I         FROM         9/1/2009         I         WORKSHEET         D           COMPONENT NO:         I         TO         8/31/2010         I         PART         IV           14-0211         I         I         I         I         IV         IV
	TITLE XVIII, PART A	HOSPI TAL		PPS
WKST LI NE		NONPHYSI CI AN ANESTHETI ST 1 1.01		6 MED ED ALLIED MED ED ALL BLOOD CLOT FOR 5T HEALTH COST OTHER COSTS HEMOPHILIACS 2.01 2.02 2.03
$\begin{array}{c} 41\\ 41\\ 41\\ 43\\ 44\\ 46\\ 48\\ 49\\ 50\\ 53\\ 54\\ 55\\ 56\\ 58\\ 58\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60$	05 DI ABETES EDUCATION 06 WOUND CARE 07 SLEEP LAB EMERGENCY 0BSERVATION BEDS (NON-DIS 50 RHC 60 FOHC 0THER REIMBURS COST CNTRS	1 1.01	2	
101	TOTAL			

International Topic Transport Formation Transport Formation Topic Transport Formation Formation Transport Formation Transport Formation Transport Formation Formatio Formatio Formatio Formation Formation Formation Formation Format	DNTD /10/2011 D
WKST A       COST CENTER DESCRIPTION       TOTAL       O/P       PASS THRU       TOTAL       RATIO OF       COST O/P       RATIO OF       INPAT       PROG       INPAT       PROG         LINE NO.       COSTS       COSTS       CHARGES       TO CHARGES       CST TO CHARGES       CHARGE       PASS THRU       COST         ANCILLARY SRVC COST CNTRS       ANCILLARY       SRVC COST CNTRS       COST       COST <td></td>	
ANCILLARY SRVC COST CNTRS	IRU COST
ANGILLART SRVC COST GNIRS	/
37 OPERATING ROOM 73, 876, 471 20, 927, 627	
37 OFERATING ROUM 73, 070, 471 20, 727, 027 38 RECOVERY ROOM 6, 689, 610 1, 599, 654	
39 DELIVERY ROOM & LABOR ROO 0, 889, 810 1, 599, 634	
40 ANESTHESI OLOGY 4, 870, 214 812, 647	
40 AND STILLS TO LOGY DI AGNOSTI C 26. 571. 761 2. 880. 334	
41 RADIOLOGI-DIAGNOSTIC 2, 680, 534 41 OI CAT SCAN 47, 865, 052 5, 558, 712	
41 Of CAT Schu 47, 605, 602 5, 505, 712 41 O2 MRI 23, 905, 258 2, 052, 744	
41 02 WRT 23, 905, 236 2, 052, 744 41 03 ULTRASOUND 14, 006, 878 1, 559, 179	
41 04 CCL 24, 240, 220 8, 451, 277	
41 04 02 0, 240, 220 0, 431, 277 43 RADIOLSOTOPE 8, 756, 521 1, 015, 722	
44 LABORATORY 80, 208, 121 17, 168, 794	
46 WHOLE BLOOD & PACKED RED 4, 937, 495 1, 415, 639	
46 30 BLOOD CLOTTING FACTORS AD	
48 INTRAVENOUS THERAPY 20, 159, 439 6, 003, 168	
49 RESPIRATORY THERAPY 17, 220, 792 9, 321, 625	
50 PHYSICAL THERAPY 19,935,285 4,537,417	
53 ELECTROCARDIOLOGY 28, 143, 693 6, 735, 756	
54 ELECTROENCEPHALOGRAPHY	
55 MEDICAL SUPPLIES CHARGED	
56 DRUGS CHARGED TO PATIENTS 57, 267, 732 15, 848, 914	
58 ASC (NON-DI STINCT PART) 15, 388, 072 1, 170, 547	
55         MEDICAL SUPPLIES CHARGED           56         DRUGS CHARGED TO PATI ENTS         57, 267, 732         15, 848, 914           58         ASC (NON-DI STINCT PART)         15, 388, 072         1, 170, 547           58         01 LI THOTRI PSY         1, 854, 684         843, 315	
OUTPAT SERVICE COST CNTRS	
60 CLINIC	
60         01         CARDI AC         REHAB         1, 503, 372         23, 340	
60 02 CARDI AC CATH	
60 03 GENETIC TESTING 33, 408	
60         04         CHRONI C         PAI N         CLINI C         17, 228	
60         05         DI ABETES         EDUCATION         594, 056         13, 532	
60         06         WOUND CARE         1,503,818         12,307	
60 07 SLEEP LAB 3, 943, 531	
61 EMERGENCY 35, 895, 709 5, 833, 689	
62 OBSERVATION BEDS (NON-DIS 6, 481, 488	
63 50 RHC	
63 60 FOHC	
OTHER REIMBURS COST CNTRS	
101         TOTAL         527, 829, 788         113, 803, 167	

Heal	th Financial Systems MCRIF APPORTIONMENT OF INPATIENT AN OTHER PASS THROUGH COSTS TITLE XVIII, PART A		TY HOSPITAL I I I I	IN PROVIDER NO: 14-0211 COMPONENT NO: 14-0211 PF	I PERIOD: I FROM 9, I TO 8, I	/1/2009 I WO	2009) CONTD ARED 1/10/2011 RKSHEET D PART IV
	TITLE AVITT, TAKE A	1031			5		
WKST LI NE				G OUTPAT PRO 4 PASS THRU CO 9		5 * COL 5	
37 38 39 40	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY	4, 903, 212 557, 910 508, 997					
41 41	RADI OLOGY-DI AGNOSTI C 01 CAT SCAN	3, 670, 848 9, 674, 531					
41	02 MRI	4, 416, 625					
41	03 ULTRASOUND	2, 478, 654					
41	04 CCL	3, 713, 803					
43	RADI OI SOTOPE	2, 231, 572					
44	LABORATORY	1, 035, 498					
46	WHOLE BLOOD & PACKED RED	422, 191					
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	2, 322, 306					
49	RESPI RATORY THERAPY	607, 263					
50	PHYSI CAL THERAPY						
53	ELECTROCARDI OLOGY	4, 719, 856					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	7 000 //0					
56	DRUGS CHARGED TO PATIENTS	7, 903, 660					
58	ASC (NON-DISTINCT PART)	3, 245, 506					
58	01 LI THOTRI PSY	613, 833					
40	OUTPAT SERVICE COST CNTRS						
60 60	01 CARDIAC REHAB	715, 368					
60	02 CARDIAC CATH	/15, 306					
60	03 GENETIC TESTING	1, 183					
60	04 CHRONIC PAIN CLINIC	631, 023					
60	05 DI ABETES EDUCATION	175, 910					
60	06 WOUND CARE	731, 162					
60	07 SLEEP LAB	806, 752					
61	EMERGENCY	4, 526, 497					
62	OBSERVATION BEDS (NON-DIS	1, 473, 973					
63	50 RHC						
63							
	OTHER REIMBURS COST CNTRS						
101	TOTAL	62, 088, 133					

Heal 1		Financial Systems MCRIF32 FO PORTIONMENT OF MEDICAL, OTHER HEALTH SI	R DELNOR-COMMUNITY ERVICES & VACCINE	I PROVI DE	ER NO: I PERIO I I FROM	FORM CMS-2552-96 DD: I 9/ 1/2009 I 8/31/2010 I	6(05/2004) PREPARED 1/10/2011 WORKSHEET D PART V
		TITLE XVIII, PART B H	OSPI TAL	I 14-0211			
			Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpati ent Radi al ogy	Other Outpatient Diagnostic
		Cost Center Description	1	1.02	2	3	4
$\begin{array}{c} 41\\ 41\\ 41\\ 43\\ 44\\ 46\\ 48\\ 49\\ 50\\ 53\\ 54\\ 55\\ 56\\ 58\\ 58\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60$	02 03 04 30 01 02 03 04 05 06 07 50	ANCI LLARY SRVC COST CNTRS OPERATI NG ROOM RECOVERY ROOM DELI VERY ROOM & LABOR ROOM ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C CAT SCAN MRI ULTRASOUND CCL RADI OI SOTOPE LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD CLOTTI NG FACTORS ADMI N COSTS INTRAVENOUS THERAPY RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY UTPAT SERVI CE COST CNTRS CLI NI C CARDI AC REHAB CARDI AC CATH GENETI C TESTI NG CHRONI C PAI N CLI NI C DI ABETES EDUCATI ON WOUND CARE SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART) RHC FOHC	. 315591 . 296675 . 353987 . 100697 . 093013 . 131509 . 336178 . 200084 . 150108 . 396650 . 234339 . 159407 . 364854 . 105492 . 278472 . 271589 . 308796 . 771723 2. 989464 . 309391 . 805572 . 492756 . 217832 . 24429 . 595125	. 315591 . 296675 . 703825 . 353987 . 100697 . 093013 . 131509 . 336178 . 200084 . 150108 . 396650 . 234339 . 159407 . 364854 . 105492 . 278472 . 271589 . 308796 . 771723 2. 989464 . 309391 . 805572 . 492756 . 217832 . 248429 . 595125			
101		SUBTOTAL CPNA_CHAPGES					

CRNA CHARGES LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES NET CHARGES 101 102 103

104

Heal <sup>-</sup>	th Financial Systems MCRIF32 F APPORTIONMENT OF MEDICAL, OTHER HEALTH	OR DELNOR-COMMUNITY HOSPI	I PROVI DER	NO: I PERIO	ORM CMS-2552-96(( D: I PI 9/ 1/2009 I	05/2004) CONTD REPARED 1/10/2011 WORKSHEET D
	A FORTONNERT OF MEDIOAE, OTHER HEREIT		I COMPONENT		8/31/2010 I	PART V
	TITLE XVIII, PART B	HOSPI TAL	1 14-0211	I	I	
			Servi ces to 12/31	Non-PPS Servi ces	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A) 37 38 39	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM		4, 903, 212 557, 910			
40 41 41 41	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C O1 CAT SCAN O2 MRI		508, 997 3, 670, 848 9, 674, 531 4, 416, 625			
41 41 43 44	03 ULTRASOUND 04 CCL RADI OI SOTOPE LABORATORY		2, 478, 654 3, 713, 803 2, 231, 572 1, 035, 498			
46 46 48 49	WHOLE BLOOD & PACKED RED BLOOD CELLS 30 BLOOD CLOTTING FACTORS ADMIN COSTS INTRAVENOUS THERAPY RESPIRATORY THERAPY		422, 191 2, 322, 306 607, 263			
50 53 54 55	PHYSI CAL THERAPY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLIES CHARGED TO PATI ENTS		4, 719, 856			
	DRUGS CHARGED TO PATIENTS ASC (NON-DISTINCT PART) 01 LITHOTRIPSY OUTPAT SERVICE COST CNTRS		7, 903, 660 3, 245, 506 613, 833			
60	CLINIC 01 CARDIAC REHAB 02 CARDIAC CATH		715, 368			
60 60 60	O3 GENETIC TESTING O4 CHRONIC PAIN CLINIC O5 DIABETES EDUCATION O6 WOUND CARE O7 SLEEP LAB		1, 183 631, 023 175, 910 731, 162 806, 752			
63	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) 50 RHC 60 FQHC		4, 526, 497 1, 473, 973			
101 102 103	SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES		62, 088, 133			
104	NET CHARGES		62, 088, 133			

TITLE XVIII, PART B         HOSPITAL           Qutpatient Radialogy         Other Dutpatient Diagnostic         All Other PFS Services         Non-PPS Services           Cost Center Description         7         8         9         9.01         9.02           (A)         ANCILLARY SRVC COST CNTRS         1.547,410         155,518           7         OPERATING ROOM         155,518         1.547,410           38         RECOVERY ROOM         155,518         1.547,410           40         ANSTHESIOLOGY         1,299,432         974,196           41         03         ULTRASOUND         410,804         410,804           41         03         ULTRASOUND         410,804         325,965           41         040         ANDIOLOGY-DIAGNOSTIC         1,248,499         446,502           42         LABORATORY         96,802         15,437           43         RADIOLOGY-DIAGNOSTIC         167,462         446,502           44         103         ULTRASOUND         444,503         354,4207           44         1030         PACKED RED BLOOD CELLS         467,400         368,945           45         04 LODO LOTIN FACTORS ADMIN COSTS         497,907         564,207           46	Heal	th Financial Systems MCRIF32 APPORTIONMENT OF MEDICAL, OTHER HEALTH		 5   	PROVI DER NO: 14-0211	I PERIO	9/ 1/2009 I	05/2004) CONTD REPARED 1/10/2011 WORKSHEET D PART V
Radial ogy         Outpatient Diagnostic         FYB to 12/31         Services           Cost Center Description         7         8         9         9.01         9.02           (A)         ANCILLARY SRVC COST CNTRS         1,547,410         105,518           37         OPERATING ROOM         155,518         105,518           39         DELIVERY ROW & LABOR ROOM         158,245         1,299,432           41         RADIOLOGY-DIAGNOSTIC         1,299,432         325,965           41         O2 MRI         410,804         410,804           41         02 MRI         410,804         410,804           41         03 UTRASOUND         125,965         446,502           41         04 CCL         1,248,499         446,502           43         RADIOLSOTOPE         446,502         446,502           44         LABORATORY         96,802         96,802           55         MEDI CAL SUPPLIES CHARGED TO PATIENTS         2,200,948           68         ASC (NON-DI STI NCT PART)         881,444           56         PRUSC SUARGED TO PATIENTS         2,200,948           57         MEDI CAL SUPPLIES CHARGED TO PATIENTS         2,200,948           58         ASC (NON-DI STI NCT PART) <td></td> <td>TITLE XVIII, PART B</td> <td>HOSPI TAL</td> <td>•</td> <td>11 0211</td> <td>•</td> <td></td> <td></td>		TITLE XVIII, PART B	HOSPI TAL	•	11 0211	•		
(A)       ANCI LLARY SRVC COST CNTRS         37       OPERATING ROOM       1, 547, 410         38       RECOVERY ROOM       1, 65, 518         40       ANESTHESI OLOGY       358, 245         41       RADI OLOGY-DJ AGNOSTI C       1, 299, 432         41       OL CAT SCAN       974, 196         41       02 MRI       410, 804         41       03 ULTRASOUND       325, 965         41       04 CL       1, 248, 499         43       RADI OL SOTOPE       446, 502         44       LABORATORY       155, 437         46       WHOLE BLOOD & PACKED RED BLOOD CELLS       157, 462         47       WHOLE BLOOD N & PACKED RED BLOOD CELLS       167, 462         47       NTRAVENOUS THERAPY       96, 802         47       PHYSI CAL, THERAPY       96, 802         48       INTRAVENOUS THERAPY       96, 802         54       LECTROCARDIOLOGY       497, 907         55       MEDI CAL, SUPPLIES CHARGED TO PATIENTS       2, 200, 948         58       ASC (NOW-DI STINCT PART)       881, 444         50       CLINIC       352, 354         50       CLINIC       352, 366         51       GENERCE COST CNTRS			Radi al ogy Ou	itpati e	ent	Other		
37       OPERATING ROOM       1, 547, 410         38       RECOVERY ROOM       165, 518         9       DELIVERY ROOM & LABOR ROOM       358, 245         40       ANESTHESIOLOGY       358, 245         41       RADIOLOGY-DIAGNOSTIC       1, 299, 432         41       01 CAT SCAN       974, 196         41       02 WRI       410, 804         41       03 ULTRASOUND       325, 965         41       04 CCL       1, 248, 499         43       RADIOLSTOPE       446, 502         44       LABORATORY       155, 437         45       WHOLE BLOOD & PACKED RED BLOOD CELLS       157, 462         46       WHOLE BLOOD & PACKED RED BLOOD CELLS       154, 207         47       PRESPIRATORY THERAPY       96, 802         46       WHOLE BLOOD & PACKED RED BLOOD CELLS       467, 907         47       RESPIRATORY THERAPY       96, 802         47       PHYSICAL THERAPY       96, 802         48       INTRAVENOUS THERAPY       96, 802         49       PHYSICAL THERAPY       96, 802         44       LOROG CHARGED TO PATI ENTS       2, 200, 948         58       ASC (NON-DI STINCT PART)       881, 444		Cost Center Description	7	8		9	9. 01	9. 02
63       50       RHC       63       60       FOHC         63       60       FOHC       14, 922, 496         101       SUBTOTAL       14, 922, 496         102       CRNA CHARGES       12         103       LESS PBP CLINIC LAB SVCS-       PROGRAM ONLY CHARGES         104       NET CHARGES       14, 922, 496	$\begin{array}{c} 37\\ 389\\ 40\\ 41\\ 41\\ 41\\ 41\\ 41\\ 41\\ 44\\ 46\\ 48\\ 49\\ 50\\ 53\\ 56\\ 58\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 60\\ 61\\ 23\\ 101\\ 102\\ 10\end{array}$	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC 01 CAT SCAN 02 MRI 03 ULTRASOUND 04 CCL RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELL 30 BLOOD CLOTTING FACTORS ADMIN COSTS INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY OUTPAT SERVICE COST CNTRS CLINIC 01 CARDIAC REHAB 02 CARDIAC CATH 03 GENETIC TESTING 04 CHRONIC PAIN CLINIC 05 DIABETES EDUCATION 06 WOUND CARE 07 SLEEP LAB EMERGENCY 0BSERVATION BEDS (NON-DISTINCT PART 50 RHC 60 FOHC SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES	S				165, 518 358, 245 1, 299, 432 974, 196 410, 804 325, 965 1, 248, 499 446, 502 155, 437 167, 462 544, 207 96, 802 497, 907 2, 200, 948 881, 444 189, 549 552, 066 3, 537 195, 233 141, 708 360, 284 175, 736 1, 106, 407 877, 198 14, 922, 496	

