VERSION: 2008.05 05/23/2009 10:27

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

WORKSHEET S PARTS I & II

INTERMEDIARY USE ONLY:] []	DATE RECEIVED INTERMEDIARY NO.]]	INITIAL FINAL]]	RE-OPENING MCR CODE	
			PART I - CERTIFICAT	ION							
CHECK APPLICABLE BO	X		 LY FILED COST REPORT MITTED COST REPORT		ATE: _						

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

(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					

PART II - SETTLEMENT SUMMARY

DATE

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

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS STIMATED 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 BOULLEVARD, 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.

WORKSHEET S-2

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2400 N ROCKTON AVENUE

1.01 CITY: ROCKFORD STATE: 1 P.O.BOX:
STATE: IL ZIP CODE: 61103 COUNTY: WINNEBAGO 1 1.01

HOSPITA	AL AND HOSPITAL-BASED COMPONENT IDENTIF	CICATION:	DDOUTDED	DATE				SYSTEM	
	COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	CERTIFI 3			XVIII 5		
2 3 4 5 6 7 8 9	HOSPITAL SUBPROVIDER I SWING BEDS - SNF SWING BEDS - NF HOSPITAL-BASED SNF HOSPITAL-BASED SNF HOSPITAL-BASED OLTC HOSPITAL-BASED HA SEPARATELY CERTIFIED ASC	ROCKFORD MEMORIAL HOSPITAL RMH PSYCHIATRIC UNIT	14-0239 14-S239	07/01/1 03/01/1			P P	0	2 3 4 5 6 7 8 9
12 14 15 16 16.01 16.02 16.03 16.04	HOSPITAL-BASED HOSPICE HOSP-BASED RHC OUTPATIENT REHABILITATION PROVID RENAL DIALYSIS RENAL DIALYSIS II RENAL DIALYSIS III RENAL DIALYSIS IV RENAL DIALYSIS V	DENIE GENERAL THE DENIE D	14-3513 14-3520 14-3521 14-2328	10/02/1 02/16/1 08/17/1 01/04/1 07/01/1 06/30/1	990 994 996 966				12 14 15 16 16.01 16.02 16.03 16.04 16.05
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/0	1/2008 1	TO: 2	L2/31/	2008		17
18	TYPE OF CONTROL			2					18
TYPE OF 19 20	PHOSPITAL/SUBPROVIDER HOSPITAL SUBPROVIDER I			1 4					19 20
OTHER 1	INFORMATION INDICATE IF YOUR HOSPITAL IS EITHER (1 COST REPORTING PERIOD IN COLUMN 1. IF OR LOCATED IN A RURAL AREA, IS YOUR BE	YOUR HOSPITAL IS GEOGRAPHICALLY CLAD SIZE IN ACCORDANCE WITH CFR 42 41	ASSIFIED 12.105						21
21.01	LESS THAN OR EQUAL TO 100 BEDS, ENTER DOES YOUR FACILITY QUALIFY AND IS CURR	ENTLY RECEIVING PAYMENT FOR	NO.	YES					21.01
21.02	DISPROPORTIONATE SHARE IN ACCORDANCE WHAS YOUR FACILITY RECEIVED GEOGRAPHIC	RECLASSIFICATION? ENTER 'Y' FOR YES	5						21.02
21.03	AND 'N' FOR NO. IF YES, REPORT IN COLU ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCA URBAN IN COLUMN 1 INDICATE IF YOU RECE RECLASSIFICATION TO A RURAL LOCATION, IS YES, ENTER IN COLUMN 3 THE EFFECTIV FACILITY CONTAIN 100 OR FEWER BEDS IN 'Y' FOR YES AND 'N' FOR NO. ENTER IN C	TION EITHER (1) URBAN (2) RURAL. IF IVED EITHER A WAGE OR STANDARD GEOC ENTER IN COLUMN 2 'Y' AND 'N' FOR NE DATE (mm/dd/yyyy)(SEE INSTRUCTION ACCORDANCE WITH 42 CFR 412.105? ENJ	GRAPHIC NO. IF COLUMN 2 N). DOES YOUR FER IN COLUMN 4	1	N		N		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATI OF THE COST REPORTING PERIOD. ENTER (1	ON (NOT WAGE), WHAT IS YOUR STATUS		G 1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATI COST REPORTING PERIOD. ENTER (1) URBAN		AT THE END OF T	HE 1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THR SMALL RURAL HOSPITAL UNDER THE PROSPEC	TIVE PAYMENT SYSTEM FOR HOSPITAL OU							21.06
22 23 23.01	UNDER DRA SECTION 5105? ENTER 'Y' FOR ARE YOU CLASSIFIED AS A REFERRAL CENTE DOES THIS FACILITY OPERATE A TRANSPLAN IF THIS IS A MEDICARE CERTIFIED KIDNEY IN COL. 2 AND TERMINATION IN COl. 3.	R? T CENTER? IF YES, ENTER CERTIFICATI		NO NO					22 23 23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART	TRANSPLANT CENTER, ENTER THE CERTIF	FICATION DATE						23.02
	IN COL. 2 AND TERMINATION IN COL. 3. IF THIS IS A MEDICARE CERTIFIED LIVER IN COL. 2 AND TERMINATION IN COL. 2	TRANSPLANT CENTER, ENTER THE CERTIF	FICATION DATE						23.03
	IN COL. 2 AND TERMINATION IN COL. 3. 1.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 2.								23.04
23.05	IN COL. 2 AND TERMINATION IN COL. 3. IF MEDICARE PANCREAS TRANSPLANTS ARE PAND TERMINATION DATE.	PERFORMED SEE INSTRUCTIONS FOR ENTER	RING CERTIFICATION	ON					23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTEST	· ·	CERTIFICATION						23.06
23.07	DATE IN COL. 2 AND TERMINATION IN COL. IF THIS IS A MEDICARE CERTIFIED ISLET IN COL. 2 AND TERMINATION IN COL. 2		ICATION DATE						23.07
24	IN COL. 2 AND TERMINATION IN COL. 3. IF THIS AN ORGAN PROCUREMENT ORGANIZAT AND TERMINATION IN COL. 3	TION (OPO), ENTER THE OPO NUMBER IN	COL 2.						24
24.01	AND TERMINATION IN COL. 3. IF THIS A MEDICARE TRANSPLANT CENTER; CERTIFICATION DATE OR RECERTIFICATION								24.01

