

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ROCKFORD MEMORIAL HOSPITAL (14-0239) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
1	HOSPITAL	2	3
2	SUBPROVIDER I	233675	-137467
3	SWING BED - SNF	2366	
4	SWING BED - NF		4
5	SKILLED NURSING FACILITY		5
6	NURSING FACILITY		6
7	HOME HEALTH AGENCY		7
8	OUTPATIENT REHABILITATION PROVIDER		8
9	HEALTH CLINIC		9
100	TOTAL	236041	-137467

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:			P.O.BOX:	40.02
40.03	CITY:			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
54.01	PREMIUMS: 8438852 PAID LOSSES: AND/OR SELF INSURANCE:					54.01
55	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.					55
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56	
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES			57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO		60.01	
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61	
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5050	4234	13630	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
9.01	NEONATAL INTENSIVE CARE					9.01
9.02	PEDIATRIC INTENSIVE CARE					9.02
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		5050	4234	13630	12
13	RPCH VISITS					13
14	SUBPROVIDER I		139	182	676	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	104123009		104123009	3939558.99	26.43		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	2912186	120161	3032347	101292.70	29.94	PAYROLL	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	3113066		3113066	48033.04	64.81	INVOICES	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1252950		1252950	10840.00	115.59	GL AND CONTRACT	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	3759162		3759162	29834.07	126.00	HO CR	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	31917470	-820652	31096818			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS		820652	820652			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	2526018		2526018	130228.13	19.40		21
22 ADMINISTRATIVE & GENERAL	12125624	-54516	12071108	441598.75	27.34		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	2674109		2674109	11037.28	242.28		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2733680		2733680	123868.48	22.07		24
25 LAUNDRY & LINEN SERVICE	108491		108491	10113.12	10.73		25
26 HOUSEKEEPING	1965754		1965754	163317.94	12.04		26
26.01 HOUSEKEEPING UNDER CONTRACT	34232		34232	2691.90	12.72		26.01
27 DIETARY	2191896	-1066082	1125814	130238.37	8.64		27
27.01 DIETARY UNDER CONTRACT	404852		404852	7680.00	52.72		27.01
28 CAFETERIA		1066082	1066082	43921.14	24.27		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2419971		2419971	80411.38	30.09		30
31 CENTRAL SERVICES AND SUPPLY	1264636		1264636	82733.83	15.29		31
32 PHARMACY	3295416		3295416	87539.54	37.64		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2094022		2094022	109338.31	19.15		33
34 SOCIAL SERVICE	244172		244172	9162.73	26.65		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	107236202		107236202	3960968.17	27.07	1
2 EXCLUDED AREA SALARIES	2912186	120161	3032347	101292.70	29.94	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	104324016	-120161	104203855	3859675.47	27.00	3
4 SUBTOTAL OTHER WAGES & REL COSTS	8125178		8125178	88707.11	91.60	4
5 SUBTOTAL WAGE-RELATED COSTS	31917470	-820652	31096818		29.84%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	144366664	-940813	143425851	3948382.58	36.33	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	34082873	-54516	34028357	1433880.90	23.73	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-3508

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						3
4	CAPD EXCHANGES PER DAY						4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						5
6	NUMBER OF STATIONS						6
7	TREATMENT CAPACITY PER DAY PER STATION						7
8	UTILIZATION						8
9	AVERAGE TIMES DIALYZERS RE-USED						9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS						10
TRANSPLANT INFORMATION							
11	NUMBER OF PATIENTS ON TRANSPLANT LIST						11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						12
EPOIETIN							
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)							
15	MCP X		INITIAL METHOD				15
ARANESP							
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						19

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	33687982 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	33687982 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.352262 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	134593876 28
29	TOTAL GROSS MEDICAID COST	47412308 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	32934327 30
31	UNCOMPENSATED CARE COST	11601512 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	47412308 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95									95
SUBTOTALS									
		103660874	163090162	266751036	31409	266782445	-21369941	245412504	
NONREIMBURSABLE COST CENTERS									
98	9800		1247756	1247756		1247756		1247756	98
100	7950	59948	302399	362347	-14634	347713	-128315	219398	100
100.01	7954								100.01
100.02	7951	309141	1158085	1467226	-6986	1460240		1460240	100.02
100.04	7952	93046	466074	559120	-9789	549331		549331	100.04
100.07	7953								100.07
100.08	7955								100.08
101	TOTAL	104123009	166264476	270387485		270387485	-21498256	248889229	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			OTHER	
		COST CENTER	LINE #	SALARY		
	1	2	3	4	5	
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		9653648	1
2						2
3						3
4 RECLASS RADIOLOGY ADMIN	B	MRI	59.01	30602	62074	4
5	B	RADIOLOGY-THERAPEUTIC	42	40552	82257	5
6	B	RADIOISOTOPE	43	11371	23066	6
7	B	CT SCAN	59.02	32828	66589	7
8	B	PARAMDICAL ED PROGRAM XRAY	24	65645	133157	8
9						9
10						10
11 OP CARDIAC PROCEDURES	C	CARDIAC CATHETERIZATION	59.03	273223	130452	11
12						12
13						13
14 EMT MEDICAL DIRECTOR	D	PARAMED EDUC EMT PROGRAM	24.02		30000	14
15						15
16						16
17 SHARED DIETARY EXPENSES	E	CAFETERIA	12	1066082	2090583	17
18						18
19						19
20 RECLASS MED SUPPLIES CHGD PAT	F	MEDICAL SUPPLIES CHARGED TO P	55		14279393	20
21	F					21
22	F					22
23						23
24						24
25 NURSERY COSTS	G	NURSERY	33	687128	291512	25
26	G	NURSERY	33	460345	208619	26
27						27
28						28
29 DEPARTMENTAL DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		2718324	29
30	H	NEW CAP REL COSTS-MVBLE EQUIP	4		12398592	30
31	H					31
32	H					32
33	H					33
34	H					34
35	H					35
36 SUBTOTAL				2667776	42168266	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
		1	6	7	8	9	
1	DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		9653648	1
2							2
3							3
4	RECLASS RADIOLOGY ADMIN	B	RADIOLOGY-DIAGNOSTIC	41	180998	367143	4
5		B					5
6		B					6
7		B					7
8		B					8
9							9
10							10
11	OP CARDIAC PROCEDURES	C	ADULTS & PEDIATRICS	25	273223	130452	11
12							12
13							13
14	EMT MEDICAL DIRECTOR	D	ADMINISTRATIVE & GENERAL	6		30000	14
15							15
16							16
17	SHARED DIETARY EXPENSES	E	DIETARY	11	1066082	2090583	17
18							18
19							19
20	RECLASS MED SUPPLIES CHGD PAT	F	CENTRAL SERVICES & SUPPLY	15		2599841	20
21		F	OPERATING ROOM	37		11185836	21
22		F	RESPIRATORY THERAPY	49		493716	22
23							23
24							24
25	NURSERY COSTS	G	ADULTS & PEDIATRICS	25	687128	291512	25
26		G	NEONATAL INTENSIVE CARE	29.01	460345	208619	26
27							27
28							28
29	DEPARTMENTAL DEPRECIATION	H	EMPLOYEE BENEFITS	5		40073	9 29
30		H	ADMINISTRATIVE & GENERAL	6		4729568	9 30
31		H	OPERATION OF PLANT	8		486949	31
32		H	LAUNDRY & LINEN SERVICE	9		7026	32
33		H	HOUSEKEEPING	10		24429	33
34		H	DIETARY	11		111045	34
35		H	NURSING ADMINISTRATION	14		33420	35
36	SUBTOTAL				2667776	32483860	36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	H				1
2	H				2
3	H				3
4	H				4
5	H				5
6	H				6
7	H				7
8	H				8
9	H				9
10	H				10
11	H				11
12	H				12
13	H				13
14	H				14
15	H				15
16	H				16
17	H				17
18	H				18
19	H				19
20	H				20
21	H				21
22	H				22
23	H				23
24	H				24
25	H				25
26	H				26
27	H				27
28	H				28
29	H				29
30	H				30
31	H				31
32	H				32
33	H				33
34	H				34
35	H				35
36 SUBTOTAL				2667776	42168266

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	H	CENTRAL SERVICES & SUPPLY	15		246935	1
2	H	PHARMACY	16		971412	2
3	H	MEDICAL RECORDS & LIBRARY	17		66529	3
4	H	PARAMDICAL ED PROGRAM XRAY	24		90	4
5	H	PARAMED EDUC EMT PROGRAM	24.02		17560	5
6	H	ADULTS & PEDIATRICS	25		1265095	6
7	H	INTENSIVE CARE UNIT	26		154366	7
8	H	NEONATAL INTENSIVE CARE	29.01		216910	8
9	H	PEDIATRIC INTENSIVE CARE	29.02		67366	9
10	H	SUBPROVIDER I	31		42874	10
11	H	OPERATING ROOM	37		1167696	11
12	H	RECOVERY ROOM	38		24437	12
13	H	DELIVERY ROOM & LABOR ROOM	39		269014	13
14	H	ANESTHESIOLOGY	40		74528	14
15	H	RADIOLOGY-DIAGNOSTIC	41		1443149	15
16	H	RADIOLOGY-THERAPEUTIC	42		284621	16
17	H	RADIOISOTOPE	43		37459	17
18	H	LABORATORY	44		702165	18
19	H	BLOOD STORING, PROCESSING & T	47		10254	19
20	H	RESPIRATORY THERAPY	49		266826	20
21	H	PHYSICAL THERAPY	50		4714	21
22	H	ELECTROCARDIOLOGY	53		106946	22
23	H	ELECTROENCEPHALOGRAPHY	54		27395	23
24	H	RENAL DIALYSIS	57		33258	24
25	H	GI LAB	59		228345	25
26	H	MRI	59.01		378672	26
27	H	CT SCAN	59.02		274574	27
28	H	CARDIAC CATHETERIZATION	59.03		568594	28
29	H	WOMEN'S HEALTH ADVANTAGE	59.05		1954	29
30	H	SPECIAL SURGICAL SERVICES	59.08		7279	30
31	H	GENETIC SERVICES	59.10		28122	31
32	H	PAIN CENTER	60.01		98901	32
33	H	ANTENATAL TEST CENTER	60.02		103424	33
34	H	CHILD PSYCHIATRIC CLINIC	60.03		3477	34
35	H	EMERGENCY	61		433569	35
36		SUBTOTAL		2667776	42112370	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	H				1
2	H				2
3	H				3
4					4
5					5
6	I	EMPLOYEE BENEFITS	5		97887 6
7	I	NEW CAP REL COSTS-BLDG & FIXT	3		239458 7
8	I				8
9	I				9
10					10
11	J	PASTORAL EDUCATION PROGRAM	24.01	54516	13278 11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		2722292	42518889 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	H	AMBULANCE SERVICES	65		31473	1
2	H	GUEST CENTER	100		14634	2
3	H	AUXILIARY	100.04		9789	3
4						4
5						5
6	I	ADMINISTRATIVE & GENERAL	6		327926	6
7	I	LABORATORY	44		2433	12 7
8	I	COMMUNITY SERVICES	100.02		6986	8
9	I					9
10						10
11	J	ADMINISTRATIVE & GENERAL	6	54516	13278	11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		2722292	42518889	36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	1079662					1079662		1
2 LAND IMPROVEMENTS	7296142	677832		677832		7973974		2
3 BUILDINGS AND FIXTURES	52877998	331504		331504		53209502		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	89531619	5578596		5578596		95110215		5
6 MOVABLE EQUIPMENT	125917420				13442485	112474935		6
7 SUBTOTAL	276702841	6587932		6587932	13442485	269848288		7
8 RECONCILING ITEMS								8
9 TOTAL	276702841	6587932		6587932	13442485	269848288		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	137294641		137294641	.518619				3
4 NEW CAP REL COSTS-MVBLE EQUIP	127436424		127436424	.481381				4
5 TOTAL	264731065		264731065	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2658832			239458			2898290 3
4 NEW CAP REL COSTS-MVBLE EQUIP	12390945						12390945 4
5 TOTAL	15049777			239458			15289235 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE	B	-5551	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4073489			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	328492			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1920444	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-76420	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
37.01 XRAY COPY	B	-5054	RADIOLOGY-DIAGNOSTIC	41	37.01
37.10 DAY CARE CENTER	B	-1261543	EMPLOYEE BENEFITS	5	37.10
37.13 EDUCATION REVENUE	B	-28648	PARAMED EDUC EMT PROGRAM	24.02	37.13
37.17 MISC REVENUE - CYTOGENETICS	B	-621889	GENETIC SERVICES	59.10	37.17
37.18 MISC ADMIN & GEN - OTHER OP INC	B	-2220918	ADMINISTRATIVE & GENERAL	6	37.18
37.82 PATIENT PHONES	A	-1822	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.82
37.83 PATIENT PHONES	A	-563	EMPLOYEE BENEFITS	5	37.83
37.84 PATIENT PHONES	A	-2922	CAFETERIA	12	37.84
37.85 PATIENT PHONES	A	-173483	ADMINISTRATIVE & GENERAL	6	37.85
37.86 PATIENT PHONES	A	-746	OPERATION OF PLANT	8	37.86
37.87 PATIENT PHONES	A	-5068	HOUSEKEEPING	10	37.87
37.88 PATIENT PHONES	A	-7647	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.88
37.89 AHA & IHA LOBBY EXPENSE	A	-43362	ADMINISTRATIVE & GENERAL	6	37.89
38 USEFUL LIFE CHG-SO MULFORD	A	-57670	NEW CAP REL COSTS-BLDG & FIXT	3	9 38
38.03 INTEREST EXPENSE	A	-3666166	ADMINISTRATIVE & GENERAL	6	38.03
39 PHYSICIAN BILLING	A	-2457	ADMINISTRATIVE & GENERAL	6	39
40 REFERENCE LABORATORY	B	-7114888	LABORATORY	44	40
41					41
42					42
43					43
44					44
45 MISC REV	B	-5640	ADMINISTRATIVE & GENERAL	6	45
46					46
47					47
48					48
49					49
49.17 EMS REV	B	-62274	PARAMED EDUC EMT PROGRAM	24.02	49.17
49.18 MISC REV	B	-21923	NEONATAL INTENSIVE CARE	29.01	49.18
49.25 MISC REV	B	-220	CHILD PSYCHIATRIC CLINIC	60.03	49.25