Heal th	Financial Systems	MCRI F32	FOR DELNOR-COMMUNIT	Y HOSPI TAL				96(05/2004) CONTD
AP	PORTIONMENT OF MEDIC.	AL, OTHER HEALTH	SERVICES & VACCINE	I	PROVIDER NO 14-0211 COMPONENT I	I FROM NO: I TO	9/ 1/2009   8/31/2010	PREPARED 1/10/2011 WORKSHEET D PART V
	TITLE XVIII, PART	В	HOSPI TAL	I	14-0211	I	I	
			PPS Services 1/1 to FYE	Hospital Part B Ch		spital I/P rt B Costs		
	Cost Center Descrip	ti on	9.03	10		11		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	ANCI LLARY SRVC COST OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LAB ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI CAT SCAN MRI ULTRASOUND CCL RADI OI SOTOPE LABORATORY WHOLE BLOOD & PACKE BLOOD CLOTTING FACTO INTRAVENOUS THERAPY WHOLE BLOOD & PACKE BLOOD CLOTTING FACTO INTRAVENOUS THERAPY RESPI RATORY THERAPY PHYSI CAL THERAPY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY CLI SUPPLIES CHA MEDI CAL SUPPLIES CHA DRUGS CHARGED TO PA ASC (NON-DI STINCT PA LI THOTRI PSY OUTPAT SERVI CE COST CLI NI C CARDI AC REHAB CARDI AC CATH GENETI C TESTI NG CHRONI C PAI N CLI NI C DI ABETES EDUCATI ON WOUND CARE SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NO RHC FOHC SUBTOTAL CRNA CHARGES LESS PBP CLI NI C LAB PROGRAM ONLY CHARGES NET CHARGES	OR ROOM C D RED BLOOD CELL ORS ADMIN COSTS PHY ARGED TO PATIENT TIENTS ART) CNTRS ON-DISTINCT PART SVCS-	S					

Health Financial Systems MCRIF32	FOR DELNOR-COMMUNITY HOSPITA	L IN LIEU OF FORM CMS-2552-96(08/2000) CONTD PROVIDER NO: I PERIOD: I PREPARED 1/10/2011
APPORTIONMENT OF MEDICAL, OTHER HEA	LTH SERVICES & VACCINE COST	14-0211 I FROM 9/ 1/2009 I WORKSHEET D COMPONENT NO: I TO 8/31/2010 I PART VI 14-0211 I I
TITLE XVIII, PART B	HOSPI TAL	
PART VI - VACCINE COST APPORTIONMENT		
1 DRUGS CHARGED TO PATIENTS-RATIC 2 PROGRAM VACCINE CHARGES 3 PROGRAM COSTS	OF COST TO CHARGES	1 . 278472 3, 309 921

Health Financial Systems MCRIF3 COMPUTATION OF INPATIENT OPERATING	2 FOR DELNOR-COMMUNITY HOSPI COST	TAL IN I I PROVIDER NO: I 14-0211 I COMPONENT NO: I 14-0211	LIEU OF FORM CMS-2552-96(05/2004) I PERIOD: I PREPARED 1/10/2011 I FROM 9/ 1/2009 I WORKSHEET D-1 I TO 8/31/2010 I PART I I I I				
TITLE XVIII PART A	HOSPI TAL	PPS					
PART I - ALL PROVIDER COMPONENTS			1				
	INPATIENT DAYS						
	RIVATE ROOM AND SWING BED DAYS, EX RIVATE ROOM, EXCLUDING SWING-BED A		30, 443 30, 443				
4 SEMI - PRI VATE ROOM DAYS (EXC 5 TOTAL SWI NG-BED SNF-TYPE IN THROUGH DECEMBER 31 OF THE 6 TOTAL SWI NG-BED SNF-TYPE IN DECEMBER 31 OF COST REPORTI	PATIENT DAYS (INCLUDING PRIVATE RC NG PERIOD (IF CALENDAR YEAR, ENTER ATIENT DAYS (INCLUDING PRIVATE ROC	ÓM DAYS) OM DAYS) AFTER & O ON THIS LINE)	30, 443				
<ul> <li>8 TOTAL SWING-BED NF TYPE INP DECEMBER 31 OF COST REPORTI</li> <li>9 TOTAL INPATIENT DAYS INCLUD (EXCLUDING SWING-BED AND NE</li> <li>10 SWING-BED SNF-TYPE INPATIEN PRIVATE ROOM DAYS) THROUGH</li> <li>11 SWING-BED SNF-TYPE INPATIEN</li> </ul>	ATIENT DAYS (INCLUDING PRIVATE ROC NG PERIOD (IF CALENDAR YEAR, ENTER ING PRIVATE ROOM DAYS APPLICABLE T WBORN DAYS) T DAYS APPLICABLE TO TITLE XVIII O DECEMBER 31 OF THE COST REPORTING PE CEMBER 31 OF THE COST REPORTING PE	O ON THIS LINE) THE PROGRAM NLY (INCLUDING PERIOD NLY (INCLUDING	13, 900				
<ol> <li>SWING-BED NF-TYPE INPATIENT PRIVATE ROOM DAYS) THROUGH</li> <li>SWING-BED NF-TYPE INPATIENT PRIVATE ROOM DAYS) AFTER DE YEAR, ENTER O ON THIS LINE)</li> <li>MEDICALLY NECESSARY PRIVATE (EXCLUDING SWING-BED DAYS)</li> </ol>	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE) MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)						
	SWING-BED ADJUSTMENT						
DECEMBER 31 OF THE COST REP 18 MEDI CARE RATE FOR SWING-BED DECEMBER 31 OF THE COST REP 19 MEDI CAI D RATE FOR SWING-BED DECEMBER 31 OF THE COST REP 20 MEDI CAI D RATE FOR SWING-BED DECEMBER 31 OF THE COST REP 21 TOTAL GENERAL INPATI ENT ROU 22 SWING-BED COST APPLI CABLE T REPORTI NG PERI OD 23 SWING-BED COST APPLI CABLE T REPORTI NG PERI OD 24 SWING-BED COST APPLI CABLE T REPORTI NG PERI OD 25 SWING-BED COST APPLI CABLE T REPORTI NG PERI OD 25 SWING-BED COST APPLI CABLE T REPORTI NG PERI OD 26 TOTAL SWING-BED COST (SEE I	SNF SERVICES APPLICABLE TO SERVIC ORTING PERIOD NF SERVICES APPLICABLE TO SERVICE ORTING PERIOD NF SERVICES APPLICABLE TO SERVICE ORTING PERIOD TINE SERVICE COST O SNF-TYPE SERVICES THROUGH DECEMBE O SNF-TYPE SERVICES AFTER DECEMBER O NF-TYPE SERVICES AFTER DECEMBER NSTRUCTIONS)	EES AFTER IS THROUGH IS AFTER BER 31 OF THE COST IS 31 OF THE COST IR 31 OF THE COST	33, 909, 346				
27 GENERAL INPATIENT ROUTINE S	ERVICE COST NET OF SWING-BED COST	MENT	33, 909, 346				
29       PRI VATE ROOM CHARGES (EXCLU         30       SEMI - PRI VATE ROOM CHARGES (         31       GENERAL INPATIENT ROUTINE S         32       AVERAGE PRI VATE ROOM PER DI         33       AVERAGE SEMI - PRI VATE ROOM P         34       AVERAGE PER DI EM PRI VATE RO         35       AVERAGE PER DI EM PRI VATE RO         36       PRI VATE ROOM COST DI FFERENT	EXCLUDI NG SWI NG-BED CHARGES) ERVI CE COST/CHARGE RATI O EM CHARGE ER DI EM CHARGE OM CHARGE DI FFERENTI AL OM COST DI FFERENTI AL	D CHARGES)	74, 530, 698 74, 530, 698 . 454972 2, 448. 20 33, 909, 346				

	Financial Systems MCRIF32 ATION OF INPATIENT OPERATING COST	FOR DELNOR-CO	DMMUNI TY HOSPI TAL I I I I		I PERIO	9/ 1/2009 I	(05/2004) CONTD PREPARED 1/10/2011 WORKSHEET D-1 PART II	
	TITLE XVIII PART A	HOSPI TAL		PPS				
PART II	- HOSPI TAL AND SUBPROVI DERS ONLY					1		
	PROG		OPERATING COST BE COST ADJUSTMENTS	FORE				
38 39 40 41	ADJUSTED GENERAL INPATIENT ROUTIN PROGRAM GENERAL INPATIENT ROUTINE MEDICALLY NECESSARY PRIVATE ROOM TOTAL PROGRAM GENERAL INPATIENT R	SERVICE COST	E TO THE PROGRAM			1, 113. 86 15, 482, 654 15, 482, 654		
		TOTAL I/P_COST 1	TOTAL I/P DAYS 2	AVERAGE PER_DI EM	PROGRAM DAYS 4	PROGRAM COST 5		
42 43 44 45 46	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT		5, 010	3 1, 572. 55				
47 48 49	OTHER SPECIAL CARE PROGRAM INPATIENT ANCILLARY SERVI TOTAL PROGRAM INPATIENT COSTS	CE COST				1 27, 531, 338 46, 711, 057		
		PASS THROUGH	H COST ADJUSTMENT	S				
50 51 52 53	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					1, 991, 581 2, 592, 341 4, 583, 922 42, 127, 135		
E /		TARGET AMOUN	NT AND LIMIT COMF	PUTATION				
55 56 57 58 58.01	56 TARGET AMOUNT 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT							
	BASKET D3 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.							
59 59. 01 59. 02 59. 03	04 RELIEF PAYMENT ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY) 02 PROGRAM DISCHARGES PRIOR TO JULY 1 03 PROGRAM DISCHARGES AFTER JULY 1 04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)							
59.05	5 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)							
59.07	06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY) 07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY) 08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)							
		PROGRAM INP	ATIENT ROUTINE SW	/ING BED COST				
60 61 62 63	MEDICARE SWING-BED SNF INPATIENT REPORTING PERIOD (SEE INSTRUCTION MEDICARE SWING-BED SNF INPATIENT REPORTING PERIOD (SEE INSTRUCTION TOTAL MEDICARE SWING-BED SNF INPAT TITLE V OR XIX SWING-BED NF INPAT COST REPORTING PERIOD	S) ROUTINE COSTS / S) TIENT ROUTINE ( IENT ROUTINE CO	AFTER DECEMBER 31 COSTS DSTS THROUGH DECE	OF THE COST				
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							

COST REPORTING PERIOD
 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

Health Financial Systems MCRIF32 FOR DELNOR-COMMUNITY COMPUTATION OF INPATIENT OPERATING COST	( HOSPITAL         IN LIEU OF FORM CMS-2552-96(05/2004) CONTD           I         PROVIDER NO:         I PERIOD:         I PREPARED 1/10/2011           I         14-0211         I FROM 9/ 1/2009 I         WORKSHEET D-1           I         COMPONENT NO:         I TO         8/31/2010 I         PART III           I         14-0211         I         I         I         PART III
TITLE XVIII PART A HOSPITAL	PPS
<ul> <li>PART III - SKILLED NURSING FACILITY, NURSINGFACILITY &amp; ICF/MR 0</li> <li>SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR SERVICE COST</li> <li>ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIE</li> <li>PROGRAM ROUTINE SERVICE COST</li> <li>MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PRO</li> <li>TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS</li> <li>CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS</li> <li>PROGRAM CAPITAL-RELATED COSTS</li> <li>PROGRAM CAPITAL-RELATED COSTS</li> <li>INPATIENT ROUTINE SERVICE COST</li> <li>AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS</li> <li>TOTAL PROGRAM ROUTINE SERVICE COST PER DIEM LIMITATION</li> <li>INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION</li> <li>REASONABLE INPATIENT ANCILLARY SERVICES</li> <li>UTILIZATION REVIEW - PHYSICIAN COMPENSATION</li> <li>TOTAL PROGRAM INPATIENT OPERATING COSTS</li> </ul>	ROUTI NE EM OGRAM RVI CE COSTS
83 TOTAL OBSERVATION BED DAYS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 85 OBSERVATION BED COST	3, 463 1, 113. 86 3, 857, 297

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTI NE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATI ON BED COST	OBSERVATI ON BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST	54,620	33, 909, 346	. 001611	3, 857, 297	6, 214
87	NEW CAPITAL-RELATED COST	3, 513, 551	33, 909, 346	. 103616	3, 857, 297	399, 678
88	NON PHYSICIAN ANESTHETIST		33, 909, 346		3, 857, 297	
89	MEDICAL EDUCATION		33, 909, 346		3, 857, 297	
89.01	MEDICAL EDUCATION - ALLIED HEA					