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WORKSHEET S-2 (CONTINUED)

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

				,
OTHER 25	INFORMATION IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? 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	NO NO		25.01 25.02
25.03	WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR	NO	NO	25.06
26	YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 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			26
26 01	NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
	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: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913	NO		27
28	FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2. IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE			28
20	OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			
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			
28.03	EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS) STAFFING	0.00	N	28.03
	RECRUITMENT	0.00	N	28.04 28.05
	RETENTION OF EMPLOYEES TRAINING	0.00	N N	28.05
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			30.03
30.04	ON OR AFTER 12/21/2000) 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.	S		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE?	NO		31
31.01	SEE 42 CFR 412.113(c). 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)

					(001.	111022,
MICCEL	LANEOUS COST REPORTING INFORMATION					
32	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 35	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO NO				34 35
PROSPE	CTIVE PAYMENT SYSTEM (PPS) - CAPITAL DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V 1 NO		XVIII 2 YES	XIX 3 NO	36
	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO		YES	NO	36.01
37 37.01	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO NO		NO NO	NO NO	37 37.01
	XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YE				38
	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PA					38.01
	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.	YE	S			40
40.01	NAME: FI/CONTRACTOR'S NAME: FI/	CONTRA	CTOR '	S NUMBER		40.01
40.02	STREET: P.C	.BOX:				40.02
40.03	CITY:	TE:	ZIF	CODE:		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YE	S			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				4.3
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YE	S			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	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 S	SNF)				46
	DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.					

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).