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05  
 05/23/2009 10:27

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
49.26 MISC REV	B	-36623	WOMEN'S HEALTH ADVANTAGE		59.05	49.26
49.28 PROPERTY TAXES	A	-128315	GUEST CENTER		100	49.28
49.37 MISC REV	B	-53403	EMERGENCY		61	49.37
49.42 MISC REV	B	-3656	PHYSICAL THERAPY		50	49.42
49.43 MISC REV	B	-19828	OPERATION OF PLANT		8	49.43
49.44 MISC REV	B	-8167	RESPIRATORY THERAPY		49	49.44
49.45 MISC REV	B	-67785	ELECTROCARDIOLOGY		53	49.45
49.46 MISC REV	B	-128164	RENAL DIALYSIS		57	49.46
50 TOTAL		-21498256				50



STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	8	OPERATION OF PLANT	RMB RENT	1419	1419	1
2	37	OPERATING ROOM	RMB RENT	27159	39684	-12525
3	41	RADIOLOGY-DIAGNOSTIC	RMB RENT	3446	6912	-3466
4	53	ELECTROCARDIOLOGY	RMB RENT	31719	46860	-15141
4.01	59.10	GENETIC SERVICES	RMB RENT	37308	55392	-18084
4.02	6	ADMINISTRATIVE & GENERAL	RHS MANAGEMENT FEE	4551595	4175306	376289
5		TOTALS		4652646	4324154	328492

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	E RKFD MEM DVLMT			100.00	SERVICE	1
2	E RMHSC				PHYSICIAN CLINI	2
3	E FREEPORT MEM HO			50.00	MOBILE CATH LAB	3
4	B ROCKFORD HEALTH SYSTEM				HOME OFFICE	4
5	B VAN MATER REHAB HOSPITAL		VAN MATER REHAB HOSPITAL	50.00	REHAB HOSPITAL	5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	5	EMPLOYEE BENEFITS	PROFESSIONAL FEES	3241	3241			
2	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES	30000	30000	171400	250	1030
3	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES	1704488	1662821	171400	416	1714
4	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES	90285	90285	171400	547	2254
5	14	NURSING ADMINISTRATION	PROFESSIONAL FEES	53000	53000			
6	25	ADULTS & PEDIATRICS	PROFESSIONAL FEES	14583	14583			
7	25	ADULTS & PEDIATRICS	PROFESSIONAL FEES	30000	30000	154100	416	1541
8	26	INTENSIVE CARE UNIT	PROFESSIONAL FEES	619196	589196	171400	175	721
9	29.01	NEONATAL INTENSIVE CARE	PROFESSIONAL FEES	50000	50000	171400	416	1714
10	29.02	PEDIATRIC INTENSIVE CARE	PROFESSIONAL FEES	50000	50000			
11	31	SUBPROVIDER I	PROFESSIONAL FEES	90500	90500			
12	37	OPERATING ROOM	PROFESSIONAL FEES	75000	75000	204100	416	2041
13	37	OPERATING ROOM	PROFESSIONAL FEES	124902	54702	70200	416	2041
14	39	DELIVERY ROOM & LABOR RO	PROFESSIONAL FEES	945294	915294	30000	362	1693
15	40	ANESTHESIOLOGY	PROFESSIONAL FEES	995000	995000	200300	10840	52194
16	41	RADIOLOGY-DIAGNOSTIC	PROFESSIONAL FEES	14585	14585			
17	42	RADIOLOGY-THERAPEUTIC	PROFESSIONAL FEES	50000	50000	219500	196	1034
18	44	LABORATORY	PROFESSIONAL FEES	388028	388028	204100	2080	10205
19	49	RESPIRATORY THERAPY	PROFESSIONAL FEES	14400	14400	204100	104	510
20	49	RESPIRATORY THERAPY	PROFESSIONAL FEES	7500	7500	204100	83	407
21	60.02	ANTENATAL TEST CENTER	PROFESSIONAL FEES	64583	64583	204100	375	1840
22	61	EMERGENCY	PROFESSIONAL FEES	270113	270113	204100	1324	6496
23	65	AMBULANCE SERVICES	PROFESSIONAL FEES	25000	25000	204100	152	746
25	14	NURSING ADMINISTRATION	PURCHASED LABOR	50	50			
26	31	SUBPROVIDER I	PURCHASED LABOR	55895	55895			
27	37	OPERATING ROOM	PURCHASED LABOR	1252950	1252950	241000	10840	62799
28	60.03	CHILD PSYCHIATRIC CLINIC	PURCHASED LABOR	17261	17261			
101		TOTAL		7035854	3521128	3514726	29408	150980

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS	PROFESSIONAL FEES					3241
2	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES			20601	9399	9399
3	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES			34280	7387	1670208
4	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEES			45075	45210	45210
5	14	NURSING ADMINISTRATION	PROFESSIONAL FEES					53000
6	25	ADULTS & PEDIATRICS	PROFESSIONAL FEES					14583
7	25	ADULTS & PEDIATRICS	PROFESSIONAL FEES			30820		
8	26	INTENSIVE CARE UNIT	PROFESSIONAL FEES			14421	15579	604775
9	29.01	NEONATAL INTENSIVE CARE	PROFESSIONAL FEES			34280	15720	15720
10	29.02	PEDIATRIC INTENSIVE CARE	PROFESSIONAL FEES					50000
11	31	SUBPROVIDER I	PROFESSIONAL FEES					90500
12	37	OPERATING ROOM	PROFESSIONAL FEES			40820	34180	34180
13	37	OPERATING ROOM	PROFESSIONAL FEES			40820	29380	84082
14	39	DELIVERY ROOM & LABOR RO	PROFESSIONAL FEES			33850		915294
15	40	ANESTHESIOLOGY	PROFESSIONAL FEES			1043871		
16	41	RADIOLOGY-DIAGNOSTIC	PROFESSIONAL FEES					14585
17	42	RADIOLOGY-THERAPEUTIC	PROFESSIONAL FEES			20684	29316	29316
18	44	LABORATORY	PROFESSIONAL FEES			204100	183928	183928
19	49	RESPIRATORY THERAPY	PROFESSIONAL FEES			10205	4195	4195
20	49	RESPIRATORY THERAPY	PROFESSIONAL FEES			8144		
21	60.02	ANTENATAL TEST CENTER	PROFESSIONAL FEES			36797	27786	27786
22	61	EMERGENCY	PROFESSIONAL FEES			129917	140196	140196
23	65	AMBULANCE SERVICES	PROFESSIONAL FEES			14915	10085	10085
25	14	NURSING ADMINISTRATION	PURCHASED LABOR					50
26	31	SUBPROVIDER I	PURCHASED LABOR					55895
27	37	OPERATING ROOM	PURCHASED LABOR			1255981		
28	60.03	CHILD PSYCHIATRIC CLINIC	PURCHASED LABOR					17261
101		TOTAL				3019581	552361	4073489



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	245412504	2821263	12370926	5143577	245291954	48242383	11881829	1677207	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1247756				1247756	306858			98
100 GUEST CENTER	219398	20461	11995	3049	254903	62688	149219	14270	100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES	1460240	15181		15723	1491144	366714	110713		100.02
100.04 AUXILIARY	549331	41385	8024	4732	603472	148411	301815		100.04
100.07 ROCKFORD HEALTH SYSTEM									100.07
100.08 DIALYSIS RENTED SPACE									100.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	248889229	2898290	12390945	5167081	248889229	49127054	12443576	1691477	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4217685	3251634	2761408	4381179	4900257	7057722	4696756	492633	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
100 GUEST CENTER	54877		3153						100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES	40716		12434	7665					100.02
100.04 AUXILIARY	110995		6445						100.04
100.07 ROCKFORD HEALTH SYSTEM									100.07
100.08 DIALYSIS RENTED SPACE									100.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4424273	3251634	2783440	4388844	4900257	7057722	4696756	492633	103





COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	600475	111431	1046578	243594981		243594981	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				1554614		1554614	98
100 GUEST CENTER				539110		539110	100
100.01 OTHER NONREIMBURSEABLE COST CEN							100.01
100.02 COMMUNITY SERVICES				2029386		2029386	100.02
100.04 AUXILIARY				1171138		1171138	100.04
100.07 ROCKFORD HEALTH SYSTEM							100.07
100.08 DIALYSIS RENTED SPACE							100.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	600475	111431	1046578	248889229		248889229	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1247598	2821263	12370926	16439787	127210	4866208	927987	70809	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES						30953			98
100 GUEST CENTER		20461	11995	32456	75	6323	11654	602	100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES		15181		15181	389	36991	8647		100.02
100.04 AUXILIARY		41385	8024	49409	117	14970	23572		100.04
100.07 ROCKFORD HEALTH SYSTEM									100.07
100.08 DIALYSIS RENTED SPACE									100.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1247598	2898290	12390945	16536833	127791	4955445	971860	71411	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	152015	188613	209335	157025	996555	997016	196631	16048	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
100 GUEST CENTER	1978		239						100
100.01 OTHER NONREIMBURSEABLE COST CEN									100.01
100.02 COMMUNITY SERVICES	1467		943	275					100.02
100.04 AUXILIARY	4000		489						100.04
100.07 ROCKFORD HEALTH SYSTEM									100.07
100.08 DIALYSIS RENTED SPACE									100.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	159460	188613	211006	157300	996555	997016	196631	16048	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	PARA MED EDUC EMT	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS				16190836		16190836	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				30953		30953	98
100 GUEST CENTER				53327		53327	100
100.01 OTHER NONREIMBURSEABLE COST CEN							100.01
100.02 COMMUNITY SERVICES				63893		63893	100.02
100.04 AUXILIARY				92557		92557	100.04
100.07 ROCKFORD HEALTH SYSTEM							100.07
100.08 DIALYSIS RENTED SPACE							100.08
101 CROSS FOOT ADJUSTMENTS	25487	5066	74714	105267		105267	101
102 NEGATIVE COST CENTER							102
103 TOTAL	25487	5066	74714	16536833		16536833	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	LAUNDRY
	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BENEFITS		TRATIVE & GENERAL	OF PLANT	& LINEN SERVICE
	SQUARE FEET	DOLLAR VALUE	GROSS SALARIES	CILATION	ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY
	3	4	5	6A	6	8	9
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	738849						3
4 NEW CAP REL COSTS-MVBLE EQUIP		15116916					4
5 EMPLOYEE BENEFITS	23108	40073	101596991				5
6 ADMINISTRATIVE & GENERAL	201005	4729568	12071108	-49127054	199762175		6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	79768	486949	2733680		9987396	434968	8
9 LAUNDRY & LINEN SERVICE	5698	7026	108491		1226771	5698	941872 9
10 HOUSEKEEPING	8747	24429	1965754		3350145	8747	10
11 DIETARY	5246	111045	1125814		2442103	5246	2048 11
12 CAFETERIA	26792		1066082		1392616	26792	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	6117	33420	2419971		3269244	6117	14
15 CENTRAL SERVICES & SUPPLY	5374	246935	1264636		3694752	5374	4528 15
16 PHARMACY	6962	971412	3295416		5377703	6962	16
17 MEDICAL RECORDS & LIBRARY	6281	66529	2094022		3489215	6281	17
18 SOCIAL SERVICE	946		244172		358713	946	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMDICAL ED PROGRAM XRAY	1937	90	207628		391751	1937	24
24.01 PASTORAL EDUCATION PROGRAM	444		54516		72309	444	24.01
24.02 PARAMED EDUC EMT PROGRAM	5803	17560	274161		647951	5803	24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	98891	1265095	21669978		32615002	98891	408737 25
26 INTENSIVE CARE UNIT	13809	154366	4942522		7479610	13809	46908 26
29.01 NEONATAL INTENSIVE CARE	14709	216910	6072879		9200177	14709	19577 29.01
29.02 PEDIATRIC INTENSIVE CARE	3490	67366	751388		1244931	3490	6834 29.02
31 SUBPROVIDER I	12062	42874	1103279		1552751	12062	7231 31
33 NURSERY	6897		1147473		1733018	6897	9292 33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	39637	1167696	7019731		16521814	39637	143463 37
38 RECOVERY ROOM	2513	24437	1062283		1592157	2513	14977 38
39 DELIVERY ROOM & LABOR ROOM	13136	269014	2454758		3831933	13136	62340 39
40 ANESTHESIOLOGY	87	74528	272933		3022226	87	40
41 RADIOLOGY-DIAGNOSTIC	13164	1443149	2552580		6305455	13164	32835 41
42 RADIOLOGY-THERAPEUTIC	9449	284621	852857		1867124	9449	4007 42
43 RADIOISOTOPE	1584	37459	236180		1038547	1584	117 43
44 LABORATORY	17071	702165	5867119		10838851	17071	5084 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	721	10254	182063		2162651	721	47
49 RESPIRATORY THERAPY	6219	266826	3131497		5142685	6219	577 49
50 PHYSICAL THERAPY	5455	4714	421762		1674104	5455	808 50
53 ELECTROCARDIOLOGY	7898	106946	1063731		1809982	7898	65 53
54 ELECTROENCEPHALOGRAPHY	580	27395	92517		178039	580	54
55 MEDICAL SUPPLIES CHARGED TO P					14279393		55
56 DRUGS CHARGED TO PATIENTS					9653648		56
57 RENAL DIALYSIS	1717	33258			645755	1717	57
59 GI LAB	7545	228345	553431		1308848	7545	17715 59
59.01 MRI	2723	378672	477626		1424242	2723	6662 59.01
59.02 CT SCAN	1309	274574	563401		1451872	1309	59.02
59.03 CARDIAC CATHETERIZATION	5393	568594	1121689		5697045	5393	5304 59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE	644	1954	33949		56538	644	59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		7279	213496		459234		6746 59.08
59.10 GENETIC SERVICES	6180	28122	745923		633871	6180	46 59.10
59.11 RADIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER	8442	98901	847033		1609762	8442	60.01
60.02 ANTENATAL TEST CENTER	5872	103424	323975		702407	5872	6355 60.02
60.03 CHILD PSYCHIATRIC CLINIC	1880	3477	500770		695183	1880	404 60.03
61 EMERGENCY	19681	433569	4999954		9128792	19681	121266 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	6227	31473	930628		2906584	6227	65
68 AIR AMBULANCE							68