89.02 MEDICAL EDUCATION - ALL OTHER

	Financial Systems MCRIF32 ATION OF INPATIENT OPERATING COST		TAL I I I		I PERIC I FROM	D: 9/ 1/2009	
	TITLE XIX - I/P	HOSPI TAL		OTHER			
PART I	- ALL PROVIDER COMPONENTS					1	
		INPATIENT DAYS					
1 2	INPATIENT DAYS (INCLUDING PRIVATE INPATIENT DAYS (INCLUDING PRIVATE						443 443
3 4 5 6	PRIVATE ROOM DAYS (EXCLUDING SWIN SEMI-PRIVATE ROOM DAYS (EXCLUDING TOTAL SWING-BED SNF-TYPE INPATIEN THROUGH DECEMBER 31 OF THE COST F TOTAL SWING-BED SNF-TYPE INPATIEN DECEMBER 31 OF COST REPORTING PER	IG-BED PRIVATE ROOM DAYS) 5 SWING-BED PRIVATE ROOM DAYS IT DAYS (INCLUDING PRIVATE RO 12 PORTING PERIOD IT DAYS (INCLUDING PRIVATE RO 10 D(IF CALENDAR YEAR, ENTER	) OM [ OM [ 0 (	DAYS) DAYS) AFTER DN THIS LINE)			443
7 8 9	TOTAL SWING-BED NF TYPE INPATIENT THROUGH DECEMBER 31 OF THE COST F TOTAL SWING-BED NF TYPE INPATIENT DECEMBER 31 OF COST REPORTING PER TOTAL INPATIENT DAYS INCLUDING PE	PEPORTING PERIOD DAYS (INCLUDING PRIVATE ROO OD (IF CALENDAR YEAR, ENTER	M DA	AYS) AFTER DN THIS LINE)		1	783
10 11	(EXCLUDING SWING-BED AND NEWBORN SWING-BED SNF-TYPE INPATIENT DAYS PRIVATE ROOM DAYS) THROUGH DECEME SWING-BED SNF-TYPE INPATIENT DAYS PRIVATE ROOM DAYS) AFTER DECEMBER	DAYS) 5 APPLICABLE TO TITLE XVIII O 5 R 31 OF THE COST REPORTING 5 APPLICABLE TO TITLE XVIII O	NLY PERI NLY	(I NCLUDI NG OD (I NCLUDI NG			
12 13	YEAR, ENTER O ON THIS LINE) SWING-BED NF-TYPE INPATIENT DAYS PRIVATE ROOM DAYS) THROUGH DECEME SWING-BED NF-TYPE INPATIENT DAYS PRIVATE ROOM DAYS) AFTER DECEMBER	APPLICABLE TO TITLES V & XIX ER 31 OF THE COST REPORTING APPLICABLE TO TITLE V & XIX	ONL PERI	Y (INCLUDING OD Y (INCLUDING			
14	YEAR, ENTER O ON THIS LINE) MEDICALLY NECESSARY PRIVATE ROOM (EXCLUDING SWING-BED DAYS) TOTAL NUMBERY DAYS (TITLE V OD VI		AM				
15 16	TOTAL NURSERY DAYS (TITLE V OR XI NURSERY DAYS (TITLE V OR XIX ONLY						
		SWING-BED ADJUSTMENT					
17 18 19 20	MEDICARE RATE FOR SWING-BED SNF S DECEMBER 31 OF THE COST REPORTING MEDICARE RATE FOR SWING-BED SNF S DECEMBER 31 OF THE COST REPORTING MEDICAID RATE FOR SWING-BED NF SE DECEMBER 31 OF THE COST REPORTING MEDICAID RATE FOR SWING-BED NF SE	; PERIOD :ERVICES APPLICABLE TO SERVIC ; PERIOD RVICES APPLICABLE TO SERVICE ; PERIOD	ES / S TH	AFTER HROUGH			
21 22	DECEMBER 31 OF THE COST REPORTING TOTAL GENERAL INPATIENT ROUTINE S SWING-BED COST APPLICABLE TO SNF- REPORTING PERIOD	ERVICE COST	ER 3	31 OF THE COST		33, 909,	346
23	SWING-BED COST APPLICABLE TO SNF- REPORTING PERIOD	TYPE SERVICES AFTER DECEMBER	31	OF THE COST			
24	SWING-BED COST APPLICABLE TO NF-T REPORTING PERIOD	YPE SERVICES THROUGH DECEMBE	R 31	I OF THE COST			
25	SWING-BED COST APPLICABLE TO NF-T REPORTING PERIOD	YPE SERVICES AFTER DECEMBER	31 (	)F THE COST			
26 27	TOTAL SWING-BED COST (SEE INSTRUC GENERAL INPATIENT ROUTINE SERVICE	TIONS) COST NET OF SWING-BED COST				33, 909,	346
	PRIV	ATE ROOM DIFFERENTIAL ADJUST	MENT	ſ			
28 29	GENERAL INPATIENT ROUTINE SERVICE PRIVATE ROOM CHARGES (EXCLUDING S		D Cł	HARGES)		74, 530,	698
30 31	SEMI - PRIVATE ROOM CHARGES (EXCLUE GENERAL INPATIENT ROUTINE SERVICE	ING SWING-BED CHARGES)				74, 530, . 454	
32 33 34 35 36	AVERAGE PRI VATE ROOM PER DI EM CHA AVERAGE SEMI - PRI VATE ROOM PER DI E AVERAGE PER DI EM PRI VATE ROOM CHA AVERAGE PER DI EM PRI VATE ROOM COS PRI VATE ROOM COST DI FFERENTI AL AE	RGE M CHARGE RGE DIFFERENTIAL T DIFFERENTIAL				2, 44	
37	GENERAL INPATIENT ROUTINE SERVICE COST DIFFERENTIAL		AND	PRIVATE ROOM		33, 909,	346

	Financial Systems MCRIF32 ATION OF INPATIENT OPERATING COST		DMMUNI TY HOSPI TAL I I I I	IN PROVIDER NO: 14-0211 COMPONENT NO: 14-0211	I PERIOD: I FROM 9		05/2004) CONTD PREPARED 1/10/2011 WORKSHEET D-1 PART II
	TITLE XIX - I/P	HOSPI TAL		OTHER			
PART II	- HOSPITAL AND SUBPROVIDERS ONLY					1	
	PRC		DPERATING COST BE COST ADJUSTMENTS	FORE		·	
38 39 40 41	ADJUSTED GENERAL INPATIENT ROUTI PROGRAM GENERAL INPATIENT ROUTIN MEDICALLY NECESSARY PRIVATE ROOM TOTAL PROGRAM GENERAL INPATIENT	E SERVICE COST COST APPLICABLE	E TO THE PROGRAM			1, 113. 86 1, 986, 012 1, 986, 012	
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 43 44 45 46 47	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE		5, 010	1, 572. 55	269	423, 016	
48 49	PROGRAM INPATIENT ANCILLARY SERV TOTAL PROGRAM INPATIENT COSTS	ICE COST				1, 365, 575 3, 774, 603	
		PASS THROUGH	I COST ADJUSTMENT	S			
50 51 52 53	51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 52 TOTAL PROGRAM EXCLUDABLE COST						
		TARGET AMOUN	NT AND LIMIT COMP	UTATI ON			
58. 02 58. 03 58. 04 59 59. 01 59. 02 59. 03 59. 04 59. 05 59. 06 59. 07	<ul> <li>PROGRAM DI SCHARGES</li> <li>TARGET AMOUNT PER DI SCHARGE</li> <li>TARGET AMOUNT</li> <li>DI FFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT</li> <li>BONUS PAYMENT</li> <li>01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET</li> <li>02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET</li> <li>03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 × 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.</li> <li>58.04 RELIEF PAYMENT</li> </ul>						
10			ATLENT ROUTINE SW				
60 61 62 63	MEDICARE SWING-BED SNF INPATIENT REPORTING PERIOD (SEE INSTRUCTIO MEDICARE SWING-BED SNF INPATIENT REPORTING PERIOD (SEE INSTRUCTIO TOTAL MEDICARE SWING-BED SNF INF TITLE V OR XIX SWING-BED NF INPA COST REPORTING PERIOD	NS) ROUTINE COSTS A NS) ATIENT ROUTINE (	AFTER DECEMBER 31 COSTS	OF THE COST			

- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

Health Financial Systems MCRIF32 COMPUTATION OF INPATIENT OPERATING COST	FOR DELNOR-COMMUNITY HOSPI	I PROVIDER NO: I PERIOD: I 14-0211 I FROM 9/	M CMS-2552-96(05/2004) CONTD I PREPARED 1/10/2011 / 1/2009 I WORKSHEET D-1 /31/2010 I PART III I
TITLE XIX - I/P	HOSPI TAL	OTHER	
<ul> <li>PART III - SKILLED NURSING FACILITY, NUR</li> <li>SKILLED NURSING FACILITY/OTHER N SERVICE COST</li> <li>ADJUSTED GENERAL INPATIENT ROUTI</li> <li>PROGRAM ROUTINE SERVICE COST</li> <li>MEDICALLY NECESSARY PRIVATE ROOM</li> <li>TOTAL PROGRAM GENERAL INPATIENT</li> <li>CAPITAL-RELATED COST ALLOCATED T</li> <li>PER DIEM CAPITAL-RELATED COSTS</li> <li>INPATIENT ROUTINE SERVICE COST</li> <li>AGGREGATE CHARGES TO BENEFICIARI</li> <li>TOTAL PROGRAM ROUTINE SERVICE COST</li> <li>INPATIENT ROUTINE SERVICE COST</li> <li>INPATIENT ROUTINE SERVICE COST</li> <li>INPATIENT ROUTINE SERVICE COST</li> <li>REASONABLE INPATIENT ROUTINE SERVICE COST</li> <li>PROGRAM INPATIENT ANCILLARY SERV</li> <li>UTILIZATION REVIEW - PHYSICIAN C</li> <li>TOTAL PROGRAM INPATIENT OPERATIN</li> </ul>	URSING FACILITY/ICF/MR ROUTINI NE SERVICE COST PER DIEM COST APPLICABLE TO PROGRAM ROUTINE SERVICE COSTS O INPATIENT ROUTINE SERVICE CO ES FOR EXCESS COSTS STS FOR COMPARISON TO THE COST ER DIEM LIMITATION IMITATION VICE COSTS ICES OMPENSATION G COSTS	OSTS	1
PART IV - COMPUTATION OF OBSERVATION BED 83 TOTAL OBSERVATION BED DAYS 84 ADJUSTED GENERAL INPATIENT ROUTI 85 OBSERVATION BED COST			3, 463 1, 113. 86 3, 857, 297

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

COST	ROUTI NE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATI ON BED COST	OBSERVATI ON BED PASS THROUGH COST
1	2	3	4	5

- 86 OLD CAPITAL-RELATED COST
  87 NEW CAPITAL-RELATED COST
  88 NON PHYSICIAN ANESTHETIST
  89 MEDICAL EDUCATION
  89.01 MEDICAL EDUCATION ALLIED HEA
  89.02 MEDICAL EDUCATION ALL OTHER

Heal	th Financial Systems MCRIF32	FOR DELNOR-COMMUNITY	HOSPI TAL	IN LI	EU OF FORM CMS-2552	-96(07/2009) I PREPARED 1/10/2011
	INPATIENT ANCILLARY SERVICE COST APPO	RTIONMENT	1	14-0211 COMPONENT NO:	I FROM 9/ 1/2009 I TO 8/31/2010	I WORKSHEET D-4
	TITLE XVIII, PART A	HOSPI TAL	-	PPS	I	I
WKST LI NE	A COST CENTER DESCRIPTION NO.		RATIO COST TO CHARGES 1	I NPATI ENT CHARGES 2	I NPATI ENT COST 3	
25	INPAT ROUTINE SRVC CNTRS				0	
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			22, 363, 230 10, 598, 673		
37	OPERATI NG ROOM		. 31559		6, 604, 571	
38 39	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM		. 29667	75 1, 599, 654	474, 577	
40 41	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C		. 70382 . 35398		571, 961 1, 019, 601	
41	01 CAT SCAN		. 10069	5, 558, 712	559, 746	
41 41	O2 MRI O3 ULTRASOUND		. 09301 . 13150		190, 932 205, 046	
41	04 CCL		. 33617	78 8, 451, 277	2, 841, 133	
43 44	RADI OI SOTOPE LABORATORY		. 20008 . 15010		203, 230 2, 577, 173	
46 46	WHOLE BLOOD & PACKED RED BLOOD CEL 30 BLOOD CLOTTING FACTORS ADMIN COSTS	LS	. 39665	50 1, 415, 639	561, 513	
48	INTRAVENOUS THERAPY		. 23433		1, 406, 776	
49 50	RESPI RATORY THERAPY PHYSI CAL THERAPY		. 15950 . 36493		1, 486, 827 1, 655, 876	
53 54	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY		. 10549	6, 735, 756	710, 568	
55	MEDICAL SUPPLIES CHARGED TO PATIEN	TS				
56 58	DRUGS CHARGED TO PATIENTS ASC (NON-DISTINCT PART)		. 27847 . 27158		4, 413, 479 317, 908	
	01 LI THOTRI PSY	TS	. 30879		260, 412	
60	OUTPAT SERVICE COST CNTRS CLINIC	Т)				
	01 CARDIAC REHAB 02 CARDIAC CATH		. 77172	23 23, 340	18, 012	
	03 GENETIC TESTING		2. 98946	54		
	04 CHRONIC PAIN CLINIC		. 30939		5, 330	
	05 DI ABETES EDUCATI ON		. 80557		10, 901	
60	06 WOUND CARE		. 49447		6, 086	
	07 SLEEP LAB		. 21783		1 420 400	
61 62	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PAR	τ)	. 24507 . 59512		1, 429, 680	
	50 RHC	17	. 57512			
	60 FQHC					
101	OTHER REIMBURS COST CNTRS TOTAL			113, 803, 167	27, 531, 338	
101	LESS PBP CLINIC LABORATORY SERVICE	S -		113, 003, 107	27, 331, 330	
103	PROGRAM ONLY CHARGES NET CHARGES			113, 803, 167		

Heal	th Financial Systems MCR	IF32 FOR DELNOR-COM	MUNI TY HOSPI TAL	IN LIE	U OF FORM CMS-255	2-96(07/2009)
	INPATIENT ANCILLARY SERVICE	COST APPORTIONMENT	I 14 I CC	4-0211 I DMPONENT NO: I	FROM 9/ 1/2009 T0 8/31/2010	I
	TITLE XIX	HOSPI TAL		4-0211 I OTHER		I
WKST LINE	A COST CENTER DESCRIPTION	HOSPI TAL S OM BLOOD CELLS DMI N COSTS	RATIO COST TO CHARGES	I NPATI ENT CHARGES	I NPATI ENT COST	
LINE	NO.		10 CHARGES	2	3	
	INPAT ROUTINE SRVC CNTRS			-	U U	
25	ADULTS & PEDIATRICS			3, 779, 306		
26	INTENSIVE CARE UNIT	-		586, 389		
37	ANCILLARY SRVC COST CNTR OPERATING ROOM	S	. 315591	677, 209	213, 721	
37	RECOVERY ROOM		. 296675	132, 489	39, 306	
39	DELIVERY ROOM & LABOR RO	OM	. 270075	132, 409	37, 300	
40	ANESTHESI OLOGY		. 703825	55, 348	38, 955	
41	RADI OLOGY-DI AGNOSTI C		. 353987	94, 891	33, 590	
41	01 CAT SCAN		. 100697	503, 307	50, 682	
41	02 MRI		. 093013	79, 514	7, 396	
41	03 ULTRASOUND		. 131509	114, 420	15, 047	
41 43	04 CCL RADI OI SOTOPE		. 336178 . 200084	294, 423 56, 848	98, 979 11, 374	
43	LABORATORY		. 150108	786, 549	118, 067	
46	WHOLE BLOOD & PACKED RED	BLOOD CELLS	. 396650	132, 450	52, 536	
46	30 BLOOD CLOTTING FACTORS A	DMIN COSTS			- ,	
48	INTRAVENOUS THERAPY		. 234339	525, 871	123, 232	
49	RESPI RATORY THERAPY		. 159407	522, 910	83, 356	
50	PHYSICAL THERAPY		. 364854	91,028	33, 212	
53 54	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY		. 105492	164, 339	17, 336	
55	MEDICAL SUPPLIES CHARGED	TO PATLENTS				
56	DRUGS CHARGED TO PATTENT	5	. 278472	1, 135, 436	316, 187	
58	ASC (NON-DISTINCT PART)		. 271589	50, 715	13, 774	
58	01 LI THOTRI PSY	TO PATI ENTS S	. 308796	27, 324	8, 438	
	OUTPAT SERVICE COST CNTR	S				
60	CLINIC 01 CARDIAC REHAB		771700	188	145	
	02 CARDIAC KEHAB		. //1/25	100	145	
	03 GENETIC TESTING		2, 989464			
	04 CHRONIC PAIN CLINIC		. 309391	435	135	
	05 DIABETES EDUCATION		. 805572	409	329	
	06 WOUND CARE		. 492756			
60	07 SLEEP LAB		. 217832	0/7 00/	00 770	
61 62	EMERGENCY OBSERVATION BEDS (NON-DI	STINCT DADT)	. 244429	367, 296	89, 778	
63	50 RHC	STINCT FART)	. 575125			
	60 FQHC					
20	OTHER REIMBURS COST CNTR	S STINCT PART) S				
101	TUTAL			5, 813, 399	1, 365, 575	
102	LESS PBP CLINIC LABORATO	RY SERVICES -				
103	PROGRAM ONLY CHARGES NET CHARGES			5, 813, 399		
103	NET CHARGES			5, 515, 579		