				OUTPATIENT	OUTPATIENT	OUTPATIENT	
		PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES :	FOR EXTRAORDIN	ARY CIRCUMSTAN	CES IN ACCORDAN	ICE WITH NO		52
	42 CFR 412.348(e)?						
52.01	. IF YOU ARE A FULLY PROSPECTIVE OR HOLD				E SPECIAL NO		52.01
	EXCEPTION PAYMENT PURSUANT TO 42 CFR 4	12.348(g)? IF	YES, COMPLETE	L, PART IV.			
53	IF THIS IS A MEDICARE DEPENDENT HOSPIT.						53
	EFFECT. ENTER BEGINNING AND ENDING DAT				LINE		
	53.01 FOR NUMBER OF PERIODS IN EXCESS	OF ONE AND ENT					
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS A	ND PAID LOSSES	:				54
	PREMIUMS: 8438852 PAID LOSSES:	A	ND/OR SELF INS	URANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSS:	ES REPORTED IN	OTHER THAN TH	E ADMINISTRATIV	TE AND NO		54.01
	GENERAL COST CENTER? IF YES, SUBMIT SU	PPORTING SCHED	ULE LISTING CO	ST CENTERS AND	AMOUNTS		
	CONTAINED THEREIN.						
55	DOES YOUR FACILITY QUALIFY FOR ADDITION	NAL PROSPECTIV	E PAYMENT IN A	CCORDANCE WITH	NO		55
	42 CFR 412.107. ENTER 'Y' FOR YES AND	'N' FOR NO.					

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 (CONTINUED)

		DATE 0	Y/N 1	LIMIT	Y/N 3	FEES 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 SUBPLENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS OUT AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10.	OR 100% NLY	NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RICOST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'YOR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACK WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOI 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTITE THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 II OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTICESE INSTRUCTIONS)	ECENT FOR YES CORDANCE YES OR RUCTIONS COLUMN)				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 PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTION)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVE ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVED 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 RICOST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCY 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. II IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT 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)	'N' E WITH F COLUMN F COST	NO 2	NO			60.01
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				61
OΤ	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,		140				0.1
	IF HINE O'L 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					FTE/	
	ZII IN COL. 3, CEEN IN COL. I MAD I'IL/CHARGE IN COUNTY:	STATE:	ZIP CODE	CBSA		CAMPUS	
	1	2	3	4		5	

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

				CAH		I/P DAYS	/ O/P VISITS	/ TRIPS-	OBS.	
	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	PATIENT HOURS 2.01	TITLE V 3	TITLE XVIII 4	NONCOVERED DAYS	TITLE XIX 5	BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	216	78948			23893		11042	1	
2	HMO HOSPITAL ADULTS & PEDS - SWING BED SNF							1745	2 3	
4	HOSPITAL ADULTS & PEDS - SWING BED NF								4	
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	216	78948			23893		11042	5	
6 7 8 9	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	22	8052			3245		384	6 7 8 9	
	NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE OTHER SPECIAL CARE (SPECIFY) NURSERY	40 7	14640 2562					5916 464 3776		
12	TOTAL HOSPITAL RPCH VISITS	285	104202			27138		21582	12	
14 15 16 17 18 20 21 23 24	SUBPROVIDER I SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY ASC (DISTINCT PART) HOSPICE (DISTINCT PART) O/P REHAB PROVIDER RHC I TOTAL	12 297	4392			711		842	14 15 16 17 18 20 21 23 24 25	
26 27 28	OBSERVATION BED DAYS AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS					155		3	3 26 27 28	

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

										(CONTINUE	D)
			DAYS / O/P				TERNS & RES FTE	S	FULL TIME	EQUIV	
		OBS.		OBS.			LESS I&R				
			TOTAL ALL		BEDS NOT		REPL NON-		EMPLOYEES		
	COMPONENT		PATIENTS						ON PAYROLL		
		5.02	6	6.01	6.02	7	8	9	10	11	
1	HOSPITAL ADULTS & PEDS, EXCL.		52152							1	
	SWING BED, OBSERV & HOSPICE DA	YS									
2	HMO XIX									2	
3	HOSPITAL ADULTS & PEDS -									3	
	SWING BED SNF										
4	HOSPITAL ADULTS & PEDS -									4	
	SWING BED NF										
5	TOTAL ADULTS & PEDS		52152							5	
	EXCL OBSERVATION BEDS										
6	INTENSIVE CARE UNIT		5794							6	
7	CORONARY CARE UNIT									7	
8	BURN INTENSIVE CARE UNIT									8	
9	SURGICAL INTENSIVE CARE UNIT									9	
9.01	NEONATAL INTENSIVE CARE		12208							9	.01
9.02	PEDIATRIC INTENSIVE CARE		908								.02
10	OTHER SPECIAL CARE (SPECIFY)									10	
11	NURSERY		3863							11	
12	TOTAL HOSPITAL		74925						1866.49	12	
13	RPCH VISITS									13	
14	SUBPROVIDER I		2958						17.18	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								1883.67	25	
26	OBSERVATION BED DAYS		2998	95	2903					26	
27	AMBULANCE TRIPS									27	
28	EMPLOYEE DISCOUNT DAYS									28	