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	LAUNDRY	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		CILATION	TRATIVE & GENERAL ACCUM COST	OF PLANT SQUARE FEET	
	3	4	5	6A	6	8	9	
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	719213	15092493	101134856	-49127054	196164900	415332	933926	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES					1247756			98
100 GUEST CENTER	5216	14634	59948		254903	5216	7946	100
100.01 OTHER NONREIMBURSEABLE COST C								100.01
100.02 COMMUNITY SERVICES	3870		309141		1491144	3870		100.02
100.04 AUXILIARY	10550	9789	93046		603472	10550		100.04
100.07 ROCKFORD HEALTH SYSTEM								100.07
100.08 DIALYSIS RENTED SPACE								100.08
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2898290	12390945	5167081		49127054	12443576	1691477	103
104 UNIT COST MULT-WS B PT I		.819674				28.608026		104
104 UNIT COST MULT-WS B PT I	3.922710		.050859		.245928		1.795867	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			127791		4955445	971860	71411	107
108 UNIT COST MULT-WS B PT III						2.234325		108
108 UNIT COST MULT-WS B PT III			.001258		.024807		.075818	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE
	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	VISITS
	10	11	12	14	15	16	17	18
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10	HOUSEKEEPING	420523						10
11	DIETARY	5246	208226					11
12	CAFETERIA	26792		140358				12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	6117		3845	1231582			14
15	CENTRAL SERVICES & SUPPLY	5374		3956		100		15
16	PHARMACY	6962		4186	579		100	16
17	MEDICAL RECORDS & LIBRARY	6281		5228			691516779	17
18	SOCIAL SERVICE	946		438				8784 18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES							22
23	I&R SERVICES-OTHER PRGM COSTS							23
24	PARAMDICAL ED PROGRAM XRAY	1937		1845				24
24.01	PASTORAL EDUCATION PROGRAM	444		200				24.01
24.02	PARAMED EDUC EMT PROGRAM	5803		613	16			24.02
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	98891	182532	36069	484021		58548548	8074 25
26	INTENSIVE CARE UNIT	13809	15341	6468	90356		16746075	220 26
29.01	NEONATAL INTENSIVE CARE	14709		8600	128972		40396834	239 29.01
29.02	PEDIATRIC INTENSIVE CARE	3490		1167	26052		2892106	52 29.02
31	SUBPROVIDER I	12062	10353	1718	22701		3490586	137 31
33	NURSERY	6897		1772	57132		7163441	62 33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	39637		10825	119949		70325234	37
38	RECOVERY ROOM	2513		1582	26879		6927642	38
39	DELIVERY ROOM & LABOR ROOM	13136		3868	66677		9786798	39
40	ANESTHESIOLOGY	87		575	7654		11342259	40
41	RADIOLOGY-DIAGNOSTIC	13164		4934	13912		40176906	41
42	RADIOLOGY-THERAPEUTIC	9449		1138	8722		6716077	42
43	RADIOISOTOPE	1584		319			5127156	43
44	LABORATORY	17071		12939			52115859	44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47	BLOOD STORING, PROCESSING & T	721		347			11230384	47
49	RESPIRATORY THERAPY	6219		5550	2270		28778895	49
50	PHYSICAL THERAPY	5455		1045	864		3909788	50
53	ELECTROCARDIOLOGY	7898		1852	8126		21738763	53
54	ELECTROENCEPHALOGRAPHY	580		228			1185948	54
55	MEDICAL SUPPLIES CHARGED TO P					100	83886165	55
56	DRUGS CHARGED TO PATIENTS						59719360	56
57	RENAL DIALYSIS	1717					1804739	57
59	GI LAB	7545		1071	15482		7817365	59
59.01	MRI	2723		859	4		16800065	59.01
59.02	CT SCAN	1309		914	18		33364222	59.02
59.03	CARDIAC CATHETERIZATION	5393		1821	11078		26292941	59.03
59.04	PRIMARY PREVENTION PROGRAM							59.04
59.05	WOMEN'S HEALTH ADVANTAGE	644		81			22805	59.05
59.07	OUTPATIENT DETOX							59.07
59.08	SPECIAL SURGICAL SERVICES			344	5012		1719643	59.08
59.10	GENETIC SERVICES	6180		1111	216		850549	59.10
59.11	CARDIOLOGY							59.11
59.12	OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS								
60.01	PAIN CENTER	8442		1438	22548		10930084	60.01
60.02	ANTENATAL TEST CENTER	5872		463	5154		4894673	60.02
60.03	CHILD PSYCHIATRIC CLINIC	1880		762	864		403960	60.03
61	EMERGENCY	19681		7844	83999		38450460	61
62	OBSERVATION BEDS (NON-DISTINC							62
63.50	RHC							63.50
63.60	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	6227		1232	20174		5960449	65
68	AIR AMBULANCE							68

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED	PHARMACY COSTED	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE VISITS
	SQUARE FEET	MEALS SERVED	FTE'S	NRSING HRS	REQUIS.	REQUIS.		
	10	11	12	14	15	16	17	18
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	400887	208226	139247	1229431	100	100	691516779	8784 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES								98
100 GUEST CENTER	5216		159					100
100.01 OTHER NONREIMBURSEABLE COST C								100.01
100.02 COMMUNITY SERVICES	3870		627	2151				100.02
100.04 AUXILIARY	10550		325					100.04
100.07 ROCKFORD HEALTH SYSTEM								100.07
100.08 DIALYSIS RENTED SPACE								100.08
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4424273	3251634	2783440	4388844	4900257	7057722	4696756	492633 103
104 UNIT COST MULT-WS B PT I	10.520882		19.831004		49002.570000		.006792	104
104 UNIT COST MULT-WS B PT I		15.615889		3.563582		70577.220000		56.082992 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	159460	188613	211006	157300	996555	997016	196631	16048 107
108 UNIT COST MULT-WS B PT III	.379194		1.503341		9965.550000		.000284	108
108 UNIT COST MULT-WS B PT III		.905809		.127722		9970.160000		1.826958 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY ASSIGNED TIME	PASTORAL EDUCATION PROGRAM PATIENT DAYS	PARA MED EDUC EMT TIME SPENT	
	24	24.01	24.02	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
20				20
21				21
22				22
23				23
24				24
24.01	100	77326		24.01
24.02			640	24.02
INPATIENT ROUTINE SERV COST CENTERS				
25		51612	17	25
26		5106	34	26
29.01		12831		29.01
29.02		1182		29.02
31		2717		31
33		3878		33
ANCILLARY SERVICE COST CENTERS				
37			89	37
38				38
39			17	39
40				40
41	100			41
42				42
43				43
44				44
46.30				46.30
47				47
49			13	49
50				50
53				53
54				54
55				55
56				56
57				57
59				59
59.01				59.01
59.02				59.02
59.03				59.03
59.04				59.04
59.05				59.05
59.07				59.07
59.08				59.08
59.10				59.10
59.11				59.11
59.12				59.12
OUTPATIENT SERVICE COST CENTERS				
60.01				60.01
60.02				60.02
60.03				60.03
61			470	61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
65				65
68				68