Health Financial Systems MCRIF32 FOR DELNOR-COMMUNITY HOSPIT CALCULATION OF REIMBURSEMENT SETTLEMENT	TAL         IN LIEU OF FORM CMS-2552-96 (12/2008)           I         PROVIDER NO:         I         PERIOD:         I         PREPARED 1/10/2011           I         14-0211         I         FROM 9/ 1/2009         I         WORKSHEET E           I         COMPONENT NO:         I         TO         8/31/2010         I         PART A           I         14-0211         I         I         I         I         I
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL	
DESCRI PTI ON	1 1.01
DRG AMOUNT 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	2, 213, 941 6, 641, 823 17, 711, 529
<ul> <li>MANAGED CARE PATIENTS</li> <li>1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST</li> <li>1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1</li> <li>1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1</li> <li>1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)</li> <li>1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.</li> <li>1.08 SI MULATED PAYMENTS FROM PS&amp;R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.</li> <li>2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97</li> <li>2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)</li> <li>3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD</li> </ul>	1, 664, 455 150. 71
<ul> <li>INDIRECT MEDICAL EDUCATION ADJUSTMENT</li> <li>3. 01 NUMBER OF INTERNS &amp; RESIDENTS FROM WKST S-3, PART I</li> <li>3. 02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)</li> <li>3. 03 INDIRECT MEDICAL EDUCATION ADJUSTMENT</li> <li>3. 04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.</li> <li>3. 05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d) (5) (B) (viii)</li> <li>3. 06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d) (5) (B) (viii)</li> </ul>	FOR CR PERIODS ENDING ON OR
<ol> <li>3. 07 SUM OF LINES 3. 04 THROUGH 3. 06 (SEE INSTRUCTIONS)</li> <li>3. 08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS</li> <li>3. 09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DI SCHARGES OCCURRING PRIOR TO OCTOBER 1.</li> <li>3. 10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DI SCHARGES OCCURRING ON OR AFTER OCTOBER 1</li> <li>3. 11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3. 09</li> <li>3. 12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3. 10</li> <li>3. 13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.</li> <li>3. 14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)</li> <li>3. 15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE</li> <li>3. 16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE</li> <li>3. 17 SUM OF LINES 3. 14 THRU 3. 16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).</li> <li>3. 18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3. 17 DIVIDED BY LN 3)</li> <li>3. 19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)</li> <li>3. 20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3. 18 OR 3. 19 (SEE INST)</li> <li>3. 21 IME PAYMENTS FOR DI SCHARGES OCCURRING ON OR AFTER OCT 1 3. 22 IME PAYMENTS FOR DI SCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)</li> <li>3. 23 IME PAYMENTS FOR DI SCHARGES OCCURRING ON OR AFTER JANUARY 1</li> </ol>	AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
<ul> <li>3. 24 SUM OF LINES 3. 21 THROUGH 3. 23 (SEE INSTRUCTIONS).</li> <li>DI SPROPORTIONATE SHARE ADJUSTMENT</li> <li>PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)</li> <li>4. 01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I</li> <li>4. 02 SUM OF LINES 4 AND 4. 01</li> <li>4. 03 ALLOWABLE DI SPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)</li> </ul>	SUM OF LINES PLUS E-3, PT 3.21 - 3.23 VI, LINE 23
<ul> <li>4. 04 DI SPROPORTI ONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)</li> <li>ADDI TI ONAL PAYMENT FOR HI GH PERCENTAGE OF ESRD BENEFI CI ARY DI</li> <li>5 TOTAL MEDI CARE DI SCHARGES ON WKST S-3, PART I EXCLUDI NG DI SCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)</li> </ul>	SCHARGES

Health Financial Systems MCRIF32 FOR DELNOR-COMMUNITY		IN LIEU OF FORM CMS-2552-96 (12/2008) PROVIDER NO: I PERIOD: I PREPARED 1/10/2011
CALCULATION OF REIMBURSEMENT SETTLEMENT	   	PROVIDER NO.         I FRENDU.         I FRENDU.
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL		
DESCRI PTI ON		1 1.01
<ol> <li>TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)</li> <li>O2 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NO QUALIFY FOR ADJUSTMENT)</li> <li>O3 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)</li> <li>O4 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK</li> </ol>	T	
<ul> <li>5. 05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU</li> <li>5. 06 TOTAL ADDITIONAL PAYMENT</li> <li>6 SUBTOTAL (SEE INSTRUCTIONS)</li> <li>7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)</li> <li>7. 01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY</li> </ul>	IC)	335. 00 28, 231, 748
BEG. 10/1/2000) 8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH	ł	28, 231, 748
ONLY (SEE INSTRUCTIONS)         9       PAYMENT FOR INPATIENT PROGRAM CAPITAL         10       EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)         11       DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)         11.01       NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT         11.02       SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES         12       NET ORGAN ACQUISITION COST         13       COST OF TEACHING PHYSICIANS         14       ROUTINE SERVICE OTHER PASS THROUGH COSTS         15       ANCILLARY SERVICE OTHER PASS THROUGH COSTS		2, 410, 646
<ol> <li>TOTAL</li> <li>PRIMARY PAYER PAYMENTS</li> <li>TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES</li> <li>DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES</li> <li>COINSURANCE BILLED TO PROGRAM BENEFICIARIES</li> <li>COINSURANCE BILLED TO PROGRAM BENEFICIARIES</li> <li>REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)</li> <li>O1 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)</li> <li>COINSURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES</li> <li>SUBTOTAL</li> <li>RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION</li> <li>OTHER ADJUSTMENTS (SPECIFY)</li> <li>SCEDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES</li> <li>9 OUTLIER RECONCILIATION ADJUSTMENT</li> </ol>	2	30, 642, 394 6, 027 30, 636, 367 3, 004, 876 34, 023 56, 892 39, 824 46, 212 27, 637, 292
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		27 (27 202
26 AMOUNT DUE PROVIDER 27 SEQUESTRATION ADJUSTMENT 28 INTERIM PAYMENTS		27, 637, 292 27, 595, 011
<ul> <li>28. 01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)</li> <li>29 BALANCE DUE PROVIDER (PROGRAM)</li> <li>30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.</li> </ul>		42, 281
EL ONLY		

OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY TIME VALUE OF MONEY (SEE INSTRUCTIONS) CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

50 51 52 53 54 55 56

Health Financial Systems MCRIF32 FOR DELNOR-COMMUNITY HOSPI	TAL IN LIEU OF FORM CMS-2552-96 (07/2009)
CALCULATION OF REIMBURSEMENT SETTLEMENT	I         PROVIDER NO:         I         PERIOD:         I         PREPARED         1/10/2011           I         14-0211         I         FROM         9/         1/2009         I         WORKSHEET E           I         COMPONENT NO:         I         TO         8/31/2010         I         PART B           I         14-0211         I         I         I         I         I
PART B - MEDICAL AND OTHER HEALTH SERVICES HOSPITAL	
<ol> <li>MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)</li> <li>1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).</li> <li>1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.</li> </ol>	
<ol> <li>2 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.</li> <li>3 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.</li> <li>4 LINE 1. 01 TIMES LINE 1. 03.</li> <li>05 LINE 1. 02 DIVIDED BY LINE 1. 04.</li> <li>06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)</li> <li>07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.</li> <li>2 INTERNS AND RESIDENTS</li> <li>3 ORGAN ACQUISITIONS</li> </ol>	. 765 11, 415, 709 88. 05
4 COST OF TEACHING PHYSICIANS 5 TOTAL COST (SEE INSTRUCTIONS)	921
COMPUTATION OF LESSER OF COST OR CHARGES	
REASONABLE CHARGES ANCI LLARY SERVI CE CHARGES INTERNS AND RESI DENTS SERVI CE CHARGES ORGAN ACQUI SI TI ON CHARGES ORGAN ACQUI SI TI ON CHARGES CHARGES OF DEPERFECTIONAL SERVI CES OF TEACHING DUNCI CLANS	3, 309
<ul><li>9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.</li><li>10 TOTAL REASONABLE CHARGES</li></ul>	3, 309
CUSTOMARY CHARGES AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS 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). RATIO OF LINE 11 TO LINE 12	
14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	3, 309 2, 388
17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	921 10, 051, 413
COMPUTATION OF REIMBURSEMENT SETTLEMENT 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01 DEDUCTI BLES AND COI NSURANCE RELATI NG TO AMOUNT ON LI NE 17.01 (SEE I NSTRUCTI ONS)	2, 471, 950
<ol> <li>SUBTOTAL (SÈE INSTRUCTIONS)</li> <li>SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D &amp; E (SEE INSTR.)</li> <li>DI RECT GRADUATE MEDI CAL EDUCATION PAYMENTS</li> <li>ESRD DI RECT MEDI CAL EDUCATION COSTS</li> </ol>	7, 580, 384
23 SUBTOTAL 24 PRI MARY PAYER PAYMENTS	7, 580, 384 331
25 SUBTOTAL	7, 580, 053
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL S COMPOSITE RATE ESRD	
<ul> <li>27 BAD DEBTS (SEE INSTRUCTIONS)</li> <li>27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)</li> <li>27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES</li> </ul>	29, 088 20, 362 23, 410
<ul> <li>28 SUBTOTAL</li> <li>29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.</li> </ul>	7, 600, 415
<ol> <li>OTHER ADJUSTMENTS (SPECIFY)</li> <li>30. 99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)</li> <li>AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.</li> </ol>	
32 SUBTOTAL 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	7, 600, 415
34 INTERIM PAYMENTS 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	7, 579, 428
<ul> <li>BALANCE DUE PROVIDER/PROGRAM</li> <li>PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)</li> <li>IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2</li> </ul>	20, 987
TO BE COMPLETED BY CONTRACTOR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

TIME VALUE OF MONEY (SEE INSTRUCTIONS) TOTAL (SUM OF LINES 51 AND 53) 53 54

Health Financial Systems MCRIF32 FOR DELNOR-COMMU ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	INI TY H	HOSPI TAL I I I I	PROVIDER NO: I 14-0211 I	FROM 9/ 1/2009 TO 8/31/2010	I PREPARED 1/10/2011 I WORKSHEET E-1
TITLE XVIII HOSPITAL					
DESCRI PTI ON		INF MM/DD/Y1 1		PART MM/DD/YYYY 3	B AMOUNT 4
<ol> <li>TOTAL INTERIM PAYMENTS PAID TO PROVIDER</li> <li>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.</li> <li>LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)</li> </ol>			27, 595, 011 NONE	5	7, 579, 428 NONE
ADJUSTMENTS TO PROVI DER ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM	. 01 . 02 . 03 . 04 . 05 . 50 . 51 . 52 . 53 . 54				
SUBTOTAL 4 TOTAL INTERIM PAYMENTS	. 99		NONE 27, 595, 011		NONE 7, 579, 428
TO BE COMPLETED BY INTERMEDIARY 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM	. 01 . 02 . 03 . 50 . 51 . 52				
SUBTOTAL 6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM	. 99 . 01 . 02		NONE 42, 281		NONE 20, 987
BASED ON COST REPORT (1) 7 TOTAL MEDICARE PROGRAM LIABILITY	. 02		27, 637, 292		7, 600, 415
NAME OF INTERMEDIARY: INTERMEDIARY NO:					
SI GNATURE OF AUTHORI ZED PERSON:					
DATE://					

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

Health Fi	nancial Systems MCRIF32	FOR DELNOR-COMMUNITY HOSPITAL		ORM CMS-2552-96-E-3 (5/2008)
	CALCULATION OF REIMBURSEN	IENT SETTLEMENT I	14-0211 I FROM	0D: I PREPARED 1/10/2011 9/ 1/2009 I WORKSHEET E-3 8/31/2010 I PART III
PART II	- TITLE V OR TITLE XIX SERVICE	IS OR TITLE XVIII SNF PPS ONLY		1
	TITLE XIX	HOSPI TAL	OTHER TI TLE V OR TI TLE XI X	TITLE XVIII SNF PPS
1 2 3 4 5 6	COMPUTATION OF NET COST OF COVE INPATIENT HOSPITAL/SNF/NF SERVI MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS (SEE INST ORGAN ACQUISITION (CERT TRANSPL COST OF TEACHING PHYSICIANS (SE SUBTOTAL	CES RUCTIONS) ANT CENTERS ONLY)	1 3, 774, 603 3, 774, 603	2
7 8 9	INPATIENT PRIMARY PAYER PAYMENT OUTPATIENT PRIMARY PAYER PAYMEN SUBTOTAL		3, 774, 603	
	COMPUTATION OF LESSER OF COST C	R CHARGES		
10 11 12 13 14 15 16	REASONABLE CHARGES ROUTI NE SERVI CE CHARGES ANCI LLARY SERVI CE CHARGES I NTERNS AND RESI DENTS SERVI CE C ORGAN ACQUI SI TI ON CHARGES, NET TEACHI NG PHYSI CI ANS I NCENTI VE FROM TARGET AMOUNT CC TOTAL REASONABLE CHARGES	OF REVENUE	4, 365, 695 5, 813, 399 10, 179, 094	
	CUSTOMARY CHARGES		10, 177, 074	
17 18 19	AMOUNT ACTUALLY COLLECTED FROM PAYMENT FOR SERVICES ON A CHARG AMOUNTS THAT WOULD HAVE BEEN RE FOR PAYMENT FOR SERVICES ON A C BEEN MADE IN ACCORDANCE WITH 42 RATIO OF LINE 17 TO LINE 18	E BASIS ALIZED FROM PATIENTS LIABLE HARGE BASIS HAD SUCH PAYMENT		
20 21 22	TOTAL CUSTOMARY CHARGES (SEE IN EXCESS OF CUSTOMARY CHARGES OVE EXCESS OF REASONABLE COST OVER	R REASONABLE COST	10, 179, 094 6, 404, 491	
23	COST OF COVERED SERVICES PROSPECTIVE PAYMENT AMOUNT		3, 774, 603	
24 25 26 27 28 29	OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS PROGRAM CAPITAL PAYMENTS CAPITAL EXCEPTION PAYMENTS (SEE ROUTINE SERVICE OTHER PASS THRC ANCILLARY SERVICE OTHER PASS TH	UGH COSTS		
30 31 32	SUBTOTAL CUSTOMARY CHARGES (TITLE XIX PF TITLES V OR XIX PPS, LESSER OF XVIII ENTER AMOUNT FROM LINE 3C	LNS 30 OR 31; NON PPS & TITLE	3, 774, 603 3, 774, 603	
33	DEDUCTIBLES (EXCLUDE PROFESSION	AL COMPONENT)		
34 35	COMPUTATION OF REIMBURSEMENT SE EXCESS OF REASONABLE COST SUBTOTAL	IILEMENI	3, 774, 603	
38.02	COINSURANCE SUM OF AMOUNTS FROM WKST. E, PA REIMBURSABLE BAD DEBTS (SEE INS ADJUSTED REIMBURSABLE BAD DEBTS BEFORE 10/01/05 (SEE INSTRUCTIO REIMBURSABLE BAD DEBTS FOR DUAL ADJUSTED REIMBURSABLE BAD DEBTS ON OR AFTER 10/01/05 (SEE INSTR UTI LIZATI ON REVIEW	TRUCTIONS) 5 FOR PERIODS ENDING NS) 6 ELIGIBLE BENEFICIARIES 5 FOR PERIODS BEGINNING		
40 41 42 43	SUBTOTAL (SEE INSTRUCTIONS) INPATIENT ROUTINE SERVICE COST MEDICARE INPATIENT ROUTINE CHAR AMOUNT ACTUALLY COLLECTED FROM PAYMENT FOR SERVICES ON A CHARG	PATIENTS LIABLE FOR	3, 774, 603	
44 45 46 47	AMOUNTS THAT WOULD HAVE BEEN RE FOR PAYMENT OF PART A SERVICES RATIO OF LINE 43 TO 44 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVE	ALIZED FROM PATIENTS LIABLE		
48 49 50 51	EXCESS OF REASONABLE COST OVER RECOVERY OF EXCESS DEPRECIATION TERMINATION OR A DECREASE IN PF OTHER ADJUSTMENTS (SPECIFY) AMOUNTS APPLICABLE TO PRIOR COS	CUSTOMARY CHARGES I RESULTING FROM PROVIDER OGRAM UTILIZATION		
52	RESULTING FROM DISPOSITION OF D	EPRECIABLE ASSETS	3, 774, 603	
53 54 55	I NDI RECT MEDI CAL EDUCATION ADJU DI RECT GRADUATE MEDI CAL EDUCATI TOTAL AMOUNT PAYABLE TO THE PRO	ON PAYMENTS VI DER	3, 774, 603	
56 57 57 01	SEQUESTRATION ADJUSTMENT (SEE I INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FISCA	·	3, 774, 603	
57.01		L ENERINATIONE UNET		