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA	PASTORAL	PARA MED	
	EDUCATION	EDUCATION	EDUC	
	XRAY	PROGRAM	EMT	
	ASSIGNED	PATIENT	TIME	
	TIME	DAYS	SPENT	
	24	24.01	24.02	
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	100	77326	640	95
NONREIMBURSABLE COST CENTERS				
98 PHYSICIANS' PRIVATE OFFICES				98
100 GUEST CENTER				100
100.01 OTHER NONREIMBURSEABLE COST C				100.01
100.02 COMMUNITY SERVICES				100.02
100.04 AUXILIARY				100.04
100.07 ROCKFORD HEALTH SYSTEM				100.07
100.08 DIALYSIS RENTED SPACE				100.08
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	600475	111431	1046578	103
104 UNIT COST MULT-WS B PT I	6004.750000		1635.278125	104
104 UNIT COST MULT-WS B PT I		1.441055		104
105 COST TO BE ALLOC PER B PT II				105
106 UNIT COST MULT-WS B PT II				106
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	25487	5066	74714	107
108 UNIT COST MULT-WS B PT III	254.870000		116.740625	108
108 UNIT COST MULT-WS B PT III		.065515		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	51482606		51482606		51482606	25
26 INTENSIVE CARE UNIT	10822483		10822483	15579	10838062	26
29.01 NEONATAL INTENSIVE CARE	13009881		13009881	15720	13025601	29.01
29.02 PEDIATRIC INTENSIVE CARE	1840170		1840170		1840170	29.02
31 SUBPROVIDER I	2731519		2731519		2731519	31
33 NURSERY	2742231		2742231		2742231	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	23658891		23658891	63560	23722451	37
38 RECOVERY ROOM	2283153		2283153		2283153	38
39 DELIVERY ROOM & LABOR ROOM	5808851		5808851		5808851	39
40 ANESTHESIOLOGY	3884596		3884596		3884596	40
41 RADIOLOGY-DIAGNOSTIC	9450983		9450983		9450983	41
42 RADIOLOGY-THERAPEUTIC	2802493		2802493	29316	2831809	42
43 RADIOISOTOPE	1397295		1397295		1397295	43
44 LABORATORY	14792092		14792092	183928	14976020	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2805877		2805877		2805877	47
49 RESPIRATORY THERAPY	6986669		6986669	4195	6990864	49
50 PHYSICAL THERAPY	2351069		2351069		2351069	50
53 ELECTROCARDIOLOGY	2777599		2777599		2777599	53
54 ELECTROENCEPHALOGRAPHY	257095		257095		257095	54
55 MEDICAL SUPPLIES CHARGED TO	23261078		23261078		23261078	55
56 DRUGS CHARGED TO PATIENTS	19491086		19491086		19491086	56
57 RENAL DIALYSIS	884006		884006		884006	57
59 GI LAB	2087278		2087278		2087278	59
59.01 MRI	2024170		2024170		2024170	59.01
59.02 CT SCAN	2104948		2104948		2104948	59.02
59.03 CARDIAC CATHETERIZATION	7572826		7572826		7572826	59.03
59.04 PRIMARY PREVENTION PROGRAM						59.04
59.05 WOMEN'S HEALTH ADVANTAGE	97402		97402		97402	59.05
59.07 OUTPATIENT DETOX						59.07
59.08 SPECIAL SURGICAL SERVICES	620650		620650		620650	59.08
59.10 GENETIC SERVICES	1060237		1060237		1060237	59.10
59.11 RADIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	2519080		2519080		2519080	60.01
60.02 ANTENATAL TEST CENTER	1177121		1177121	27786	1204907	60.02
60.03 CHILD PSYCHIATRIC CLINIC	961370		961370		961370	60.03
61 EMERGENCY	13846319		13846319	140196	13986515	61
62 OBSERVATION BEDS (NON-DISTI	2798633		2798633		2798633	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	4001857		4001857	10085	4011942	65
68 AIR AMBULANCE						68
101 SUBTOTAL	246393614		246393614	490365	246883979	101
102 LESS OBSERVATION BEDS	2798633		2798633		2798633	102
103 TOTAL	243594981		243594981	490365	244085346	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL 8				
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	55676659		55676659				25
26 INTENSIVE CARE UNIT	16746075		16746075				26
29.01 NEONATAL INTENSIVE CARE	40396834		40396834				29.01
29.02 PEDIATRIC INTENSIVE CARE	2892106		2892106				29.02
31 SUBPROVIDER I	3490586		3490586				31
33 NURSERY	7163441		7163441				33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	48116870	22208364	70325234	.336421	.336421	.337325	37
38 RECOVERY ROOM	4426424	2501218	6927642	.329571	.329571	.329571	38
39 DELIVERY ROOM & LABOR ROOM	8613273	1173525	9786798	.593539	.593539	.593539	39
40 ANESTHESIOLOGY	5993866	5348393	11342259	.342489	.342489	.342489	40
41 RADIOLOGY-DIAGNOSTIC	17608314	22568592	40176906	.235234	.235234	.235234	41
42 RADIOLOGY-THERAPEUTIC	211132	6504945	6716077	.417281	.417281	.421646	42
43 RADIOISOTOPE	2265227	2861929	5127156	.272528	.272528	.272528	43
44 LABORATORY	37078304	15037555	52115859	.283831	.283831	.287360	44
46.30 BLOOD CLOTTING FACTORS ADMI							46.30
47 BLOOD STORING, PROCESSING &	9406189	1824195	11230384	.249847	.249847	.249847	47
49 RESPIRATORY THERAPY	23733564	5045331	28778895	.242771	.242771	.242916	49
50 PHYSICAL THERAPY	2787887	1121901	3909788	.601329	.601329	.601329	50
53 ELECTROCARDIOLOGY	8040930	13697833	21738763	.127772	.127772	.127772	53
54 ELECTROENCEPHALOGRAPHY	873707	312241	1185948	.216784	.216784	.216784	54
55 MEDICAL SUPPLIES CHARGED TO	63237920	20648245	83886165	.277293	.277293	.277293	55
56 DRUGS CHARGED TO PATIENTS	48605910	11113450	59719360	.326378	.326378	.326378	56
57 RENAL DIALYSIS	1730540	74199	1804739	.489825	.489825	.489825	57
59 GI LAB	1483800	6333565	7817365	.267005	.267005	.267005	59
59.01 MRI	5124806	11675259	16800065	.120486	.120486	.120486	59.01
59.02 CT SCAN	13811749	19552473	33364222	.063090	.063090	.063090	59.02
59.03 CARDIAC CATHETERIZATION	16381050	9911891	26292941	.288017	.288017	.288017	59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE		22805	22805	4.271081	4.271081	4.271081	59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES	5635	1714008	1719643	.360918	.360918	.360918	59.08
59.10 GENETIC SERVICES	60310	790239	850549	1.246533	1.246533	1.246533	59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER	141322	10788762	10930084	.230472	.230472	.230472	60.01
60.02 ANTENATAL TEST CENTER	705955	4188718	4894673	.240490	.240490	.246167	60.02
60.03 CHILD PSYCHIATRIC CLINIC	4050	399910	403960	2.379864	2.379864	2.379864	60.03
61 EMERGENCY	13712971	24737489	38450460	.360108	.360108	.363754	61
62 OBSERVATION BEDS (NON-DISTI	90720	2781169	2871889	.974492	.974492	.974492	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES		5960449	5960449	.671402	.671402	.673094	65
68 AIR AMBULANCE							68
101 SUBTOTAL	460618126	230898653	691516779				101
102 LESS OBSERVATION BEDS							102
103 TOTAL	460618126	230898653	691516779				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2890303		2890303
26 INTENSIVE CARE UNIT				458172		458172
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE				554024		554024
29.02 PEDIATRIC INTENSIVE CARE				117484		117484
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				170539		170539
33 NURSERY				102328		102328
101 TOTAL				4292850		4292850

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	55150	23893			52.41	1252232
26 INTENSIVE CARE UNIT	5794	3245			79.08	256615
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE	12208				45.38	
29.02 PEDIATRIC INTENSIVE CARE	908				129.39	
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2958	711			57.65	40989
33 NURSERY	3863				26.49	
101 TOTAL	80881	27849				1549836



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1718059	70325234	21953956			.024430	536335 37
38 RECOVERY ROOM		86706	6927642	1836170			.012516	22982 38
39 DELIVERY ROOM & LABOR ROOM		429643	9786798	56766			.043900	2492 39
40 ANESTHESIOLOGY		142035	11342259	2148506			.012523	26906 40
41 RADIOLOGY-DIAGNOSTIC		1453567	40176906	8185004			.036179	296125 41
42 RADIOLOGY-THERAPEUTIC		348334	6716077	94388			.051866	4896 42
43 RADIOISOTOPE		69063	5127156	1350507			.013470	18191 43
44 LABORATORY		1011600	52115859	16058846			.019411	311718 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		70706	11230384	4461810			.006296	28092 47
49 RESPIRATORY THERAPY		540040	28778895	9283100			.018765	174197 49
50 PHYSICAL THERAPY		86485	3909788	1556528			.022120	34430 50
53 ELECTROCARDIOLOGY		214687	21738763	4156585			.009876	41050 53
54 ELECTROENCEPHALOGRAPHY		31459	1185948	360979			.026526	9575 54
55 MEDICAL SUPPLIES CHARGED TO P		1374852	83886165	29681360			.016389	486448 55
56 DRUGS CHARGED TO PATIENTS		1253454	59719360	20481032			.020989	429876 56
57 RENAL DIALYSIS		55015	1804739	1343372			.030484	40951 57
59 GI LAB		278891	7817365	758596			.035676	27064 59
59.01 MRI		370687	16800065	2335149			.022065	51525 59.01
59.02 CT SCAN		281194	33364222	5931038			.008428	49987 59.02
59.03 CARDIAC CATHETERIZATION		656164	26292941	6319188			.024956	157702 59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		13475	22805				.590879	59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		19931	1719643	3376			.011590	39 59.08
59.10 GENETIC SERVICES		103129	850549	5967			.121250	723 59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		185626	10930084	49775			.016983	845 60.01
60.02 ANTENATAL TEST CENTER		156077	4894673	7232			.031887	231 60.02
60.03 CHILD PSYCHIATRIC CLINIC		34416	403960				.085197	60.03
61 EMERGENCY		766020	38450460	6424803			.019922	127995 61
62 OBSERVATION BEDS (NON-DISTINC		157118	2871889				.054709	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL		11908433	559190629	144844033				2880375 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL			
	COST	COST	COSTS	COSTS	AMOUNT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			102177			102177	25
26 INTENSIVE CARE UNIT			62957			62957	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 NEONATAL INTENSIVE CARE			18490			18490	29.01
29.02 PEDIATRIC INTENSIVE CARE			1703			1703	29.02
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I			3915			3915	31
33 NURSERY			5588			5588	33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			194830			194830	101

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05  
 05/23/2009 10:27

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	55150	1.85	23893	44202	25
26 INTENSIVE CARE UNIT	5794	10.87	3245	35273	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
29.01 NEONATAL INTENSIVE CARE	12208	1.51			29.01
29.02 PEDIATRIC INTENSIVE CARE	908	1.88			29.02
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	2958	1.32	711	939	31
33 NURSERY	3863	1.45			33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	80881		27849	80414	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				145540			145540 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM				27800			27800 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				600475			600475 41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				21259			21259 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 GI LAB							59
59.01 MRI							59.01
59.02 CT SCAN							59.02
59.03 CARDIAC CATHETERIZATION							59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES							59.08
59.10 GENETIC SERVICES							59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER							60.01
60.02 ANTENATAL TEST CENTER							60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY				768580			768580 61
62 OBSERVATION BEDS (NON-DISTINC				5555			5555 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1569209			1569209 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	145540	70325234	.002070	.002070	21953956	45445	6140998	37
38 RECOVERY ROOM		6927642			1836170		471315	38
39 DELIVERY ROOM & LABOR ROOM	27800	9786798	.002841	.002841	56766	161	2156	39
40 ANESTHESIOLOGY		11342259			2148506		1347793	40
41 RADIOLOGY-DIAGNOSTIC	600475	40176906	.014946	.014946	8185004	122333	6764454	41
42 RADIOLOGY-THERAPEUTIC		6716077			94388		4929442	42
43 RADIOISOTOPE		5127156			1350507		1159450	43
44 LABORATORY		52115859			16058846		510653	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		11230384			4461810		43217	47
49 RESPIRATORY THERAPY	21259	28778895	.000739	.000739	9283100	6860	1048672	49
50 PHYSICAL THERAPY		3909788			1556528			50
53 ELECTROCARDIOLOGY		21738763			4156585		5443240	53
54 ELECTROENCEPHALOGRAPHY		1185948			360979		37574	54
55 MEDICAL SUPPLIES CHARGED TO P		83886165			29681360		10324122	55
56 DRUGS CHARGED TO PATIENTS		59719360			20481032		3489588	56
57 RENAL DIALYSIS		1804739			1343372		33089	57
59 GI LAB		7817365			758596			59
59.01 MRI		16800065			2335149		3410715	59.01
59.02 CT SCAN		33364222			5931038		5406397	59.02
59.03 CARDIAC CATHETERIZATION		26292941			6319188		3220054	59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		22805						59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		1719643			3376		223290	59.08
59.10 GENETIC SERVICES		850549			5967		8874	59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		10930084			49775		3583992	60.01
60.02 ANTENATAL TEST CENTER		4894673			7232		103361	60.02
60.03 CHILD PSYCHIATRIC CLINIC		403960						60.03
61 EMERGENCY	768580	38450460	.019989	.019989	6424803	128425	3352008	61
62 OBSERVATION BEDS (NON-DISTINC	5555	2871889	.001934	.001934			721830	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL	1569209	559190629			144844033	303224	61776284	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			12712		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM			6		39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			101102		41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY			775		49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 GI LAB					59
59.01 MRI					59.01
59.02 CT SCAN					59.02
59.03 CARDIAC CATHETERIZATION					59.03
59.04 PRIMARY PREVENTION PROGRAM					59.04
59.05 WOMEN'S HEALTH ADVANTAGE					59.05
59.07 OUTPATIENT DETOX					59.07
59.08 SPECIAL SURGICAL SERVICES					59.08
59.10 GENETIC SERVICES					59.10
59.11 CARDIOLOGY					59.11
59.12 OUTPATIENT PSYCH SERVICES					59.12
OUTPATIENT SERVICE COST CENTERS					
60.01 PAIN CENTER					60.01
60.02 ANTENATAL TEST CENTER					60.02
60.03 CHILD PSYCHIATRIC CLINIC					60.03
61 EMERGENCY			67003		61
62 OBSERVATION BEDS (NON-DISTINC			1396		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
68 AIR AMBULANCE					68
101 TOTAL			182994		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0239) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.336421	.336421	.336421			37
39 RECOVERY ROOM	.329571	.329571	.329571			38
40 DELIVERY ROOM & LABOR ROOM	.593539	.593539	.593539			39
41 ANESTHESIOLOGY	.342489	.342489	.342489			40
42 RADIOLOGY-DIAGNOSTIC	.235234	.235234	.235234			41
43 RADIOLOGY-THERAPEUTIC	.417281	.417281	.417281			42
44 RADIOISOTOPE	.272528	.272528	.272528			43
46.30 LABORATORY	.283831	.283831	.283831			44
47 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 BLOOD STORING, PROCESSING & TRA	.249847	.249847	.249847			47
49 RESPIRATORY THERAPY	.242771	.242771	.242771			49
50 PHYSICAL THERAPY	.601329	.601329	.601329			50
53 ELECTROCARDIOLOGY	.127772	.127772	.127772			53
54 ELECTROENCEPHALOGRAPHY	.216784	.216784	.216784			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.277293	.277293	.277293			55
56 DRUGS CHARGED TO PATIENTS	.326378	.326378	.326378			56
57 RENAL DIALYSIS	.489825	.489825	.489825			57
59 GI LAB	.267005	.267005	.267005			59
59.01 MRI	.120486	.120486	.120486			59.01
59.02 CT SCAN	.063090	.063090	.063090			59.02
59.03 CARDIAC CATHETERIZATION	.288017	.288017	.288017			59.03
59.04 PRIMARY PREVENTION PROGRAM						59.04
59.05 WOMEN'S HEALTH ADVANTAGE	4.271081	4.271081	4.271081			59.05
59.07 OUTPATIENT DETOX						59.07
59.08 SPECIAL SURGICAL SERVICES	.360918	.360918	.360918			59.08
59.10 GENETIC SERVICES	1.246533	1.246533	1.246533			59.10
59.11 RADIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
60.01 OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	.230472	.230472	.230472			60.01
60.02 ANTENATAL TEST CENTER	.240490	.240490	.240490			60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.379864	2.379864	2.379864			60.03
61 EMERGENCY	.360108	.360108	.360108			61
62 OBSERVATION BEDS (NON-DISTINCT	.974492	.974492	.974492			62
63.50 RHC						63.50
63.60 FQHC						63.60
65 OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.671402	.671402	.671402			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.671402	.671402	.671402			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.671402	.671402	.671402			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.671402	.671402	.671402			65.03
68 AIR AMBULANCE						68
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.326378	1
2 PROGRAM VACCINE CHARGES			2321	2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS			758	3
3.01 PROGRAM COSTS				3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0239) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6140998	56					37
38 RECOVERY ROOM		471315						38
39 DELIVERY ROOM & LABOR ROOM		2156						39
40 ANESTHESIOLOGY		1347793						40
41 RADIOLOGY-DIAGNOSTIC		6764454						41
42 RADIOLOGY-THERAPEUTIC		4929442						42
43 RADIOISOTOPE		1159450						43
44 LABORATORY		510653						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		43217						47
49 RESPIRATORY THERAPY		1048672						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		5443240						53
54 ELECTROENCEPHALOGRAPHY		37574						54
55 MEDICAL SUPPLIES CHARGED TO PA		10324122						55
56 DRUGS CHARGED TO PATIENTS		3489588						56
57 RENAL DIALYSIS		33089						57
59 GI LAB								59
59.01 MRI		3410715						59.01
59.02 CT SCAN		5406397						59.02
59.03 CARDIAC CATHETERIZATION		3220054						59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE								59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		223290						59.08
59.10 GENETIC SERVICES		8874						59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		3583992						60.01
60.02 ANTENATAL TEST CENTER		103361						60.02
60.03 CHILD PSYCHIATRIC CLINIC								60.03
61 EMERGENCY		3352008						61
62 OBSERVATION BEDS (NON-DISTINCT		721830						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
68 AIR AMBULANCE								68
101 SUBTOTAL		61776284	56					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		61776284	56					104



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0239) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2065961	19				37
38 RECOVERY ROOM		155332					38
39 DELIVERY ROOM & LABOR ROOM		1280					39
40 ANESTHESIOLOGY		461604					40
41 RADIOLOGY-DIAGNOSTIC		1591230					41
42 RADIOLOGY-THERAPEUTIC		2056962					42
43 RADIOISOTOPE		315983					43
44 LABORATORY		144939					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		10798					47
49 RESPIRATORY THERAPY		254587					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		695494					53
54 ELECTROENCEPHALOGRAPHY		8145					54
55 MEDICAL SUPPLIES CHARGED TO PAT		2862807					55
56 DRUGS CHARGED TO PATIENTS		1138925					56
57 RENAL DIALYSIS		16208					57
59 GI LAB							59
59.01 MRI		410943					59.01
59.02 CT SCAN		341090					59.02
59.03 CARDIAC CATHETERIZATION		927430					59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		80589					59.08
59.10 GENETIC SERVICES		11062					59.10
59.11 RADIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		826010					60.01
60.02 ANTENATAL TEST CENTER		24857					60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY		1207085					61
62 OBSERVATION BEDS (NON-DISTINCT		703418					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
68 AIR AMBULANCE							68
101 SUBTOTAL		16312739	19				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		16312739	19				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S239) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1718059	70325234	1943			.024430	47 37
38 RECOVERY ROOM		86706	6927642	560			.012516	7 38
39 DELIVERY ROOM & LABOR ROOM		429643	9786798				.043900	39
40 ANESTHESIOLOGY		142035	11342259	557			.012523	7 40
41 RADIOLOGY-DIAGNOSTIC		1453567	40176906	5149			.036179	186 41
42 RADIOLOGY-THERAPEUTIC		348334	6716077				.051866	42
43 RADIOISOTOPE		69063	5127156				.013470	43
44 LABORATORY		1011600	52115859	116142			.019411	2254 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		70706	11230384				.006296	47
49 RESPIRATORY THERAPY		540040	28778895	9066			.018765	170 49
50 PHYSICAL THERAPY		86485	3909788	692			.022120	15 50
53 ELECTROCARDIOLOGY		214687	21738763	3857			.009876	38 53
54 ELECTROENCEPHALOGRAPHY		31459	1185948	802			.026526	21 54
55 MEDICAL SUPPLIES CHARGED TO P		1374852	83886165	2935			.016389	48 55
56 DRUGS CHARGED TO PATIENTS		1253454	59719360	156259			.020989	3280 56
57 RENAL DIALYSIS		55015	1804739	2520			.030484	77 57
59 GI LAB		278891	7817365				.035676	59
59.01 MRI		370687	16800065	2215			.022065	49 59.01
59.02 CT SCAN		281194	33364222	9612			.008428	81 59.02
59.03 CARDIAC CATHETERIZATION		656164	26292941				.024956	59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		13475	22805				.590879	59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		19931	1719643				.011590	59.08
59.10 GENETIC SERVICES		103129	850549				.121250	59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		185626	10930084				.016983	60.01
60.02 ANTENATAL TEST CENTER		156077	4894673				.031887	60.02
60.03 CHILD PSYCHIATRIC CLINIC		34416	403960				.085197	60.03
61 EMERGENCY		766020	38450460	66970			.019922	1334 61
62 OBSERVATION BEDS (NON-DISTINC		157118	2871889				.054709	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL		11908433	559190629	379279				7614 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S239) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				145540			145540 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM				27800			27800 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				600475			600475 41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				21259			21259 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 GI LAB							59
59.01 MRI							59.01
59.02 CT SCAN							59.02
59.03 CARDIAC CATHETERIZATION							59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES							59.08
59.10 GENETIC SERVICES							59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER							60.01
60.02 ANTENATAL TEST CENTER							60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY				768580			768580 61
62 OBSERVATION BEDS (NON-DISTINC				5555			5555 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1569209			1569209 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S239) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	145540	70325234	.002070	.002070	1943	4	37
38 RECOVERY ROOM		6927642			560		38
39 DELIVERY ROOM & LABOR ROOM	27800	9786798	.002841	.002841			39
40 ANESTHESIOLOGY		11342259			557		40
41 RADIOLOGY-DIAGNOSTIC	600475	40176906	.014946	.014946	5149	77	41
42 RADIOLOGY-THERAPEUTIC		6716077					42
43 RADIOISOTOPE		5127156					43
44 LABORATORY		52115859			116142		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		11230384					47
49 RESPIRATORY THERAPY	21259	28778895	.000739	.000739	9066	7	49
50 PHYSICAL THERAPY		3909788			692		50
53 ELECTROCARDIOLOGY		21738763			3857		53
54 ELECTROENCEPHALOGRAPHY		1185948			802		54
55 MEDICAL SUPPLIES CHARGED TO P		83886165			2935		55
56 DRUGS CHARGED TO PATIENTS		59719360			156259		56
57 RENAL DIALYSIS		1804739			2520		57
59 GI LAB		7817365					59
59.01 MRI		16800065			2215		59.01
59.02 CT SCAN		33364222			9612		59.02
59.03 CARDIAC CATHETERIZATION		26292941					59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE		22805					59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		1719643					59.08
59.10 GENETIC SERVICES		850549					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		10930084					60.01
60.02 ANTENATAL TEST CENTER		4894673					60.02
60.03 CHILD PSYCHIATRIC CLINIC		403960					60.03
61 EMERGENCY	768580	38450460	.019989	.019989	66970	1339	61
62 OBSERVATION BEDS (NON-DISTINC	5555	2871889	.001934	.001934			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL	1569209	559190629			379279	1427	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S239) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 GI LAB						59
59.01 MRI						59.01
59.02 CT SCAN						59.02
59.03 CARDIAC CATHETERIZATION						59.03
59.04 PRIMARY PREVENTION PROGRAM						59.04
59.05 WOMEN'S HEALTH ADVANTAGE						59.05
59.07 OUTPATIENT DETOX						59.07
59.08 SPECIAL SURGICAL SERVICES						59.08
59.10 GENETIC SERVICES						59.10
59.11 CARDIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER						60.01
60.02 ANTENATAL TEST CENTER						60.02
60.03 CHILD PSYCHIATRIC CLINIC						60.03
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
68 AIR AMBULANCE						68
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2890303		2890303
26 INTENSIVE CARE UNIT				458172		458172
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE				554024		554024
29.02 PEDIATRIC INTENSIVE CARE				117484		117484
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				170539		170539
33 NURSERY				102328		102328
101 TOTAL				4292850		4292850

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	55150	11042			52.41	578711
26 INTENSIVE CARE UNIT	5794	384			79.08	30367
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE	12208	5916			45.38	268468
29.02 PEDIATRIC INTENSIVE CARE	908	464			129.39	60037
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2958	842			57.65	48541
33 NURSERY	3863	3776			26.49	100026
101 TOTAL	80881	22424				1086150

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1718059	70325234				.024430		37
38 RECOVERY ROOM		86706	6927642				.012516		38
39 DELIVERY ROOM & LABOR ROOM		429643	9786798				.043900		39
40 ANESTHESIOLOGY		142035	11342259				.012523		40
41 RADIOLOGY-DIAGNOSTIC		1453567	40176906				.036179		41
42 RADIOLOGY-THERAPEUTIC		348334	6716077				.051866		42
43 RADIOISOTOPE		69063	5127156				.013470		43
44 LABORATORY		1011600	52115859				.019411		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		70706	11230384				.006296		47
49 RESPIRATORY THERAPY		540040	28778895				.018765		49
50 PHYSICAL THERAPY		86485	3909788				.022120		50
53 ELECTROCARDIOLOGY		214687	21738763				.009876		53
54 ELECTROENCEPHALOGRAPHY		31459	1185948				.026526		54
55 MEDICAL SUPPLIES CHARGED TO P		1374852	83886165				.016389		55
56 DRUGS CHARGED TO PATIENTS		1253454	59719360				.020989		56
57 RENAL DIALYSIS		55015	1804739				.030484		57
59 GI LAB		278891	7817365				.035676		59
59.01 MRI		370687	16800065				.022065		59.01
59.02 CT SCAN		281194	33364222				.008428		59.02
59.03 CARDIAC CATHETERIZATION		656164	26292941				.024956		59.03
59.04 PRIMARY PREVENTION PROGRAM									59.04
59.05 WOMEN'S HEALTH ADVANTAGE		13475	22805				.590879		59.05
59.07 OUTPATIENT DETOX									59.07
59.08 SPECIAL SURGICAL SERVICES		19931	1719643				.011590		59.08
59.10 GENETIC SERVICES		103129	850549				.121250		59.10
59.11 RADIOLOGY									59.11
59.12 OUTPATIENT PSYCH SERVICES									59.12
OUTPATIENT SERVICE COST CENTERS									
60.01 PAIN CENTER		185626	10930084				.016983		60.01
60.02 ANTENATAL TEST CENTER		156077	4894673				.031887		60.02
60.03 CHILD PSYCHIATRIC CLINIC		34416	403960				.085197		60.03
61 EMERGENCY		766020	38450460				.019922		61
62 OBSERVATION BEDS (NON-DISTINC		157118	2871889				.054709		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
68 AIR AMBULANCE									68
101 TOTAL		11908433	559190629						101

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05  
 05/23/2009 10:27

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL		MEDICAL		
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			102177			102177
26 INTENSIVE CARE UNIT			62957			62957
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.01 NEONATAL INTENSIVE CARE			18490			18490
29.02 PEDIATRIC INTENSIVE CARE			1703			1703
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I			3915			3915
33 NURSERY			5588			5588
34 SKILLED NURSING FACILITY						
35 NURSING FACILITY						
101 TOTAL			194830			194830



PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05  
 05/23/2009 10:27

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	55150	1.85	11042	20428	25
26 INTENSIVE CARE UNIT	5794	10.87	384	4174	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
29.01 NEONATAL INTENSIVE CARE	12208	1.51	5916	8933	29.01
29.02 PEDIATRIC INTENSIVE CARE	908	1.88	464	872	29.02
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	2958	1.32	842	1111	31
33 NURSERY	3863	1.45	3776	5475	33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	80881		22424	40993	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER		TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				145540			145540 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM				27800			27800 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				600475			600475 41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				21259			21259 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 GI LAB							59
59.01 MRI							59.01
59.02 CT SCAN							59.02
59.03 CARDIAC CATHETERIZATION							59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES							59.08
59.10 GENETIC SERVICES							59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER							60.01
60.02 ANTENATAL TEST CENTER							60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY				768580			768580 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1563654			1563654 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	145540	70325234	.002070	.002070			37
38 RECOVERY ROOM		6927642					38
39 DELIVERY ROOM & LABOR ROOM	27800	9786798	.002841	.002841			39
40 ANESTHESIOLOGY		11342259					40
41 RADIOLOGY-DIAGNOSTIC	600475	40176906	.014946	.014946			41
42 RADIOLOGY-THERAPEUTIC		6716077					42
43 RADIOISOTOPE		5127156					43
44 LABORATORY		52115859					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		11230384					47
49 RESPIRATORY THERAPY	21259	28778895	.000739	.000739			49
50 PHYSICAL THERAPY		3909788					50
53 ELECTROCARDIOLOGY		21738763					53
54 ELECTROENCEPHALOGRAPHY		1185948					54
55 MEDICAL SUPPLIES CHARGED TO P		83886165					55
56 DRUGS CHARGED TO PATIENTS		59719360					56
57 RENAL DIALYSIS		1804739					57
59 GI LAB		7817365					59
59.01 MRI		16800065					59.01
59.02 CT SCAN		33364222					59.02
59.03 CARDIAC CATHETERIZATION		26292941					59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE		22805					59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		1719643					59.08
59.10 GENETIC SERVICES		850549					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		10930084					60.01
60.02 ANTENATAL TEST CENTER		4894673					60.02
60.03 CHILD PSYCHIATRIC CLINIC		403960					60.03
61 EMERGENCY	768580	38450460	.019989	.019989			61
62 OBSERVATION BEDS (NON-DISTINC		2871889					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL	1563654	559190629					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 GI LAB					59
59.01 MRI					59.01
59.02 CT SCAN					59.02
59.03 CARDIAC CATHETERIZATION					59.03
59.04 PRIMARY PREVENTION PROGRAM					59.04
59.05 WOMEN'S HEALTH ADVANTAGE					59.05
59.07 OUTPATIENT DETOX					59.07
59.08 SPECIAL SURGICAL SERVICES					59.08
59.10 GENETIC SERVICES					59.10
59.11 CARDIOLOGY					59.11
59.12 OUTPATIENT PSYCH SERVICES					59.12
OUTPATIENT SERVICE COST CENTERS					
60.01 PAIN CENTER					60.01
60.02 ANTENATAL TEST CENTER					60.02
60.03 CHILD PSYCHIATRIC CLINIC					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
68 AIR AMBULANCE					68
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S239) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1718059	70325234				.024430	37
38 RECOVERY ROOM		86706	6927642				.012516	38
39 DELIVERY ROOM & LABOR ROOM		429643	9786798				.043900	39
40 ANESTHESIOLOGY		142035	11342259				.012523	40
41 RADIOLOGY-DIAGNOSTIC		1453567	40176906				.036179	41
42 RADIOLOGY-THERAPEUTIC		348334	6716077				.051866	42
43 RADIOISOTOPE		69063	5127156				.013470	43
44 LABORATORY		1011600	52115859				.019411	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		70706	11230384				.006296	47
49 RESPIRATORY THERAPY		540040	28778895				.018765	49
50 PHYSICAL THERAPY		86485	3909788				.022120	50
53 ELECTROCARDIOLOGY		214687	21738763				.009876	53
54 ELECTROENCEPHALOGRAPHY		31459	1185948				.026526	54
55 MEDICAL SUPPLIES CHARGED TO P		1374852	83886165				.016389	55
56 DRUGS CHARGED TO PATIENTS		1253454	59719360				.020989	56
57 RENAL DIALYSIS		55015	1804739				.030484	57
59 GI LAB		278891	7817365				.035676	59
59.01 MRI		370687	16800065				.022065	59.01
59.02 CT SCAN		281194	33364222				.008428	59.02
59.03 CARDIAC CATHETERIZATION		656164	26292941				.024956	59.03
59.04 PRIMARY PREVENTION PROGRAM								59.04
59.05 WOMEN'S HEALTH ADVANTAGE		13475	22805				.590879	59.05
59.07 OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES		19931	1719643				.011590	59.08
59.10 GENETIC SERVICES		103129	850549				.121250	59.10
59.11 RADIOLOGY								59.11
59.12 OUTPATIENT PSYCH SERVICES								59.12
OUTPATIENT SERVICE COST CENTERS								
60.01 PAIN CENTER		185626	10930084				.016983	60.01
60.02 ANTENATAL TEST CENTER		156077	4894673				.031887	60.02
60.03 CHILD PSYCHIATRIC CLINIC		34416	403960				.085197	60.03
61 EMERGENCY		766020	38450460				.019922	61
62 OBSERVATION BEDS (NON-DISTINC		157118	2871889				.054709	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
68 AIR AMBULANCE								68
101 TOTAL		11908433	559190629					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S239) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				145540			145540 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM				27800			27800 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				600475			600475 41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY				21259			21259 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 GI LAB							59
59.01 MRI							59.01
59.02 CT SCAN							59.02
59.03 CARDIAC CATHETERIZATION							59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE							59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES							59.08
59.10 GENETIC SERVICES							59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER							60.01
60.02 ANTENATAL TEST CENTER							60.02
60.03 CHILD PSYCHIATRIC CLINIC							60.03
61 EMERGENCY				768580			768580 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL				1563654			1563654 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S239) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	145540	70325234	.002070	.002070			37
38 RECOVERY ROOM		6927642					38
39 DELIVERY ROOM & LABOR ROOM	27800	9786798	.002841	.002841			39
40 ANESTHESIOLOGY		11342259					40
41 RADIOLOGY-DIAGNOSTIC	600475	40176906	.014946	.014946			41
42 RADIOLOGY-THERAPEUTIC		6716077					42
43 RADIOISOTOPE		5127156					43
44 LABORATORY		52115859					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		11230384					47
49 RESPIRATORY THERAPY	21259	28778895	.000739	.000739			49
50 PHYSICAL THERAPY		3909788					50
53 ELECTROCARDIOLOGY		21738763					53
54 ELECTROENCEPHALOGRAPHY		1185948					54
55 MEDICAL SUPPLIES CHARGED TO P		83886165					55
56 DRUGS CHARGED TO PATIENTS		59719360					56
57 RENAL DIALYSIS		1804739					57
59 GI LAB		7817365					59
59.01 MRI		16800065					59.01
59.02 CT SCAN		33364222					59.02
59.03 CARDIAC CATHETERIZATION		26292941					59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE		22805					59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES		1719643					59.08
59.10 GENETIC SERVICES		850549					59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
OUTPATIENT SERVICE COST CENTERS							
60.01 PAIN CENTER		10930084					60.01
60.02 ANTENATAL TEST CENTER		4894673					60.02
60.03 CHILD PSYCHIATRIC CLINIC		403960					60.03
61 EMERGENCY	768580	38450460	.019989	.019989			61
62 OBSERVATION BEDS (NON-DISTINC		2871889					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
68 AIR AMBULANCE							68
101 TOTAL	1563654	559190629					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S239) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 GI LAB					59
59.01 MRI					59.01
59.02 CT SCAN					59.02
59.03 CARDIAC CATHETERIZATION					59.03
59.04 PRIMARY PREVENTION PROGRAM					59.04
59.05 WOMEN'S HEALTH ADVANTAGE					59.05
59.07 OUTPATIENT DETOX					59.07
59.08 SPECIAL SURGICAL SERVICES					59.08
59.10 GENETIC SERVICES					59.10
59.11 CARDIOLOGY					59.11
59.12 OUTPATIENT PSYCH SERVICES					59.12
OUTPATIENT SERVICE COST CENTERS					
60.01 PAIN CENTER					60.01
60.02 ANTENATAL TEST CENTER					60.02
60.03 CHILD PSYCHIATRIC CLINIC					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
68 AIR AMBULANCE					68
101 TOTAL					101



COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	55150	2958					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	55150	2958					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41757						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13393	2958					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	23893	711					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	613.53						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	215.15						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	51482606	2731519					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	51482606	2731519					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	55676659	3055947					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	55676659	3055947					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.924671	.893837					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	4157.15	1033.11					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	51482606	2731519					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	933.50	923.43					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	22304116	656559					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	22304116	656559					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	10838062	5794	1870.57	3245	6070000		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
46.01	NEONATAL INTENSIVE CARE	13025601	12208	1066.97				46.01
46.02	PEDIATRIC INTENSIVE CARE	1840170	908	2026.62				46.02
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	41253416	117183					48
49	TOTAL PROGRAM INPATIENT COSTS	69627532	773742					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1588322	41928					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3183599	9041					51
52	TOTAL PROGRAM EXCLUDABLE COST	4771921	50969					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	64855611	722773					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0239)	SUB I (PPS) (14-S239)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54	PROGRAM DISCHARGES					54
55	TARGET AMOUNT PER DISCHARGE					55
56	TARGET AMOUNT					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66	SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68	PROGRAM ROUTINE SERVICE COST	68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72	PER DIEM CAPITAL RELATED COSTS	72
73	PROGRAM CAPITAL RELATED COSTS	73
74	INPATIENT ROUTINE SERVICE COST	74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78	INPATIENT ROUTINE SERVICE COST LIMITATION	78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80	PROGRAM INPATIENT ANCILLARY SERVICES	80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (14-0239) (14-S239)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2998	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	933.50	84
85 OBSERVATION BED COST	2798633	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		51482606		2798633		86
87 NEW CAPITAL-RELATED COST	2890303	51482606	.056141	2798633	157118	87
88 NON PHYSICIAN ANESTHETIST		51482606		2798633		88
89 NURSING SCHOOL		51482606		2798633		89
89.01 ALLIED HEALTH	102177	51482606	.001985	2798633	5555	89.01
89.02 ALL OTHER		51482606		2798633		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	55150	2958				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	55150	2958				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41757					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13393	2958				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11042	842				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	3863					15
16 TITLE V OR XIX NURSERY DAYS	3776					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
17		1	1	1	1	1	17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18	613.53						18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20	215.15						20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	51482606	2731519					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	51482606	2731519					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	55676659	3055947					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	55676659	3055947					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.924671	.893837					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	4157.15	1033.11					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	51482606	2731519					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							



COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	933.50	923.43			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10307707	777528			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10307707	777528			41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)	2742231	3863	709.87	3776	2680469 42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	10822483	5794	1867.88	384	717266 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
46.01	NEONATAL INTENSIVE CARE	13009881	12208	1065.68	5916	6304563 46.01
46.02	PEDIATRIC INTENSIVE CARE	1840170	908	2026.62	464	940352 46.02
47	OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	20950357	777528			49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1077491	49652			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	1077491	49652			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		182				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05  
05/23/2009 10:27