Health Financial Systems	MCRI F32	FOR DELNOR-COMMUNITY HOSPI	TAL	IN LIE	U OF FO	RM CMS-2552	-96-E-3 (	5/2008)
, s			I	PROVI DER NO:	I PERIO	D:	I PREPA	RED 1/10/2011
CALCULATION OF	REI MBURSEMENT	F SETTLEMENT	I.			9/ 1/2009	I WOR	KSHEET E-3
			I.	COMPONENT NO:	I TO	8/31/2010	I PA	ART III
			I	-	1		1	
PART III - TITLE V OR TITLE	XIX SERVICES (	OR TITLE XVIII SNF PPS ONLY						
TITLE XI	Х	HOSPI TAL		OTHER				
				TITLE V O	R	TITLE X	VIII	
				TITLE XIX		SNF P	PS	
				1		2		

- 58 59
- BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

Health Financial Systems MCRIF32 BALANCE SHEET	FOR DELNOR-COMMUNITY HOSPITAL I I I	PROVIDER NO: I F	FROM 9/ 1/2009	I PREPARED 1/10/2011
ASSETS	GENERAL FUND	SPECI FI C PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS 1 CASH ON HAND AND IN BANKS 2 TEMPORARY INVESTMENTS 3 NOTES RECEIVABLE	8, 622, 322 112, 483			
ACCOUNTS RECEIVABLE     OTHER RECEIVABLES     LESS: ALLOWANCE FOR UNCOLLECTIBLE     RECEIVABLE	21, 775, 382 3, 212, 708 NOTES & ACCOUNTS			
7 I NVENTORY 8 PREPAI D EXPENSES 9 OTHER CURRENT ASSETS 10 DUE FROM OTHER FUNDS	3, 428, 765 2, 552, 171			
11 TOTAL CURRENT ASSETS	39, 703, 831			
FIXED ASSETS 12 LAND	11, 008, 693			
12. 01 13 LAND IMPROVEMENTS 13. 01 LESS ACCUMULATED DEPRECIATION 14 BUILDINGS 14. 01 LESS ACCUMULATED DEPRECIATION 15 LEASEHOLD IMPROVEMENTS 15. 01 LESS ACCUMULATED DEPRECIATION 16 FIXED EQUIPMENT 16. 01 LESS ACCUMULATED DEPRECIATION 17 AUTOMOBILES AND TRUCKS 17. 01 LESS ACCUMULATED DEPRECIATION	149, 011, 685			
18 MAJOR MOVABLE EQUIPMENT 18.01 LESS ACCUMULATED DEPRECIATION 19 MINOR EQUIPMENT DEPRECIABLE 19.01 LESS ACCUMULATED DEPRECIATION 20 MINOR EQUIPMENT-NONDEPRECIABLE	86, 816, 376 -115, 388, 163			
21 TOTAL FIXED ASSETS	131, 448, 591			
OTHER ASSETS 22 INVESTMENTS 23 DEPOSITS ON LEASES 24 DUE FROM OWNERS/OFFICERS	141, 839, 293			
25 OTHER ASSETS 26 TOTAL OTHER ASSETS	29, 477, 295 171, 316, 588			
27 TOTAL ASSETS	342, 469, 010			

Health Financial Systems MCRIF32 FOR DELNOR-COMMUN BALANCE SHEET	NETY HOSPETAL I I I	IN LIE PROVIDER NO: 14-0211	EU OF FORM CMS-2552- I PERIOD: I FROM 9/ 1/2009 I TO 8/31/2010	I PREPARED 1/10/2011
LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECI FI C PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ETABLETTI ES AND TOND BALANCE	1	2	3	4
CURRENT LI ABI LI TI ES		2	5	
28 ACCOUNTS PAYABLE	6, 893, 791			
29 SALARIES, WAGES & FEES PAYABLE	13, 322, 258			
30 PAYROLL TAXES PAYABLE	10,022,200			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED I NCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	19, 791, 654			
35 OTHER CURRENT LI ABI LI TI ES	3, 476, 817			
36 TOTAL CURRENT LI ABI LI TI ES	43, 484, 520			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	128, 884, 061			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	17, 176, 089			
42 TOTAL LONG-TERM LIABILITIES	146, 060, 150			
43 TOTAL LI ABI LI TI ES	189, 544, 670			
CAPI TAL ACCOUNTS				
44 GENERAL FUND BALANCE	152, 924, 340			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT,				

50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION

	REPLACEMENT AND EXPANSION	
51	TOTAL FUND BALANCES	152, 924, 340
52	TOTAL LIABILITIES AND FUND BALANCES	342, 469, 010

Health Financial Systems	MCRI F32	FOR DELNOR-COMMUNITY H	OSPI TAL	IN LI	EU OF FOR	CMS-2552-9	5 (09/1996)	
			I	PROVIDER NO:	I PERIC	D:	PREPARED	1/10/2011
STATEMENT OF CHANGES IN	I FUND BALANCES		I	14-0211	I FROM	9/ 1/2009	WORKSHE	ET G-1
			I		I TO	8/31/2010		

SPECIFIC PURPOSE FUND

PLANT FUND

		GENERAL FUND				
		1	2			
1	FUND BALANCE AT BEGINNING OF PERIOD		140, 118, 179			
2	NET INCOME (LOSS)		5, 277, 644			
3	TOTAL		145, 395, 823			
4	ADDITIONS (CREDIT ADJUSTMENTS) ADDITIONS (CREDIT ADJUSTM	(SPECI FY)				
5	TRANSFER TO AFFLIATE	65, 557				
6	NET ASSETS RELEASED FROM	1,230,606				
7	NON OPERATING GAINS AND L	7, 524, 740				
8						
9						
10	TOTAL ADDITIONS		8, 820, 903			
11	SUBTOTAL		154, 216, 726			
	DEDUCTIONS (DEBIT ADJUSTMENTS)	(SPECI FY)				
12	NON OPERATING GAINS AND L					
13	INCREASE DECREASE IN TEMP	1, 292, 386				
14						
15						
16						
17			1 000 00/			
18	TOTAL DEDUCTIONS		1, 292, 386			
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		152, 924, 340			

ENDOWMENT FUND FUND BALANCE AT BEGINNING OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) ADDITIONS (CREDIT ADJUSTM TRANSFER TO AFFLIATE NET ASSETS RELEASED FROM 7 NON OPERATING GAINS AND L 9 TOTAL ADDITIONS SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) NON OPERATING GAINS AND L INCREASE DECREASE IN TEMP 14 15 

 TOTAL DEDUCTIONS
 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET

Health Financial Systems	MCRI F32	FOR DELNOR-COMMUNITY	/ HOSPI TAL	IN L	IEU OF FOR	RM CMS-2552-9	6 (09/1996)	
			I	PROVI DER NO:	I PERIC	D:	I PREPARED	1/10/2011
STATEMENT OF PATIE	ENT REVENUES AN	ID OPERATING EXPENSES	I	14-0211	I FROM	9/ 1/2009	I WORKSHE	ET G-2
			I		I TO	8/31/2010	I PARTS I	& 11

## PART I - PATIENT REVENUES

REVENUE CENTER	I NPATI ENT 1	OUTPATI ENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES 1 00 HOSPITAL 4 00 SWING BED - SNF	74, 530, 698		74, 530, 698
5 OO SWING BED - NF 9 OO TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	74, 530, 698		74, 530, 698
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS 10 00 INTENSIVE CARE UNIT 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE 17 00 ANCILLARY SERVICES 18 00 OUTPATIENT SERVICES 18 50 RHC	18, 713, 201 18, 713, 201 93, 243, 899 213, 715, 371		
<ol> <li>60 FOHC</li> <li>9 00 HOME HEALTH AGENCY</li> <li>21 10 CMHC</li> <li>20 OUTPATI ENT PHYSI CAL THERAPY</li> <li>30 OUTPATI ENT OCCUPATI ONAL THERAPY</li> <li>40 OUTPATI ENT SPEECH PATHOLOGY</li> </ol>		3, 330, 218	3, 330, 218
24 00 NR 25 00 TOTAL PATIENT REVENUES	306, 959, 270	319, 215, 008	626, 174, 278
PART II-OPER/	ATING EXPENSES		
26 00 OPERATI NG EXPENSES ADD (SPECI FY)		189, 441, 546	
27 OO GAAP BAD DEBTS 28 OO PROVIDER TAX 29 OO INTENSIVE CARE UNIT 30 OO CORONARY CARE UNIT 31 OO BURN INTENSIVE CARE UNIT 32 OO SURGICAL INTENSIVE CARE UNIT	8, 254, 624		
33 OO TOTAL ADDITIONS DEDUCT (SPECIFY)		8, 254, 624	
34 OO NON OPERATING ACTIVITY 35 OO	2, 101, 123		
36 00 OTHER 37 00 RECONCI LI NG 38 00 TOTAL	434, 235 139		
39 00 TOTAL DEDUCTIONS 40 00 TOTAL OPERATING EXPENSES		2, 535, 497 195, 160, 673	

STATEMENT OF REVENUES AND EXPENSES

	ΙN	LIEU (	OF FOF	RM CMS-2552-	-96	(09/1996)	
PROVI DER	NO:	1	PERI (	DD:	1	PREPARED	1/10/2011
14-0211		1	FROM	9/ 1/2009	1	WORKSHE	ET G-3
		1	TO	8/31/2010	1		

1

DESCRI PTI ON

1 2 3 4 5	TOTAL PATIENT REVENUES LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS NET PATIENT REVENUES LESS: TOTAL OPERATING EXPENSES NET INCOME FROM SERVICE TO PATIENTS OTHER INCOME	626, 174, 278 430, 219, 813 195, 954, 465 195, 160, 673 793, 792
6 7 8 9	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. INCOME FROM INVESTMENTS REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE REVENUE FROM TELEVISION AND RADIO SERVICE	67, 192 125, 048 124, 535
10 11 12	PURCHASE DI SCOUNTS REBATES AND REFUNDS OF EXPENSES PARKI NG LOT RECEI PTS	36, 801 82, 768
13 14 15 16	REVENUE FROM LAUNDRY AND LINEN SERVICE REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS REVENUE FROM RENTAL OF LIVING QUARTERS REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES	487, 520
17	TO OTHER THAN PATIENTS REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	63, 886
18 19 20 21 22	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN RENTAL OF VENDING MACHINES RENTAL OF HOSPITAL SPACE	106, 649
23 24 25 26	GOVERNMENTAL APPROPRIATIONS OTHER (SPECIFY) TOTAL OTHER INCOME TOTAL OTHER EXPENSES	3, 389, 487 4, 483, 886 5, 277, 678
27 27. 01 28 29	OTHER EXPENSES ROUNDING OTHER	34
30 31	TOTAL OTHER EXPENSES NET INCOME (OR LOSS) FOR THE PERIOD	34 5, 277, 644

ANALYS	inancial Systems MCRIF32 SIS OF PROVIDER-BASED HEALTH AGENCY COSTS	FOR DELM	IOR-COMMUNI TY HO	ISPI TAL I I I I	PROVI DE 14-0211 HHA NO: 14-7093	R NO: I PERIC I FROM I TO	RM CMS-2552-96 D: I 9/ 1/2009 I 8/31/2010 I I	(05/2007) PREPARED 1/10/2011 WORKSHEET H
		HHA	x 1					
		SALARI ES	EMPLOYEE	TRANSPO	RTATI ON	CONTRACTED/	OTHER COST	S TOTAL
		1	BENEFITS 2		3	PURCHASED SVCS 4	5	6
1 2 3 4	GENERAL SERVICE COST CENT CAP-REL COST-BLDG & FIX CAP-REL COST-MOV EQUIP PLANT OPER & MAINT TRANSPORTATION	ERS						
5	ADMIN & GENERAL HHA REIMBURSABLE SERVICES	521, 615					79, 654	601, 269
6	SKILLED NURSING CARE	355,065			6, 769			381, 834
7 8	PHYSICAL THERAPY OCCUPATIONAL THERAPY	469, 340 49, 192			8, 245 3, 492			497, 585 52, 684
9 10	SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES	11, 805			1, 008 148			12, 813 148
11 12	HOME HEALTH AIDE SUPPLIES	21, 151			4, 269		21,050	25, 420 21, 050
13	DRUGS						73	73
13. 20 14 15 16 17 18 19 20	COST ADMINISTERING DRUGS DME HHA NONREIMBURSABLE SERVI HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM	CES					121, 279	121, 279
21 22 23	HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER TELEMEDICINE TOTAL (SUM OF LINES 1-23)	1, 428, 168		6	3, 931		222, 056	1, 714, 155
		RECLASSI FI - CATI ONS 7	RECLASSI FI ED TRI AL BALANCE 8	ADJUS	TMENTS 9	NET EXPENSES FOR ALLOCATION 10	I	
1 2 3 4	GENERAL SERVICE COST CENT CAP-REL COST-BLDG & FIX CAP-REL COST-MOV EQUIP PLANT OPER & MAINT TRANSPORTATION	ERS						
5	ADMIN & GENERAL HHA REIMBURSABLE SERVICES	31, 849	633, 118			633, 118		
6 7 8 9 10 11 12 13 13, 20	SKI LLED NURSI NG CARE PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY MEDI CAL SOCI AL SERVI CES HOME HEALTH AI DE SUPPLI ES DRUGS COST ADMI NI STERI NG DRUGS		381, 834 497, 585 52, 684 12, 813 148 25, 420 21, 050 73			381, 834 497, 585 52, 684 12, 813 148 25, 420 21, 050 73		
13. 20 14 15	DME HHA NONREI MBURSABLE SERVI HOME DI ALYSI S AI DE SVCS	CES	121, 279	-12	0, 805	474		
16 17 18 19 20 21 22 23	RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER							
23. 50 24	TELEMEDICINE TOTAL (SUM OF LINES 1-23)	31, 849	1, 746, 004	-12	0, 805	1, 625, 199		