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05  
05/23/2009 10:27

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0239)	SUB I (OTHER) (14-S239)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2998	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	933.50	84
85 OBSERVATION BED COST	2798633	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0239) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		20436730		25
26 INTENSIVE CARE UNIT		7962457		26
29.01 NEONATAL INTENSIVE CARE				29.01
29.02 PEDIATRIC INTENSIVE CARE				29.02
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.337325	21953956	7405618	37
38 RECOVERY ROOM	.329571	1836170	605148	38
39 DELIVERY ROOM & LABOR ROOM	.593539	56766	33693	39
40 ANESTHESIOLOGY	.342489	2148506	735840	40
41 RADIOLOGY-DIAGNOSTIC	.235234	8185004	1925391	41
42 RADIOLOGY-THERAPEUTIC	.421646	94388	39798	42
43 RADIOISOTOPE	.272528	1350507	368051	43
44 LABORATORY	.287360	16058846	4614670	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.249847	4461810	1114770	47
49 RESPIRATORY THERAPY	.242916	9283100	2255014	49
50 PHYSICAL THERAPY	.601329	1556528	935985	50
53 ELECTROCARDIOLOGY	.127772	4156585	531095	53
54 ELECTROENCEPHALOGRAPHY	.216784	360979	78254	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.277293	29681360	8230433	55
56 DRUGS CHARGED TO PATIENTS	.326378	20481032	6684558	56
57 RENAL DIALYSIS	.489825	1343372	658017	57
59 GI LAB	.267005	758596	202549	59
59.01 MRI	.120486	2335149	281353	59.01
59.02 CT SCAN	.063090	5931038	374189	59.02
59.03 CARDIAC CATHETERIZATION	.288017	6319188	1820034	59.03
59.04 PRIMARY PREVENTION PROGRAM				59.04
59.05 WOMEN'S HEALTH ADVANTAGE	4.271081			59.05
59.07 OUTPATIENT DETOX				59.07
59.08 SPECIAL SURGICAL SERVICES	.360918	3376	1218	59.08
59.10 GENETIC SERVICES	1.246533	5967	7438	59.10
59.11 RADIOLOGY				59.11
59.12 OUTPATIENT PSYCH SERVICES				59.12
OUTPATIENT SERVICE COST CENTERS				
60.01 PAIN CENTER	.230472	49775	11472	60.01
60.02 ANTENATAL TEST CENTER	.246167	7232	1780	60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.379864			60.03
61 EMERGENCY	.363754	6424803	2337048	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.974492			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
68 AIR AMBULANCE				68
101 TOTAL		144844033	41253416	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		144844033		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S239)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
29.01 NEONATAL INTENSIVE CARE				29.01
29.02 PEDIATRIC INTENSIVE CARE				29.02
31 SUBPROVIDER I		837747		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.337325	1943	655	37
38 RECOVERY ROOM	.329571	560	185	38
39 DELIVERY ROOM & LABOR ROOM	.593539			39
40 ANESTHESIOLOGY	.342489	557	191	40
41 RADIOLOGY-DIAGNOSTIC	.235234	5149	1211	41
42 RADIOLOGY-THERAPEUTIC	.421646			42
43 RADIOISOTOPE	.272528			43
44 LABORATORY	.287360	116142	33375	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.249847			47
49 RESPIRATORY THERAPY	.242916	9066	2202	49
50 PHYSICAL THERAPY	.601329	692	416	50
53 ELECTROCARDIOLOGY	.127772	3857	493	53
54 ELECTROENCEPHALOGRAPHY	.216784	802	174	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.277293	2935	814	55
56 DRUGS CHARGED TO PATIENTS	.326378	156259	50999	56
57 RENAL DIALYSIS	.489825	2520	1234	57
59 GI LAB	.267005			59
59.01 MRI	.120486	2215	267	59.01
59.02 CT SCAN	.063090	9612	606	59.02
59.03 CARDIAC CATHETERIZATION	.288017			59.03
59.04 PRIMARY PREVENTION PROGRAM				59.04
59.05 WOMEN'S HEALTH ADVANTAGE	4.271081			59.05
59.07 OUTPATIENT DETOX				59.07
59.08 SPECIAL SURGICAL SERVICES	.360918			59.08
59.10 GENETIC SERVICES	1.246533			59.10
59.11 RADIOLOGY				59.11
59.12 OUTPATIENT PSYCH SERVICES				59.12
OUTPATIENT SERVICE COST CENTERS				
60.01 PAIN CENTER	.230472			60.01
60.02 ANTENATAL TEST CENTER	.246167			60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.379864			60.03
61 EMERGENCY	.363754	66970	24361	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.974492			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
68 AIR AMBULANCE				68
101 TOTAL		379279	117183	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		379279		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0239)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
29.01 NEONATAL INTENSIVE CARE			29.01
29.02 PEDIATRIC INTENSIVE CARE			29.02
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.336421		37
38 RECOVERY ROOM	.329571		38
39 DELIVERY ROOM & LABOR ROOM	.593539		39
40 ANESTHESIOLOGY	.342489		40
41 RADIOLOGY-DIAGNOSTIC	.235234		41
42 RADIOLOGY-THERAPEUTIC	.417281		42
43 RADIOISOTOPE	.272528		43
44 LABORATORY	.283831		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.249847		47
49 RESPIRATORY THERAPY	.242771		49
50 PHYSICAL THERAPY	.601329		50
53 ELECTROCARDIOLOGY	.127772		53
54 ELECTROENCEPHALOGRAPHY	.216784		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.277293		55
56 DRUGS CHARGED TO PATIENTS	.326378		56
57 RENAL DIALYSIS	.489825		57
59 GI LAB	.267005		59
59.01 MRI	.120486		59.01
59.02 CT SCAN	.063090		59.02
59.03 CARDIAC CATHETERIZATION	.288017		59.03
59.04 PRIMARY PREVENTION PROGRAM			59.04
59.05 WOMEN'S HEALTH ADVANTAGE	4.271081		59.05
59.07 OUTPATIENT DETOX			59.07
59.08 SPECIAL SURGICAL SERVICES	.360918		59.08
59.10 GENETIC SERVICES	1.246533		59.10
59.11 RADIOLOGY			59.11
59.12 OUTPATIENT PSYCH SERVICES			59.12
OUTPATIENT SERVICE COST CENTERS			
60.01 PAIN CENTER	.230472		60.01
60.02 ANTENATAL TEST CENTER	.240490		60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.379864		60.03
61 EMERGENCY	.360108		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.974492		62
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
68 AIR AMBULANCE			68
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S239)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
29.01 NEONATAL INTENSIVE CARE				29.01
29.02 PEDIATRIC INTENSIVE CARE				29.02
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.336421			37
38 RECOVERY ROOM	.329571			38
39 DELIVERY ROOM & LABOR ROOM	.593539			39
40 ANESTHESIOLOGY	.342489			40
41 RADIOLOGY-DIAGNOSTIC	.235234			41
42 RADIOLOGY-THERAPEUTIC	.417281			42
43 RADIOISOTOPE	.272528			43
44 LABORATORY	.283831			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.249847			47
49 RESPIRATORY THERAPY	.242771			49
50 PHYSICAL THERAPY	.601329			50
53 ELECTROCARDIOLOGY	.127772			53
54 ELECTROENCEPHALOGRAPHY	.216784			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.277293			55
56 DRUGS CHARGED TO PATIENTS	.326378			56
57 RENAL DIALYSIS	.489825			57
59 GI LAB	.267005			59
59.01 MRI	.120486			59.01
59.02 CT SCAN	.063090			59.02
59.03 CARDIAC CATHETERIZATION	.288017			59.03
59.04 PRIMARY PREVENTION PROGRAM				59.04
59.05 WOMEN'S HEALTH ADVANTAGE	4.271081			59.05
59.07 OUTPATIENT DETOX				59.07
59.08 SPECIAL SURGICAL SERVICES	.360918			59.08
59.10 GENETIC SERVICES	1.246533			59.10
59.11 RADIOLOGY				59.11
59.12 OUTPATIENT PSYCH SERVICES				59.12
OUTPATIENT SERVICE COST CENTERS				
60.01 PAIN CENTER	.230472			60.01
60.02 ANTENATAL TEST CENTER	.240490			60.02
60.03 CHILD PSYCHIATRIC CLINIC	2.379864			60.03
61 EMERGENCY	.360108			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.974492			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
68 AIR AMBULANCE				68
101 TOTAL				101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES				103



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	30083961					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9662318					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	4156974					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	276.77					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0381					4
4.01	0.3110					4.01
4.02	0.3491					4.02
4.03	0.1802					4.03
4.04	7162279					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	51065532					6
7						7
7.01						7.01
8	51065532					8
9	3797330					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	79475					14
15	303224					15
16	55245561					16
17	67498					17
18	55178063					18
19	3472512					19
20	191744					20
21	979896					21
21.01	685927					21.01
21.02	719081					21.02
22	52199734					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	52199734					26
27						27
28	51966059					28
28.01						28.01
29	233675					29
30	858518					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0239) 1	HOSPITAL (14-0239) 1.01	HOSPITAL (14-0239) 1.02	
1 MEDICAL AND OTHER SERVICES	777			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	16129745			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	14483228			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.864			1.03
1.04 LINE 1.01 TIMES LINE 1.03	13936100			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	182994			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	777			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2377			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	2377			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	2377			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1600			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	777			17
17.01 TOTAL PPS PAYMENTS	14666222			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0239) 1	HOSPITAL (14-0239) 1.01	HOSPITAL (14-0239) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3592916		18.01
19 SUBTOTAL	11074083		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	11074083		23
24 PRIMARY PAYER PAYMENTS	12561		24
25 SUBTOTAL	11061522		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	544743		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	381320		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	405898		27.02
28 SUBTOTAL	11442842		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FORMULA DRIVEN OVERPAYMENT EST			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	11442842		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	11580309		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-137467		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S239)	SUB I (14-S239)	SUB I (14-S239)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S239)	SUB I (14-S239)	SUB I (14-S239)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FORMULA DRIVEN OVERPAYMENT EST			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V            [XX] TITLE XVIII            [ ] TITLE XIX

HOSPITAL  
(14-0239)  
OCTOBER 1, 1997  
PRIOR TO    ON    OR    AFTER  
1            1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	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)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V            [XX] TITLE XVIII            [ ] TITLE XIX

HOSPITAL  
(14-0239)  
OCTOBER 1, 1997  
PRIOR TO    ON OR AFTER  
1            1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V            [XX] TITLE XVIII            [ ] TITLE XIX

HOSPITAL  
(14-0239)  
OCTOBER 1, 1997  
PRIOR TO    ON OR AFTER  
1            1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0239)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		51882659		11580309
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	07/24/2008	83400		3.01
PROGRAM .01				3.02
TO .02				3.03
PROVIDER .03			NONE	3.04
PROVIDER .04				3.05
TO .05				3.50
PROVIDER .51				3.51
TO .52		NONE		3.52
PROGRAM .53			NONE	3.53
PROGRAM .54				3.54
SUBTOTAL .99		83400		3.99
4 TOTAL INTERIM PAYMENTS		51966059		11580309
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.				5.01
PROGRAM .01				5.02
TO .02		NONE		5.03
PROVIDER .03			NONE	5.50
PROVIDER .50				5.51
TO .51		NONE		5.52
PROGRAM .52				
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.		233675		6.01
PROGRAM TO PROVIDER .01				6.02
PROVIDER TO .02			-137467	
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		52199734		11442842

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S239)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		416945		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM	.01			3.02
REVISION OF THE INTERIM RATE FOR THE COST TO	.02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER	.03	NONE		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		416945		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				5.01
PROGRAM TO	.01			5.02
PROVIDER	.02	NONE		5.03
PROVIDER	.03			5.50
TO	.50			5.51
PROGRAM	.51	NONE		5.52
	.52			
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				6.01
PROGRAM TO	.01	2366		6.02
PROVIDER TO	.02			
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		419311		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-S239)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	504057				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	6488				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	8.081967				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	510545				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	510545				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	510545				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	510545				6
7	DEDUCTIBLES	85984				7
8	SUBTOTAL	424561				8
9	COINSURANCE	7616				9
10	SUBTOTAL	416945				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	416945				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S239)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	419311				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	416945				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	2366				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0239) (OTHER)	SUB I (14-S239) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	20950357	777528				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	20950357	777528				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	20950357	777528				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	20950357	777528				22
23	COST OF COVERED SERVICES	20950357	777528				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	20950357	777528				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	20950357	777528				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0239) (OTHER)	SUB I (14-S239) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	20950357				34
36	COINSURANCE					35
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					36
38	REIMBURSABLE BAD DEBTS					37
38.01	REDUCED REIMBURSABLE BAD DEBTS					38
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.01
	BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					59
	SECTION 115.2					



BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	16695084			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	107367086			4
5	OTHER RECEIVABLES	10503711			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-68157877			6
7	INVENTORY	5164115			7
8	PREPAID EXPENSES	3507993			8
9	OTHER CURRENT ASSETS	11678228			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	86758340			11
FIXED ASSETS					
12	LAND	2580438			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6473198			13
13.01	ACCUMULATED DEPRECIATION	-4656560			13.01
14	BUILDINGS	55268350			14
14.01	ACCUMULATED DEPRECIATION	-34486749			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	95110215			16
16.01	ACCUMULATED DEPRECIATION	-61188813			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	110419047			18
18.01	ACCUMULATED DEPRECIATION	-77662966			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	91856160			21
OTHER ASSETS					
22	INVESTMENTS	119560701			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	19527006			25
26	TOTAL OTHER ASSETS	139087707			26
27	TOTAL ASSETS	317702207			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	8452958			28
29	SALARIES, WAGES & FEES PAYABLE	35669787			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2899648			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	10835944			35
36	TOTAL CURRENT LIABILITIES	57858337			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	74108920			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	74927914			41
42	TOTAL LONG TERM LIABILITIES	149036834			42
43	TOTAL LIABILITIES	206895171			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	110807036			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	110807036			51
52	TOTAL LIABILITIES AND FUND BALANCES	317702207			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	172786873			1
2 NET INCOME (LOSS)	4555039			2
3 TOTAL	177341912			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 FAS 124 FAS 115				5
6 FAS 133				6
7 INCREASE IN TEMP REST ASSETS				7
8 OTHER				8
9 OTHER				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	177341912			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 OTHER	66534876			13
14 TRANSFER TO AFFILIATES				14
15 OTHER				15
16 OTHER				16
17				17
18 TOTAL DEDUCTIONS	66534876			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	110807036			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	55676659		55676659	2
4 SUBPROVIDER I	3490586		3490586	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	59167245		59167245	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	16746075		16746075	12
13 CORONARY CARE UNIT				13
13.01 BURN INTENSIVE CARE UNIT				13.01
13.02 SURGICAL INTENSIVE CARE UNIT				13.02
14 NEONATAL INTENSIVE CARE	40396834		40396834	14
15 PEDIATRIC INTENSIVE CARE	2892106		2892106	15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	60035015		60035015	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	119202260		119202260	18
19 ANCILLARY SERVICES	339706817	226660046	566366863	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE		5960449	5960449	24
25 CORF				25
26 ASC				26
27 HOSPICE				27
28 TOTAL PATIENT REVENUES	458909077	232620495	691529572	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		270387485	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	19378710		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		19378710	33
34 DEDUCT (SPECIFY)			34
35 PHYSICIAN PRACTICE REVENUE	-621124		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-621124		39
40 TOTAL OPERATING EXPENSES		289145071	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	691529572	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	381740245	2
3	NET PATIENT REVENUES	309789327	3
4	LESS - TOTAL OPERATING EXPENSES	289145071	4
5	NET INCOME FROM SERVICE TO PATIENTS	20644256	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING INCOME	20819189	24
25	TOTAL OTHER INCOME	20819189	25
26	TOTAL	41463445	26
27	NON OPERATING LOSS	36908406	27
28			28
29			29
30	TOTAL OTHER EXPENSES	36908406	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4555039	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0239)	SUB I (14-S239)	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
2					2
3	3363659				3
3.01					3.01
4	187115				4
4.01					4.01
4.02					4.02
4.03					4.03
5	0.0381				5
5.01	0.3110				5.01
5.02	0.3491				5.02
5.03	0.0733				5.03
5.04	246556				5.04
6	3797330				6
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
2					2
3					3
4					4
5					5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMDICAL ED PROGRAM XRAY					24
24.01 PASTORAL EDUCATION PROGRAM					24.01
24.02 PARAMED EDUC EMT PROGRAM					24.02
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
29.01 NEONATAL INTENSIVE CARE					29.01
29.02 PEDIATRIC INTENSIVE CARE					29.02
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 GI LAB					59
59.01 MRI					59.01
59.02 CT SCAN					59.02
59.03 CARDIAC CATHETERIZATION					59.03
59.04 PRIMARY PREVENTION PROGRAM					59.04
59.05 WOMEN'S HEALTH ADVANTAGE					59.05
59.07 OUTPATIENT DETOX					59.07
59.08 SPECIAL SURGICAL SERVICES					59.08
59.10 GENETIC SERVICES					59.10
59.11 CARDIOLOGY					59.11
59.12 OUTPATIENT PSYCH SERVICES					59.12
OUTPATIENT SERVICE COST CENTERS					
60.01 PAIN CENTER					60.01
60.02 ANTENATAL TEST CENTER					60.02
60.03 CHILD PSYCHIATRIC CLINIC					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
68 AIR AMBULANCE					68
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
00 GUEST CENTER					00
00.01 OTHER NONREIMBURSEABLE COST CEN					00.01
00.02 COMMUNITY SERVICES					00.02
00.04 AUXILIARY					00.04
00.07 ROCKFORD HEALTH SYSTEM					00.07
00.08 DIALYSIS RENTED SPACE					00.08
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	43.32		20.02				63.34 25
26 INTENSIVE CARE UNIT	56.01		6.63				62.64 26
29.01 NEONATAL INTENSIVE CARE			48.46				48.46 29.01
29.02 PEDIATRIC INTENSIVE CARE			51.10				51.10 29.02
33 NURSERY			97.75				97.75 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	31.22	8.73					39.95 37
38 RECOVERY ROOM	26.50	6.80					33.30 38
39 DELIVERY ROOM & LABOR ROOM	0.58	0.02					0.60 39
40 ANESTHESIOLOGY	18.94	11.88					30.82 40
41 RADIOLOGY-DIAGNOSTIC	20.37	16.84					37.21 41
42 RADIOLOGY-THERAPEUTIC	1.41	73.40					74.81 42
43 RADIOISOTOPE	26.34	22.61					48.95 43
44 LABORATORY	30.81	0.98					31.79 44
47 BLOOD STORING, PROCESSING & TRA	39.73	0.38					40.11 47
49 RESPIRATORY THERAPY	32.26	3.64					35.90 49
50 PHYSICAL THERAPY	39.81						39.81 50
53 ELECTROCARDIOLOGY	19.12	25.04					44.16 53
54 ELECTROENCEPHALOGRAPHY	30.44	3.17					33.61 54
55 MEDICAL SUPPLIES CHARGED TO PAT	35.38	12.31					47.69 55
56 DRUGS CHARGED TO PATIENTS	34.30	5.84					40.14 56
57 RENAL DIALYSIS	74.44	1.83					76.27 57
59 GI LAB	9.70						9.70 59
59.01 MRI	13.90	20.30					34.20 59.01
59.02 CT SCAN	17.78	16.20					33.98 59.02
59.03 CARDIAC CATHETERIZATION	24.03	12.25					36.28 59.03
59.08 SPECIAL SURGICAL SERVICES	0.20	12.98					13.18 59.08
59.10 GENETIC SERVICES	0.70	1.04					1.74 59.10
60.01 PAIN CENTER	0.46	32.79					33.25 60.01
60.02 ANTENATAL TEST CENTER	0.15	2.11					2.26 60.02
61 EMERGENCY	16.71	8.72					25.43 61
62 OBSERVATION BEDS (NON-DISTINCT		25.13					25.13 62
101 TOTAL CHARGES	20.95	8.93					29.88 101