Health Financial Systems MCRI COST ALLOCATION - HHA GENERAL SERVICE COST		DELNOR-COMMUNI 1	TY HOSPITAL I I I I	IN LI PROVI DER NO: 14-0211 HHA NO: 14-7093	EU OF FORM CMS- I PERIOD: I FROM 9/ 1/2 I TO 8/31/2 I	I PREPAR 2009 I WORKSH	RED 1/10/2011
		HHA 1					
	NET EXPENSES FOR COST ALLOCATI ON	CAP-REL COST-BLDG & FLX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
GENERAL SERVI CE COST CI 1 CAP-REL COST-BLDG & FIX 2 CAP-REL COST-BLDG & FIX 2 CAP-REL COST-MOV EQUIP 3 PLANT OPER & MAINT 4 TRANSPORTATI ON 5 ADMI NI STRATI VE & GENERAL HHA REI MBURSABLE SERVIO 6 SKI LLED NURSI NG CARE 7 PHYSI CAL THERAPY 8 OCCUPATI ONAL THERAPY 9 SPEECH PATHOLOGY 10 MEDI CAL SOCI AL SERVI CES 11 HOME HEALTH AI DE 12 SUPPLIES 13 DRUGS 13.20 COST ADMI NI STERI NG DRUGS 14 DME HHA NONREI MBURSABLE SEI 15 HOME DI ALYSI S AI DE SVCS 16 RESPI RATORY THERAPY 17 PRI VATE DUTY NURSI NG 18 CLI NI C 19 HEALTH PROM ACTI VI TI ES 20 DAY CARE PROGRAM 21 HOME DEL MEALS PROGRAM 22 HOMEMAKER SERVI CE 23 ALL OTHERS 23.50 TELEMEDI CI NE	0 ENTERS CES 381, 834 497, 585 52, 684 12, 813 148 25, 420 21, 050 73 474	1	EQUI P 2	3	4	4A 633, 118 381, 834 497, 585 52, 684 12, 813 148 25, 420 21, 050 73 474	5 633, 118 243, 676 317, 545 33, 621 8, 177 94 16, 222 13, 434 47 302
24 TOTAL (SUM OF LINES 1-23)	) 1, 625, 199	)				1, 625, 199	
	TOTAL						

		6	
4	GENERAL SERVICE COST CENTERS		
1 2	CAP-REL COST-BLDG & FIX CAP-REL COST-MOV FOULP		
2	PLANT OPER & MAINT		
4	TRANSPORTATION		
5	ADMINISTRATIVE & GENERAL		
	HHA REIMBURSABLE SERVICES		
6	SKILLED NURSING CARE	625, 510	
7	PHYSI CAL THERAPY	815, 130	
8 9	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	86, 305 20, 990	
10	MEDICAL SOCIAL SERVICES	20, 990	
10	HOME HEALTH ALDE	41, 642	
12	SUPPLIES	34, 484	
13	DRUGS	120	
13.20			
14	DME	776	
4.5	HHA NONREI MBURSABLE SERVI CES		
15 16	HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY		
10	PRIVATE DUTY NURSING		
18	CLINIC		
19	HEALTH PROM ACTIVITIES		
20	DAY CARE PROGRAM		
21	HOME DEL MEALS PROGRAM		
22	HOMEMAKER SERVICE		
23 23, 50	ALL OTHERS TELEMEDICINE		
23.50 24		1, 625, 199	
27	TOTAL (SOM OF LINES 1-23)	1,020,177	

Health Financial Systems MCRIF32 COST ALLOCATION - HHA STATISTICAL BASIS	FOR DELNOR-COMMUNITY HOSPI	I PROVIDER NO: I P	ROM 9/ 1/2009 I W	D5/2007) REPARED 1/10/2011 DRKSHEET H-4 PART II
	HHA 1			
CAP-REL COST-BLI FLX		OPER & TRANSPORTATIO REC N N	ONCILIATIO ADMINISTR/ E & GENER/	
	JARE ( DOLLAR ( S ) VALUE ) FEET	QUARE ( MILEAGE )) ( 3 4	( ACCU COST 5A 5	И. )
GENERAL SERVICE COST CENTERS 1 CAP-REL COST-BLDG & FIX 2 CAP-REL COST-MOV EQUIP 3 PLANT OPER & MAINT 4 TRANSPORTATION	-			
5 ADMI NI STRATI VE & GENERAL HHA REI MBURSABLE SERVI CES			-633, 118 992,	081
<ul> <li>6 SKI LLED NURSI NG CARE</li> <li>7 PHYSI CAL THERAPY</li> <li>8 OCCUPATI ONAL THERAPY</li> <li>9 SPEECH PATHOLOGY</li> <li>10 MEDI CAL SOCI AL SERVI CES</li> <li>11 HOME HEALTH AI DE</li> <li>12 SUPPLI ES</li> <li>13 DRUGS</li> <li>13. 20 COST ADMI NI STERI NG DRUGS</li> <li>14 DME</li> </ul>			12,	
HHA NONREI MEURSABLE SERVICES         15       HOME DI ALYSI S AI DE SVCS         16       RESPI RATORY THERAPY         17       PRI VATE DUTY NURSI NG         18       CLI NI C         19       HEALTH PROM ACTI VI TI ES         20       DAY CARE PROGRAM         21       HOME DEL MEALS PROGRAM         22       HOMEMAKER SERVI CE         23       ALL OTHERS         23.50       TELEMEDI CI NE				
<ul> <li>24 TOTAL (SUM OF LINES 1-23)</li> <li>25 COST TO BE ALLOCATED</li> <li>26 UNIT COST MULIPLIER</li> </ul>			-633, 118 992, 633, . 638	

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	FOR DELNOR	-COMMUNI TY HOSPI	TAL I I I	PROVI DER 14-0211 HHA NO: 14-7093	NO: I PERIO	RM CMS-2552-96 D: I 9/ 1/2009 I 8/31/2010 I I	(05/2007) PREPARED 1/10/2011 WORKSHEET H-5 PART I
	HHA 1						
HHA COST CENTER	HHA TRI AL BALANCE (1) O	OLD CAP REL COSTS-BLDG & 1		CAP REL FS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1ADMI N & GENERAL2SKI LLED NURSI NG CARE3PHYSI CAL THERAPY4OCCUPATI ONAL THERAPY5SPEECH PATHOLOGY6MEDI CAL SOCI AL SERVI CES7HOME HEALTH AI DE8SUPPLI ES9DRUGS92011HOME DI ALYSI S AI DE SVCS12RESPI RATORY THERAPY13PRI VATE DUTY NURSI NG14CLI NI C15HEALTH PROM ACTI VI TI ES16DAY CARE PROGRAM17HOME MEALS PROGRAM18HOMEMAKER SERVI CE19ALL OTHER	625, 510 815, 130 86, 305 20, 990 242 41, 642 34, 484 120 776					7,642	175, 291 114, 981 151, 987 15, 930 3, 823 6, 849
19.50 TELEMEDICINE 20 TOTAL (SUM OF 1-19) (2) 21 UNIT COST MULIPLIER	1, 625, 199					7,642	468, 861

COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

		NONPATIENT T I ELEPHONES	S	PURCHASI NG	PT REG	PT ACCTS	SUBTOTAL
HHA	COST CENTER	6. 01	6.02	6.03	6.04	6.05	6A. 05
1 2 3 4 5 6 7 8 9 9.20 10 11 12 13 14 15 16 17 18 19 25 5 5 5 5 5 5 5 5 5 6 7 8 9 9 9 5 6 7 8 9 9 5 5 6 7 8 9 9 9 5 6 7 8 9 9 5 5 6 7 8 9 9 9 5 6 7 8 9 9 9 9 9 5 6 7 8 9 9 9 9 5 6 7 8 9 9 9 5 6 7 8 9 9 9 5 6 7 8 9 9 9 5 6 7 8 9 9 9 5 6 7 8 9 9 9 5 6 7 10 11 11 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10	ADMI N & GENERAL SKI LLED NURSI NG CARE PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY MEDI CAL SOCI AL SERVI CES HOME HEALTH AI DE SUPPLI ES DRUGS COST ADMI NI STERI NG DRUGS DME HOME DI ALYSI S AI DE SVCS RESPI RATORY THERAPY PRI VATE DUTY NURSI NG CLI NI C HEALTH PROM ACTI VI TI ES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVI CE ALL OTHER TELEVIELO UNE	7, 768		6, 529			197, 230 740, 491 967, 117 102, 235 24, 813 242 48, 491 34, 484 120 776
19. 50 20 21	TELEMEDICINE TOTAL (SUM OF 1-19) (2) UNIT COST MULIPLIER	7, 768		6, 529			2, 115, 999

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	FOR DELNOR-	COMMUNI TY HOSP	I TAL I PROVI DER I 14-0211 I HHA NO: I 14-7093	NO: I PERIO		(05/2007) PREPARED 1/10/2011 WORKSHEET H-5 PART I
	HHA 1					
HHA COST CENTER	OTHER ADMINI STRATIVE AND 6.06	MAI NTENANCE & REPAI RS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DI ETARY 11
1       ADMIN & GENERAL         2       SKI LLED NURSI NG CARE         3       PHYSI CAL THERAPY         4       OCCUPATI ONAL THERAPY         5       SPEECH PATHOLOGY         6       MEDI CAL SOCI AL SERVICES         7       HOME HEALTH AI DE         8       SUPPLI ES         9       DRUGS         9       20         10       DME         11       HOME DI ALYSI S AI DE SVCS         12       RESPI RATORY THERAPY         13       PRI VATE DUTY NURSI NG         14       CLI NI C         15       HEALTH PROM ACT I VI TI ES         16       DAY CARE PROGRAM         17       HOME DEL MEALS PROGRAM         18       HOMEMAKER SERVI CE         19       ALL OTHER         19.50       TELEMEDI CI NE         20       TOTAL (SUM OF 1-19) (2)         21       UNI T COST MULI PLI ER				W/CT D DADT		
	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATI ON	CENTRAL SERV	PHARMACY	MEDI CAL RECO RDS & LI BRAR
HHA COST CENTER	12	13	14	15	16	17
1ADMI N & GENERAL2SKI LLED NURSI NG CARE3PHYSI CAL THERAPY4OCCUPATI ONAL THERAPY5SPEECH PATHOLOGY6MEDI CAL SOCI AL SERVI CES7HOME HEALTH AI DE8SUPPLI ES9DRUGS9. 20COST ADMI NI STERI NG DRUGS10DME11HOME DI ALYSI S AI DE SVCS12RESPI RATORY THERAPY13PRI VATE DUTY NURSI NG14CLI NI C15HEALTH PROM ACTI VI TI ES16DAY CARE PROGRAM17HOME DEL MEALS PROGRAM18HOMEMAKER SERVI CE19ALL OTHER20TOTAL (SUM OF 1-19) (2)			63, 032	854	76, 747	
21 UNIT COST MULIPLIER			00,002	004	10, 141	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Heal th Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	FOR DELNOR	-COMMUNI TY HOSP	I TAL I PROVI DER I 14-0211 I HHA NO: I 14-7093	NO: I PERIC		(05/2007) PREPARED 1/10/2011 WORKSHEET H-5 PART I
	HHA 1					
HHA COST CENTER	SOCIAL SERVI CE 18	NONPHYSI CI AN ANESTHETI ST 20	NURSING SCHO OL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM-(SPECIFY 24
1ADMIN & GENERAL2SKI LLED NURSING CARE3PHYSICAL THERAPY4OCCUPATIONAL THERAPY5SPEECH PATHOLOGY6MEDICAL SOCIAL SERVICES7HOME HEALTH AIDE8SUPPLIES9DRUGS92010DME11HOME DIALYSIS AIDE SVCS12RESPIRATORY THERAPY13PRIVATE DUTY NURSING14CLINIC15HEALTH PROM ACTIVITIES16DAY CARE PROGRAM17HOME DEL MEALS PROGRAM18HOMEMAKER SERVICE19ALL OTHER19. 50TELEMEDICINE20TOTAL (SUM OF 1-19) (2)21UNIT COST MULIPLIER						

COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

		SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
HHA	COST CENTER	25	26	27	28	29
1 2 3 4 5 6 7 8 9 9,20 10 11 12 13 14 15 16 17 18 19 20 5 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 10	ADMIN & GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST ADMINISTERING DRUGS DME HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DAL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER	379, 437 896, 577 1, 170, 972 123, 785 30, 043 293 58, 712 41, 753 145 940		379, 437 896, 577 1, 170, 972 123, 785 30, 043 293 58, 712 41, 753 145 940	146, 433 191, 246 20, 217 4, 907 48 9, 589 6, 819 24 154	1, 043, 010 1, 362, 218 144, 002 34, 950 341 68, 301 48, 572 169 1, 094
19. 50 20 21	TELEMEDICINE TOTAL (SUM OF 1-19) (2) UNIT COST MULIPLIER	2, 702, 657		2, 702, 657	379, 437 0. 163324	2, 702, 657

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	FOR DELNOR-COMMUNITY	Y HOSPITAL I PROVIDE I 14-0211 I HHA NO: I 14-7093	ER NO: I PERI I FROM I TO		(05/2007) PREPARED 1/10/2011 WORKSHEET H-5 PART II
	HHA 1				
HHA COST CENTER	OLD CAP REL OLD CAP COSTS-BLDG & COSTS-M (SQUARE (OLD MME FEET ) DE PR 1 2	VBLE COSTS-BLDG & (SQUARE ) FEET	NEW CAP REL COSTS-MVBLE (NEW MME ) DE PT 4	EMPLOYEE BEN EFITS (GROSS ) SALARIES 5	NONPATI ENT T ELEPHONES (NON ) PATI ENT TE ) 6. 01
1ADMIN & GENERAL2SKI LLED NURSI NG CARE3PHYSI CAL THERAPY4OCCUPATI ONAL THERAPY5SPEECH PATHOLOGY6MEDI CAL SOCI AL SERVI CES7HOME HEALTH AI DE8SUPPLI ES9DRUGS9.20COST ADMI NI STERI NG DRUGS10DME11HOME DI ALYSI S AI DE SVCS12RESPI RATORY THERAPY13PRI VATE DUTY NURSI NG14CLI NI C15HEALTH PROM ACTI VI TI ES16DAY CARE PROGRAM17HOME DEL MEALS PROGRAM18HOMEMAKER SERVI CE19ALL OTHER19.50TELEMEDI CI NE20TOTAL (SUM OF 1-19)21COST TO BE ALLOCATED22UNIT COST MULI PLI ER			7, 131 7, 131 7, 642 1, 071659	541, 304 355, 065 469, 340 49, 192 11, 805 21, 151 1, 447, 857 468, 861 0. 323831	31 7, 768 250. 580645
	IS PURCHASI		PT ACCTS	RECONCI LI ATI ON	OTHER ADMINI STRATIVE AND
HHA COST CENTER	(DATA (PURCHASI PRODUCED ) 6. 02 6.	I NG (GROSS ) CHARGES . 03 6. 04	(GROSS ) CHARGES 6. 05	) 6A. 06	( ACCUM. COST ) 6.06
1ADMIN & GENERAL2SKI LLED NURSI NG CARE3PHYSI CAL THERAPY4OCCUPATI ONAL THERAPY5SPEECH PATHOLOGY6MEDI CAL SOCI AL SERVI CES7HOME HEALTH AI DE8SUPPLI ES9DRUGS9. 20COST ADMI NI STERI NG DRUGS10DME11HOME DI ALYSI S AI DE SVCS12RESPI RATORY THERAPY13PRI VATE DUTY NURSI NG14CLI NI C15HEALTH PROM ACTI VI TI ES16DAY CARE PROGRAM17HOME DEL MEALS PROGRAM18HOMEMAKER SERVI CE19ALL OTHER19. 50TELEMEDI CI NE	134, 3	91			197, 230 740, 491 967, 117 102, 235 24, 813 242 48, 491 34, 484 120 776
20 TOTAL (SUM OF 1-19) 21 COST TO BE ALLOCATED 22 UNIT COST MULIPLIER	134, 3 6, 5 0. 0485	29			2, 115, 999 446, 025 0. 210787

Health Financial Systems MCRIF32 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	FOR DELNOR-COMMUNITY HOSPITAL I I I I	PROVIDER NO: I PERIO	DRM CMS-2552-96 (05/2007) DD: I PREPARED 1/10/2011 9/ 1/2009 I WORKSHEET H-5 8/31/2010 I PART II I
	HHA 1		
HHA COST CENTER	& REPAIRS PLANT NEN		DI ETARY CAFETERI A (MEALS (MEALS ) SERVED ) SERV ED ) 11 12
1ADMIN & GENERAL2SKI LLED NURSI NG CARE3PHYSI CAL THERAPY4OCCUPATI ONAL THERAPY5SPEECH PATHOLOGY6MEDI CAL SOCI AL SERVI CES7HOME HEALTH AI DE8SUPPLI ES9DRUGS9. 20COST ADMI NI STERI NG DRUGS10DME11HOME DI ALYSI S AI DE SVCS12RESPI RATORY THERAPY13PRI VATE DUTY NURSI NG14CLI NI C15HEALTH PROM ACTI VI TI ES16DAY CARE PROGRAM17HOME DEL MEALS PROGRAM18HOMEMAKER SERVI CE19ALL OTHER20TOTAL (SUM OF 1-19)21COST TO BE ALLOCATED22UNI T COST MULI PLI ER			
HHA COST CENTER			MEDICAL RECO SOCIAL SERVI RDS & LIBRAR CE (DATA (TIME ) PRODUCED ) SPENT ) 17 18
1ADMIN & GENERAL2SKI LLED NURSI NG CARE3PHYSI CAL THERAPY4OCCUPATI ONAL THERAPY5SPEECH PATHOLOGY6MEDI CAL SOCI AL SERVI CES7HOME HEALTH AI DE8SUPPLI ES9DRUGS9.20COST ADMI NI STERI NG DRUGS10DME11HOME DI ALYSI S AI DE SVCS12RESPI RATORY THERAPY13PRI VATE DUTY NURSI NG14CLI NI C15HEALTH PROM ACTI VI TI ES16DAY CARE PROGRAM17HOME DEL MEALS PROGRAM18HOMEMAKER SERVI CE19ALL OTHER19.50TELEMEDI CI NE	23, 405	10, 890 111, 122	
20 TOTAL (SUM OF 1-19) 21 COST TO BE ALLOCATED 22 UNIT COST MULIPLIER	63, 032	10, 890         111, 122           854         76, 747           078421         0. 690655	

Health Financial Systems MCRIF32	FOR DELNOR-COMMUNITY HOSPITAL	IN LIEU OF FORM CMS-2552-96 (05/2007)
ALLOCATION OF GENERAL SERVICE	I	PROVIDER NO: I PERIOD: I PREPARED 1/10/2011
COSTS TO HHA COST CENTERS	I	14-0211 I FROM 9/ 1/2009 I WORKSHEET H-5
STATI STI CAL BASI S	I	HHA NO: I TO 8/31/2010 I PART II
	I	14-7093 I I

HHA 1

NONPHYSI CI AN	NURSING SCHO	I&R SERVICES	I&R SERVICES	PARAMED ED P	
ANESTHET IST	OL	-SALARY & FR	-OTHER PRGM	RGM-(SPECIFY	
(ASSI GNED	(ASSI GNED	(ASSI GNED	(ASSI GNED	(ASSI GNED	
TIME	) TIME	) TIME	) TIME	) TIME	)
20	21	22	23	24	

HHA COST CENTER

- 1
- 2 3
- 4 5
- ADMIN & GENERAL SKI LLED NURSI NG CARE PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY MEDI CAL SOCI AL SERVI CES HOME HEALTH AI DE SUPPLI ES DRUGS COST ADMI NI STERI NG DRUGS

- COST ADMI NI STERI NG DRUGS DME
- 5 6 7 8 9 9.20 10 11 12 13 14 15 16 HOME DI ALYSI S AI DE SVCS RESPI RATORY THERAPY PRI VATE DUTY NURSI NG

  - PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER TELEMEDICINE TOTAL (SUM OF 1-19) COST TO BE ALLOCATED UNIT COST MULIPLIER
- 16 17

- 17 18 19 19.50 20 21 22

Т 1 1

_		ΙN	LI EU	0F	FORM	CMS	-2552	-96	(05/2008)	
	PROVI DER	NO:	1	PER	I 0D:			I.	PREPARED	1/10/2011
	14-0211		1	FRO	M 9,	/ 1/	2009	I.	WORKSHEET	H-6
	HHA NO:		1	Τ0	8,	/31/	2010	1	PARTS I II	&
	14-7093		1						HHA 1	

## [] TITLE V [X] TITLE XVIII [] TITLE XIX

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

		FROM	FACI LI TY	SHARED				
	COST PER VISIT	WKST H-5	COSTS	ANCI LLARY				PROGRAM
	COMPUTATI ON	PART I	(FROM	COSTS			AVERAGE	VI SI TS
		COL. 29,	WKST H-5	(FROM	TOTAL HHA	TOTAL	COST	
	PATIENT SERVICES	LINE:	PART I)	PART II)	COSTS	VI SI TS	PER VISIT	PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	1,043,010		1, 043, 010	6, 132	170.09	2, 848
2	PHYSI CAL THERAPY	3	1, 362, 218		1, 362, 218	6, 470	210. 54	3, 099
3	OCCUPATI ONAL THERAPY	4	144,002		144, 002	800	180.00	494
4	SPEECH PATHOLOGY	5	34, 950		34, 950	231	151.30	152
5	MEDICAL SOCIAL SERVIC	ES 6	341		341	34	10. 03	20
6	HOME HEALTH AIDE SERV	ICE 7	68, 301		68, 301	978	69.84	380
7	TOTAL		2, 652, 822		2, 652, 822	14, 645		6, 993

		PROGRAM	VI SI TS		CES		
		PART	В		PART	В	
		NOT SUBJECT	SUBJECT		NOT SUBJECT	SUBJECT	TOTAL
		TO DEDUCT	TO DEDUCT		TO DEDUCT	TO DEDUCT	PROGRAM
		& COI NSUR	& COINSUR	PART A	& COI NSUR	& COI NSUR	COST
		7	8	9	10	11	12
1	SKILLED NURSING	1, 800		484, 416	306, 162		790, 578
2	PHYSI CAL THERAPY	2, 352		652, 463	495, 190		1, 147, 653
3	OCCUPATIONAL THERAPY	219		88, 920	39, 420		128, 340
4	SPEECH PATHOLOGY	72		22, 998	10, 894		33, 892
5	MEDICAL SOCIAL SERVICES	13		201	130		331
6	HOME HEALTH AIDE SERVICES	576		26, 539	40, 228		66, 767
7	TOTAL	5,032		1, 275, 537	892, 024		2, 167, 561

LIMITATION COST COMPUTATION					PROGRAM COST	PROGRAM VI SI TS
PATI ENT SERVICES	_	2	2			PART A
8 SKILLED NURSING	1	2	3	4	5	6

- 9 10 11 12 13 14
- PHYSICAL THERAPY OCCUPATIONAL THERAPY

- SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SERVICE
- TOTAL

PROGRAM	VI SI TS		COST OF SERVICES					
PART	В	PART B						
NOT SUBJECT	SUBJECT		NOT SUBJECT	SUBJECT	TOTAL			
TO DEDUCT	TO DEDUCT		TO DEDUCT	TO DEDUCT	PROGRAM			
& COLNSUR	& COLNSUR	PART A	& COLNSUR	& COI NSUR	COST			
7	8	9	10	11	12			

SKI LLED NURSI NG PHYSI CAL THERAPY 8 9

- OCCUPATIONAL THERAPY
- 10 11 12 13 14 SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES
- HOME HEALTH AIDE SERVICE
- TOTAL

Health Financial Systems	MCRI F32	FOR DE	LNOR-COMMUNITY H	IOSPI TAL	IN L	I EU OI	F FOI	RM CMS-2552	-96	(05/2008)
APPORTIONMENT OF PATIENT	SERVICE COSTS			I	PROVI DER NO:	I PI	ERI OI	D:	1	PREPARED 1/10/2011
				I	14-0211	I FI	ROM	9/ 1/2009	1	WORKSHEET H-6
				I	HHA NO:	I TO	0	8/31/2010	I.	PARTS I II & III
				I	14-7093	1			1	HHA 1
[] TIT	_EV [X] TITL	E XVIII	[] TITLE XIX							

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

		FROM	FACI LI TY	SHARED				
SU	JPPLIES AND EQUIPMENT	WKST H-5	COSTS	ANCI LLARY				PROGRAM
CO	OST COMPUTATION	PART I	(FROM	COSTS				COVERED
		COL. 29,	WKST H-5	(FROM	TOTAL HHA	TOTAL		CHARGES
OT	HER PATIENT SERVICES	LINE:	PART I)	PART II)	COSTS	CHARGES	RATI 0	PART A
			1	2	3	4	5	6
15	COST OF MEDICAL SUPP	LIES 8.00	48, 572		48, 572	48, 572	1.000000	157
16	COST OF DRUGS	9.00	169		169	169	1.000000	
16.20	COST OF DRUGS	9.20						

				COST OF SERVICES			
		PART	B		PARI	B	
		NOT SUBJECT	SUBJECT		NOT SUBJECT	SUBJECT	
		TO DEDUCT	TO DEDUCT		TO DEDUCT	TO DEDUCT	
		& COLNSUR	& COINSUR	PART A	& COI NSUR	& COLNSUR	
		7	8	9	10	11	
15	COST OF MEDICAL SUPPLIES			157			
16	COST OF DRUGS						
16.20	COST OF DRUGS						

-	ER BENEFICIARY ( IMITATION:	COST		MSA NUMBER	AMOUNT
				1	2
162	PROGRAM UNDUP	CENSUS FROM WRK	ST S-4		
17	PER BENE COST	LIMITATION (FRM	FI)		

18 PER BENE COST LIMITATION (LN 17\*18)

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

		FROM WKST C PT I, COL 9	COST TO CHARGE RATI O 1	TOTAL HHA CHARGES 2	HHA SHARED ANCI LLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1	PHYSI CAL THERAPY	50	. 364854			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51				COL 2, LN 3
3	SPEECH PATHOLOGY	52				COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55				COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	. 278472			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

				PART B SERVICE	ES SUBJECT TO I	DEDUCTIBLES A	AND COLNSURANCE	
		FROM	COST	PROGRAM	VISITS	PROGE	RAM COSTS	PROG VISITS
		PART I,	PER	PRI OR	1/1/1998 TO	PRI OR	1/1/1998 TO	ON OR AFTER
		COL 5	VI SI T	1/1/1998	12/31/1998	1/1/1998	12/31/1998	1/1/1999
		1	2	2.01	3	3.01	4	5
1	PHYSI CAL THERAPY	2	210.54					
2	OCCUPATIONAL THERAPY	3	180.00					
3	SPEECH PATHOLOGY	4	151.30					
4	TOTAL (SUM OF LINES 1-3)							

Health Financial Systems MCRIF32 FOR DELNOR-COMMUNITY HOSPI		IN LIEU OF FORM CMS-2552-96 H-7 (5/2004)
CALCULATION OF HHA REIMBURSEMENT	I PROVIDER	I FROM 9/ 1/2009 I WORKSHEET H-7
SETTLEMENT	I HHA NO: I 14-7093	I TO 8/31/2010 I PARTS I & II I I
TITLE XVIII HHA 1		
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMA	RY CHARGES PART A	PART B PART B
		NOT SUBJECT TO SUBJECT TO DED & COLNS DED & COLNS
	1	
1 REASONABLE COST OF SERVICES 2 TOTAL CHARGES	1, 183, 395	835, 599
CUSTOMARY CHARGES 3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR	1, 100, 070	
PAYMENT FOR SERVICES ON A CHARGE BASIS 4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS		
LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE		
WITH 42 CFR 413.13(B) 5 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6 TOTAL CUSTOMARY CHARGES 7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL	1, 183, 395 1, 183, 395	835, 599 835, 599
REASONABLE COST 8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	1, 100, 070	
9 PRI MARY PAYOR AMOUNTS		
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT		
	PART A SERVI CES	PART B SERVI CES
	1	2
10 TOTAL REASONABLE COST		
10. 01 TOTAL PPS REIMBURSEMENT-FULL EPI SODES WI THOUT OUTLI ERS	1, 532, 052	1, 096, 921
10. 02 TOTAL PPS REI MBURSEMENT-FULL EPI SODES WI TH OUTLI ERS		
10. 03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES 10. 04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	26, 162 8, 134	21, 865 9, 405
10. 05 TOTAL PPS REIMBURSEMENT-SCI C WITHIN A PEP EPI SODE 10. 06 TOTAL PPS REIMBURSEMENT-SCI C EPI SODES	0,101	7,100
10. 07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP		
EPI SODE		
10. 10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES 10. 11 TOTAL OTHER PAYMENTS		
10. 12 DME PAYMENTS 10. 13 DXYGEN PAYMENTS		
10. 14 PROSTHETIC AND ORTHOTIC PAYMENTS 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS		
(EXCLUDE COINSURANCE) 12 SUBTOTAL	1, 566, 348	1, 128, 191
13 EXCESS REASONABLE COST 14 SUBTOTAL	1, 566, 348	1, 128, 191
15 COINSURANCE BILLED TO PROGRAM PATIENTS 16 NET COST	1, 566, 348	1, 128, 191
17 REIMBURSABLE BAD DEBTS 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE		
BENEFICIARIES (SEE INSTRUCTIONS) 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1, 566, 348	1, 128, 191
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE		
UTI LI ZATI ON 21 OTHER ADJUSTMENTS (SPECI FY)		
22 SUBTOTAL 23 SEQUESTRATI ON ADJUSTMENT	1, 566, 348	1, 128, 191
24 SUBTOTAL 25 INTERIM PAYMENTS	1, 566, 348 1, 566, 348	1, 128, 191 1, 128, 191
25. 01 TENTATI VE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	., 200, 010	,,
26 BALANCE DUE PROVIDER/PROGRAM 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		
IN ACCORDANCE WITH CMS DUB 15-11 SECTION 115 2		

IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2

Health Financial Systems MCRIF32 FOR DELNOR-COMMU ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES PROGRAM BENEFICIARIES	I PROVI	0: I TO 8/31/201	I PREPARED 1/10/2011 9 I WORKSHEET H-8
TITLE XVIII HHA 1			
DESCRI PTI ON	MM/DD/YYYY	T A PAR AMOUNT MM/DD/YYYY	AMOUNT
<ol> <li>TOTAL INTERIM PAYMENTS PAID TO PROVIDER</li> <li>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.</li> <li>LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)</li> </ol>	1	2 3 1, 566, 348 NONE	4 1, 128, 191 NONE
ADJUSTMENTS TO PROVI DER ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM	. 01 . 02 . 03 . 04 . 05 . 50 . 51 . 52 . 53 . 54		
SUBTOTAL 4 TOTAL INTERIM PAYMENTS	. 99	NONE 1, 566, 348	NONE 1, 128, 191
TO BE COMPLETED BY INTERMEDIARY 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM	. 01 . 02 . 03 . 50 . 51 . 52		
SUBTOTAL 6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER AMOUNT (BALANCE DUE) PASED ON COST DEPORT (1)	. 99 . 01 . 02	NONE	NONE
BASED ON COST REPORT (1) 7 TOTAL MEDICARE PROGRAM LIABILITY		1, 566, 348	1, 128, 191
NAME OF INTERMEDIARY: INTERMEDIARY NO:			
SIGNATURE OF AUTHORIZED PERSON:			
DATE://			