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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	24.04		28.47				52.51 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
38 RECOVERY ROOM	0.01						0.01 38
41 RADIOLOGY-DIAGNOSTIC	0.01						0.01 41
44 LABORATORY	0.22						0.22 44
49 RESPIRATORY THERAPY	0.03						0.03 49
50 PHYSICAL THERAPY	0.02						0.02 50
53 ELECTROCARDIOLOGY	0.02						0.02 53
54 ELECTROENCEPHALOGRAPHY	0.07						0.07 54
56 DRUGS CHARGED TO PATIENTS	0.26						0.26 56
57 RENAL DIALYSIS	0.14						0.14 57
59.01 MRI	0.01						0.01 59.01
59.02 CT SCAN	0.03						0.03 59.02
61 EMERGENCY	0.17						0.17 61
101 TOTAL CHARGES	0.05						0.05 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	2898290	1.16	-2898290	-2.99		3
4	NEW CAP REL COSTS-MVBLE EQUIP	12390945	4.98	-12390945	-12.80		4
5	EMPLOYEE BENEFITS	5043588	2.03	-5043588	-5.21		5
6	ADMINISTRATIVE & GENERAL	43847944	17.62	-43847944	-45.30		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	9136318	3.67	-9136318	-9.44		8
9	LAUNDRY & LINEN SERVICE	1193142	.48	-1193142	-1.23		9
10	HOUSEKEEPING	3195833	1.28	-3195833	-3.30		10
11	DIETARY	2273245	.91	-2273245	-2.35		11
12	CAFETERIA	1233299	.50	-1233299	-1.27		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	3094778	1.24	-3094778	-3.20		14
15	CENTRAL SERVICES & SUPPLY	3406947	1.37	-3406947	-3.52		15
16	PHARMACY	4386550	1.76	-4386550	-4.53		16
17	MEDICAL RECORDS & LIBRARY	3303544	1.33	-3303544	-3.41		17
18	SOCIAL SERVICE	342584	.14	-342584	-.35		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMDICAL ED PROGRAM XRAY	373519	.15	-373519	-.39		24
24.01	PASTORAL EDUCATION PROGRAM	67794	.03	-67794	-.07		24.01
24.02	PARAMED EDUC EMT PROGRAM	596851	.24	-596851	-.62		24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	30088046	12.09	21394560	22.11	51482606	20.68
26	INTENSIVE CARE UNIT	7047539	2.83	3774944	3.90	10822483	4.35
29.01	NEONATAL INTENSIVE CARE	8655822	3.48	4354059	4.50	13009881	5.23
29.02	PEDIATRIC INTENSIVE CARE	1137808	.46	702362	.73	1840170	.74
31	SUBPROVIDER I	1414180	.57	1317339	1.36	2731519	1.10
33	NURSERY	1647604	.66	1094627	1.13	2742231	1.10
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	15052184	6.05	8606707	8.89	23658891	9.51
38	RECOVERY ROOM	1508242	.61	774911	.80	2283153	.92
39	DELIVERY ROOM & LABOR ROOM	3435053	1.38	2373798	2.45	5808851	2.33
40	ANESTHESIOLOGY	2946915	1.18	937681	.97	3884596	1.56
41	RADIOLOGY-DIAGNOSTIC	4941082	1.99	4509901	4.66	9450983	3.80
42	RADIOLOGY-THERAPEUTIC	1553387	.62	1249106	1.29	2802493	1.13
43	RADIOISOTOPE	989617	.40	407678	.42	1397295	.56
44	LABORATORY	9897944	3.98	4894148	5.06	14792092	5.94
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	2142158	.86	663719	.69	2805877	1.13
49	RESPIRATORY THERAPY	4740315	1.90	2246354	2.32	6986669	2.81
50	PHYSICAL THERAPY	1627392	.65	723677	.75	2351069	.94
53	ELECTROCARDIOLOGY	1637239	.66	1140360	1.18	2777599	1.12

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
54 ELECTROENCEPHALOGRAPHY	148604	.06	108491	.11	257095	.10	54
55 MEDICAL SUPPLIES CHARGED TO PAT	14279393	5.74	8981685	9.28	23261078	9.35	55
56 DRUGS CHARGED TO PATIENTS	9653648	3.88	9837438	10.16	19491086	7.83	56
57 RENAL DIALYSIS	611759	.25	272247	.28	884006	.36	57
59 GI LAB	1063936	.43	1023342	1.06	2087278	.84	59
59.01 MRI	1078880	.43	945290	.98	2024170	.81	59.01
59.02 CT SCAN	1193022	.48	911926	.94	2104948	.85	59.02
59.03 CARDIAC CATHETERIZATION	5152780	2.07	2420046	2.50	7572826	3.04	59.03
59.04 PRIMARY PREVENTION PROGRAM							59.04
59.05 WOMEN'S HEALTH ADVANTAGE	50683	.02	46719	.05	97402	.04	59.05
59.07 OUTPATIENT DETOX							59.07
59.08 SPECIAL SURGICAL SERVICES	442410	.18	178240	.18	620650	.25	59.08
59.10 GENETIC SERVICES	548641	.22	511596	.53	1060237	.43	59.10
59.11 CARDIOLOGY							59.11
59.12 OUTPATIENT PSYCH SERVICES							59.12
60.01 PAIN CENTER	1452500	.58	1066580	1.10	2519080	1.01	60.01
60.02 ANTENATAL TEST CENTER	578122	.23	598999	.62	1177121	.47	60.02
60.03 CHILD PSYCHIATRIC CLINIC	659489	.26	301881	.31	961370	.39	60.03
61 EMERGENCY	8441911	3.39	5404408	5.58	13846319	5.56	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	2809028	1.13	1192829	1.23	4001857	1.61	65
68 AIR AMBULANCE							68
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	1247756	.50	306858	.32	1554614	.62	98
100 GUEST CENTER	219398	.09	319712	.33	539110	.22	100
100.01 OTHER NONREIMBURSEABLE COST CEN							100.01
100.02 COMMUNITY SERVICES	1460240	.59	569146	.59	2029386	.82	100.02
100.04 AUXILIARY	549331	.22	621807	.64	1171138	.47	100.04
100.07 ROCKFORD HEALTH SYSTEM							100.07
100.08 DIALYSIS RENTED SPACE							100.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	248889229	100.00	0	.00	248889229	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1718059	70325234	.024430	21953956	536335	37
38 RECOVERY ROOM	86706	6927642	.012516	1836170	22982	38
39 DELIVERY ROOM & LABOR ROOM	429643	9786798	.043900	56766	2492	39
40 ANESTHESIOLOGY	142035	11342259	.012523	2148506	26906	40
41 RADIOLOGY-DIAGNOSTIC	1453567	40176906	.036179	8185004	296125	41
42 RADIOLOGY-THERAPEUTIC	348334	6716077	.051866	94388	4896	42
43 RADIOISOTOPE	69063	5127156	.013470	1350507	18191	43
44 LABORATORY	1011600	52115859	.019411	16058846	311718	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	70706	11230384	.006296	4461810	28092	47
49 RESPIRATORY THERAPY	540040	28778895	.018765	9283100	174197	49
50 PHYSICAL THERAPY	86485	3909788	.022120	1556528	34430	50
53 ELECTROCARDIOLOGY	214687	21738763	.009876	4156585	41050	53
54 ELECTROENCEPHALOGRAPHY	31459	1185948	.026526	360979	9575	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1374852	83886165	.016389	29681360	486448	55
56 DRUGS CHARGED TO PATIENTS	1253454	59719360	.020989	20481032	429876	56
57 RENAL DIALYSIS	55015	1804739	.030484	1343372	40951	57
59 GI LAB	278891	7817365	.035676	758596	27064	59
59.01 MRI	370687	16800065	.022065	2335149	51525	59.01
59.02 CT SCAN	281194	33364222	.008428	5931038	49987	59.02
59.03 CARDIAC CATHETERIZATION	656164	26292941	.024956	6319188	157702	59.03
59.04 PRIMARY PREVENTION PROGRAM						59.04
59.05 WOMEN'S HEALTH ADVANTAGE	13475	22805	.590879			59.05
59.07 OUTPATIENT DETOX						59.07
59.08 SPECIAL SURGICAL SERVICES	19931	1719643	.011590	3376	39	59.08
59.10 GENETIC SERVICES	103129	850549	.121250	5967	723	59.10
59.11 RADIOLOGY						59.11
59.12 OUTPATIENT PSYCH SERVICES						59.12
OUTPATIENT SERVICE COST CENTERS						
60.01 PAIN CENTER	185626	10930084	.016983	49775	845	60.01
60.02 ANTENATAL TEST CENTER	156077	4894673	.031887	7232	231	60.02
60.03 CHILD PSYCHIATRIC CLINIC	34416	403960	.085197			60.03
61 EMERGENCY	766020	38450460	.019922	6424803	127995	61
62 OBSERVATION BEDS (NON-DISTINCT	157118	2871889	.054709			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
68 AIR AMBULANCE						68
101 TOTAL	11908433	559190629		144844033	2880375	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2890303		2890303	55150	52.41	23893	1252232 25
26 INTENSIVE CARE UNIT	458172		458172	5794	79.08	3245	256615 26
29.01 NEONATAL INTENSIVE CARE	554024		554024	12208	45.38		29.01
29.02 PEDIATRIC INTENSIVE CARE	117484		117484	908	129.39		29.02
101 TOTAL	4019983		4019983			27138	1508847 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1508847

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2880375

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 4389222

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	64855611
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	173243220
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.374

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	771376
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1217026
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.634

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4389222
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	16114939
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	61743195
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.261