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

TITLE XVIII. PART A     HOSPITAL     1 14-0211     FULLY PROSPECTIVE METHOD       PART I FULLY PROSPECTIVE METHOD     2.105, A04       1     CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS     2.105, A04       3     CAPITAL DRS OUTLIE PAYMENTS ROLE TO 10/01/1997     2.105, A04       3     CAPITAL DRS OUTLIE PAYMENTS RATER 10/01/1997     10/3, 351       4     TOTAL DRS OUTLIE PAYMENTS AFTER 10/01/1997     10/3, 351       4     TOTAL DRS OUTLIE PAYMENTS AFTER 10/01/1997     0.00       5     FORESTRIES DE INTERSE AND AFTER TOTAL     0.33       6     FORESTRIES DE INTERSE AND AFTER TOTAL     0.33       7     TOTAL DRS OF SUBJECT TOTAL     0.33       6     FORESTRIES DE FEDERATION OF SUBJECT WINNERS     2.400, AAA       7     TOTAL DRS OF FEDERATION OF SUBJECT WINNERS     2.400, AAA       8     FORESTRIES DATE TO AND ATTENT DATE TO ANS TO TOTAL     0.33       9     FORESTRIES DATE TO AND ATTENT DATE TO ANS TO TOTAL     0.33       1     FORESTRIES DATE TO AND ATTENT DATE TO ANS TO TOTAL     0.30       1		Financial Systems ULATION OF CAPITAL P/	MCRI F32 AYMENT	FOR DELNOR-COMMUNITY HOSE	   	PROVIDER NO: 14-0211 COMPONENT NO:	I PERI I FROM I TO	9/ 1/2009   8/31/2010	PREPARED 1/10/2011 WORKSHEET L PARTS I-IV
1       CAPITAL HOSPITAL SPECIFIC OUT ENVENTS         2       CAPITAL DRG OUTLER PAYMENTS FRIGT TO DOUL/1997       2.185,004         3       CAPITAL DRG OUTLER PAYMENTS FRIGT TO DOUL/1997       193,351         4       TOTAL HORATIENT CONTENT NUMBER AFTER DOUTLER       193,351         4       TOTAL HORATIENT CONTENT NUMBER AFTER DOUTLER       0.00         4       TOTAL HORATIENT CONTENT NUMBER AFTER DOUTLER       0.00         4       TOTAL HORATIENT CONTENT NUMBER AFTER DOUTLER       0.00         4       TOTAL HORATIENT PERCENTAGE       0.00         5       THE COST REPORT NUMBER AND RESIDENTS       0.00         6       TOTAL HORATIENT NUMBER AFTER DAYS TO       7.6         5       THE COST REPORT OWER TO ADJUST TO TOTAL       0.33         6       TOTAL HORATIENT OWER TO ADJUST TO TOTAL       0.33         6       TOTAL HORATIENT OWER TO ADJUST TO TOTAL       0.33         9       TOTAL COST TO TOTAL TO ADJUST TO TOTAL       0.31         9       TOTAL SECTIONATE SHARE ADJUST TO TOTAL       0.31         9       TO		TITLE XVIII, PART /	4	HOSPI TAL	I	14-0211 FU	LLY PROSP		
CAPTIAL FEDERAL ANDURT 2 CAPTIAL ROBOTEL FINAN DUTLER 3 CONTACT AND ROBOTEL FINAN DUTLER 3 CONTACT AND ROBOTEL FINAN DUTLER 4 TOTAL INART FAIT DAYS DIVIDED BY NUMBER OF DAYS 4 TOTAL INART FAIT DAYS DIVIDED BY NUMBER OF DAYS 4 TOTAL INART FAIT DAYS DIVIDED BY NUMBER OF DAYS 4 TOTAL INART FAIT DAYS DIVIDED BY NUMBER OF DAYS 4 TOTAL INART FAIT DAYS DIVIDED BY NUMBER OF DAYS 4 TOTAL INART FAIT DAYS DIVIDED BY NUMBER OF DAYS 4 TOTAL INART FAIT DAYS DIVIDED BY NUMBER OF DAYS 5 TOTAL INART FAIT DAYS DIVIDED BY NUMBER OF DAYS 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS TO 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS TO 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS TO 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS TO 5 TO ALL OWNER DI SPRONT OWN'T SINGE FRECHNINGE 5 TO REFERENCE ON DAYS DIVIDED BY NUMBER OF DAYS TO TOTAL 5 TO DAY ON DAYS DIVIDED BY NUMBER OF SPRONT OWN'T SINGE FRECHNINGE 5 TO ALL OWNER DI SPRONT OWN'T SINGE FRECHNINGE 5 TO ALL OWNER DI SPRONT OWN'T SINGE FRECHNINGE 5 TO ALL OWNER DI SPRONT OWN'T SINGE FRECHNINGE 5 TOTAL CAPITAL 5 TOTAL CAPITAL AND TO REFERENCE ON TO 5 TOTAL INART FATTOR HOLD HANDLESS 5 TOTAL INART FATTOR FOR HOLD HANDLESS 5 TOTAL INART FATTOR FOR HOLD HANDLESS 5 TOTAL INART FATTOR FOR HOLD HANDLESS 5 TOTAL INART FATTOR CAPITAL COST TO 5 TOTAL INART FATTOR FO	PART I -	FULLY PROSPECTIVE MI	ETHOD						
3. OCAPITAL DRG OUTLICR PAYMENTS FRIGHT 01/07/1997     193,351       4. OTAL DRG OUTLICR PAYMENTS FRIGHT 01/07/07/97     193,351       6. OTAL DRG OUTLICR PAYMENTS FRIGHT 01/07/07/97     193,351       7. OTAL DRG OUTLICR PAYMENTS FRIGHT 01/07/07/97     193,351       7. OTAL DRG OUTLICR PAYMENTS FRIGHT 01/07/07/97     193,351       7. OTAL DRG OUTLICR PAYMENTS FRIGHT 01/07/07/97     103,351       7. OTAL DRG OUTLICR PAYMENTS FRIGHT 01/07/07/97     000       7. OTAL DRG OUTLICR PAYMENTS PAYMENT DAYS TO TOTAL 6.33     0.33       7. OTAL DRG OUTLICR PAYMENTS FRIGHT 01/07/07/97     7.09       5. OT PRECENTAGE 01 STROPORTIONATICS STRATE PRECENTAGE 1.45     0.400000       5. OTAL DRG PARD FOIL STRATE PAYMENTS PAYMENT 2.2,410,646     1.45       7. OTAL DRG PARD FOIL PAYMENTS FRIGHT PAY END PAYMENT 2.2,410,646     1.000000       7. REDUCED OLD CAPITAL PAYMENT TOK PRECENTAGE     0.000000       1. NEE RE CAPITAL PAYMENT FOR PRECENTAGE     0.000000	1			MENTS					
<ul> <li>3. OI CAPITAL DRG OUTLIER PANNENTS AFTER 10/01/1997</li> <li>193, 351</li> <li>100 RECT MEDICAL EDUCATION ADJUSTMENT</li> <li>4. OTAL INPARTITATIONS DIVIDED BY NUMBER OF DAYS</li> <li>67. 64</li> <li>4. ON NUMBER OF INTERNO. SIDE PASTS</li> <li>00</li> <li>02 ROTE MEDICAL EDUCATION PRECENTAGE</li> <li>00</li> <li>4. OJ INDIRCT MEDICAL EDUCATION PRECENTAGE</li> <li>00</li> <li>5. DEFECTATOR OF ASSIGNMENT SIDE PASTS</li> <li>01</li> <li>7. 66</li> <li>10 RECT MEDICAL EDUCATION ADJUSTMENT</li> <li>10 RECT MEDICAL EDUCATION ADJUSTMENT</li> <li>11 - RODE TABLE AD ANT ENT ENT ADAYS TO</li> <li>12 RET REPORTED ON S-3, PART I</li> <li>13 ANS REPORTED ON S-4, PART I ENT DAYS TO TOTAL</li> <li>03 RESTROPTED ON S-4, PART I ENT DAYS TO TOTAL</li> <li>04 RESTROPTED ON S-4, PART I ENT DAYS TO TOTAL</li> <li>05 OF REPORTED ON S-4, PART I ENT DAYS TO TOTAL</li> <li>05 OF REPORTED ON S-4, PART I ENT DAYS TO TOTAL</li> <li>04 RESTROPTED TOWATE SHARE PRECENTAGE</li> <li>14 OF TOTAL CAPITAL</li> <li>16 TOTAL CAPITAL</li> <li>17 OF DAYS REPORTED AND SHARE PRECENTAGE</li> <li>14 OF TOTAL CAPITAL</li> <li>16 TOTAL CAPITAL</li> <li>17 OF DAYS REPORTED AND SHARE PRECENTAGE</li> <li>17 OF DAYS REPORTED AD START AD ADJUSTMENT</li> <li>18 TOTAL CAPITAL</li> <li>19 OF DAYS REPORTED AD START AD ADJUSTMENT</li> <li>10 OF DAYS CAPITAL</li> <li>10 OF DAYS CAPITAL</li> <li>11 - NOLD HARMLESS METHOD</li> <li>12 OF DAYS REPORTED AD ADJUSTMENT START AD ADJUSTMENT</li> <li>13 TOTAL CAPITAL</li> <li>14 OF DAYS CAPITAL</li> <li>15 TOTAL CAPITAL</li> <li>16 TOTAL CAPITAL</li> <li>17 OF DAYS CAPITAL</li> <li>18 OLD HARMLESS REPHON</li> <li>19 OLD HARMLESS REPHON REV CAPITAL</li> <li>10 OLD HARMLESS REPHON REV CAPITAL COST</li> <li>11 OLD HARMLESS REPHOND AND REVERS</li> <li>12 OR REPORTING AN EXAMPLET FOR NEXTRADROI MARY</li> <li>13 OTAL CAPITAL MARKENT FOR EXTRADROI MARY</li> <li>14 OR DAYS OF ADVENT FACTOR START ADDITAL COST</li> <li>14 OR DARMAN MART OF CAPITAL MARKENT</li> <li>15 OTAL CAPITAL MARKENT REPORTED ADVENT</li> <li>16 OL CARITAL</li></ul>				T0 10/01/1997		2, 185, 604			
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<ul> <li>4. OI NUMER 0F INTERS AND RESIDENTS</li> <li>OD VIOLATION PROVINCE ADJUSTMENT</li> <li>C2 INDIRECT INDICAL EDUCATION PERCENTAGE</li> <li>OD VIOLATION PERCENTINGENTIAL COST</li> <li>OD VIOLATION PERCENTINGENTIAL COST</li> <li>OD VIOLATION PERCENTINGE</li> <li>OD VIOLATION PERCE</li></ul>	4	TOTAL INPATIENT DAYS	S DIVIDED BY NU			87.64			
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S       0.11       PERCENTAGE OF MEDICALD PATIENT DAYS TO TOTAL       6.33         DAYS REPORTED ON S-3, PART I       7.09         S       0.31       DEMORPORTIONATE SHARE ADJUSTMENT       31.641         S       0.31       DEMORPORTIONATE SHARE ADJUSTMENT       2.410.646         PART II - NOU HARPLESS METHOD       2.410.646         1       NEW CAPITAL       0.010         2       0.010       CAPITAL       0.00000         3       TOTAL CAPITAL       0.00000         4       RATIO OF NEW CAPITAL       0.000000         5       TOTAL CAPITAL       0.000000         4       RATIO OF NEW CAPITAL       0.000000         5       TOTAL CAPITAL       0.000000         6       TOTAL CAPITAL       0.00000         7       REDUCTO ADRACED FLUCTOLING CAPITAL COST       0.000000         8       HOLD HARMLESS PAYNENT FOR NEW CAPITAL       0.00000         9       SUBTOTAL       0.00000       FEDERAL RATE         10       PARTIEL TO ADUEL RORE RESONABLE COST       1         11       PROGRAMI INPATIENT ADUTINE CAPITAL COST       0.000         12       PROGRAMI INPATIENT CAPITAL COST       0.00         14       FORGRAMI INPATIENT CAPITAL COST	5			NT DAYS TO		. 76			
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5       TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE         6       REDUCTION FACTOR FOR NEW CAPITAL         7       REDUCED OLD CAPITAL         8       HOLD HARMLESS         9       SUBTOTAL         10       PAYMENT UNDER HOLD HARMLESS         PARTI III - PAYMENT UNDER REASONABLE COST         11       PROGRAM INPATIENT ROITINE CAPITAL COST         2       PROGRAM INPATIENT PROFILAL COST         3       TOTAL LOST PAYMENT LOC CAPITAL COST         4       CAPITAL COST PAYMENT FACTOR         5       TOTAL INPATIENT PROFILAM CAPITAL COST         9       SUBTOTAL INPATIENT CAPITAL COST         9       PROGRAM INPATIENT CAPITAL COST         9       PROGRAM INPATIENT CAPITAL COST         9       PROGRAM INPATIENT CAPITAL COSTS         1       PROGRAM INPATIENT CAPITAL COSTS         2       PROGRAM INPATIENT CAPITAL COSTS         3       NET PROGRAM INPATIENT CAPITAL COSTS         4       APPLI CABLE EXCEPTION PAYMENTS         5       TOTAL LOST FARWENTS         6       PERCENTAGE         7       ADJUSINENT TO CAPITAL MINIMUM PAYMENT LEVEL         6       PROGRAM INPATIENT CAPITAL MINIMUM PAYMENT         10       CURRENT YEAR CAPITAL PAYMENT		TOTAL CAPITAL							
7       REDUCED OLD CAPITAL ANOUNT         8       HOLD HARNLESS PAYMENT FOR NEW CAPITAL         9       SUBTOTAL         10       PAYMENT UNDER HOLD HARNLESS         PART III - PAYMENT UNDER KADSINABLE COST         2       PROGRAM INPATIENT ROLILLARY CAPITAL COST         3       TOTAL INPATIENT PROCENTINE CAPITAL COST         4       CAPITAL COST PAYMENT FACTOR         5       TOTAL INPATIENT PROCENTION PAYMENTS         1       PROGRAM INPATIENT CAPITAL COST         9       PRORAM INPATIENT CAPITAL COST         9       PRORAM INPATIENT CAPITAL COSTS         9       RECORMA INPATIENT CAPITAL COSTS         1       PROGRAM INPATIENT CAPITAL COSTS         2       PROGRAM INPATIENT CAPITAL COSTS         3       NET PROGRAM INPATIENT CAPITAL COSTS         4       APPLICABLE EXCEPTION PRECENTAGE       .00         5       CAPITAL COST FOR COMPARISON TO PAYMENTS       .00         6       PERCENTAGE CADJUSTMENT FOR EXTRAORDINARY       .00         7       ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL       FOR EXTRAORDINARY CI ROUMSTANCES         8       CAPITAL MINIMUM PAYMENT LEVEL       FOR EXTRAORDINARY CI ROUMARTING         10       CURRENT YEAR CAPITAL PAYMENTS       .00         11	4 5					. 000000			
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PART III - PAYMENT UNDER REASONABLE COST PROGRAM INPATIENT ANCILLARY CAPITAL COST PROGRAM INPATIENT PROCRAM CAPITAL COST CONFUTATIENT PROGRAM CAPITAL COST COMPUTATIENT PROGRAM CAPITAL COST TOTAL INPATIENT CAPITAL COST PROGRAM INPATIENT CAPITAL COSTS PROGRAM INPATIENT CAPITAL COSTS A APPLICABLE EXCEPTION PERCENTAGE A APPLICABLE EXCEPTION PERCENTAGE CRECONSTANCES A CAPITAL INI NUM PAYMENT LEVEL FOR EXTRAORDINARY CRECONSTANCES B CAPITAL INI NUM PAYMENT LEVEL FOR EXTRAORDINARY CRECONSTANCES B CAPITAL INI NUM PAYMENT LEVEL TO CAPITAL PAYMENTS CRECONSTANCES C CORRENT YEAR CAPITAL PAYMENTS CRECONSTANCES C CORRENT STAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENTS C CORRENT STAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT C CORRENT STAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT C CORRENT STAR EXCEPTION PAYMENT FOR FOLLOWING PERIOD C CORRENT STAR EXCEPTION OFFERTING AND CAPITAL PAYMENT C CORRENT	,		HARMLESS						
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