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

						CONTINUED)
		TITLE	TITLE	TITLE	TOTAL ALL	
	COMPONENT	V	XVIII	XIX	PATIENTS	
		12	13	14	15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5050	4234	13630	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS -					3
	SWING BED SNF					
4	HOSPITAL ADULTS & PEDS -					4
	SWING BED NF					
5	TOTAL ADULTS & PEDS					5
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
	NEONATAL INTENSIVE CARE					9.01
	PEDIATRIC INTENSIVE CARE					9.02
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY				10500	11
12	TOTAL HOSPITAL		5050	4234	13630	12
13	RPCH VISITS		120	100	676	13 14
14	SUBPROVIDER I		139	182	676	14 15
15 16	SKILLED NURSING FACILITY NURSING FACILITY					15 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

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

AVERAGE PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL PERIOD FROM 01/01/2008 TO 12/31/2008 VERSION: 2008.05 05/23/2009 10:27

	, , , , , , , , , , , , , , , , , , , ,							.,
PART	HOSPITAL WAGE INDEX INFORMATION II - WAGE DATA SALARIES TOTAL SALARIES NON-PHYSICIAN ANESTHETIST PART A	AMOUNT	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 +	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAG (COL.3 /	E DATA	WORKSHEET S-3 PART II
	SALARIES	REPORTED 1	A-6	COL.2)	IN COL.3	COL.4)	SOURCE	
	TOTAL SALARIES	104123009	2	104123009	3939558.99	26.43	0	1
	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
	PHYSICIAN - PART A							4
	TEACHING PHYSICIAN SALARIES							4.01
	PHYSICIAN - PART B							5
	NON-PHYSICIAN - PART B							5.01
6 6 01	INTERNS & RESIDENTS (IN APPR PGM) CONTRACT SERVICES, I&R							6 6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							
8.01	EXCLUDED AREA SALARIES	2912186	120161	3032347	101292.70	29.94	PAYROLL	8.01
	EXCLUDED AREA SALARIES OTHER WAGES & RELATED COSTS							
	CONTRACT LABOR	3113066		3113066	48033.04	64.81	INVOICES	9
	PHARMACY SERVICES UNDER CONTRACT							9.01
	LABORATORY SERVICES UNDER CONTRACT							9.02 9.03
	MANAGEMENT AND ADMINISTRATIVE SERVICES' CONTRACT LABOR: PHYSICIAN PART A			1252950	10840 00	115 59	GL AND CONTRACT	
10 01	TEACHING DUVCICIAN 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) WAGE RELATED COSTS (OTHER)	31917470	-820652	31096818			CMS 339 CMS 339 CMS 339 CMS 339 CMS 339 CMS 339 CMS 339 CMS 339	13
15	EXCLUDED AREAS		820652	820652			CMS 339	14
16	NON-PHYSICIAN ANESTHETIST PART A		020032	020032			CMS 339	16
17							CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
	PART A TEACHING PHYSICIANS						CMS 339	18.01
	PHYSICIAN PART B						CMS 339	19
	WAGE RELATED COSTS (RHC/FQHC)						awa 220	19.01
	INTERNS & RESIDENTS (IN APPR PGM) OVERHEAD COSTS - DIRECT SALARIES						CMS 339	20
21	EMPLOYEE BENEFITS	2526018		2526018	130228 13	19 40		21
22	ADMINISTRATIVE & GENERAL	12125624	-54516	12071108	441598.75	27.34		22
22.01	OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL UNDER CONTACT MAINTENANCE & REPAIRS	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./3		25 26
26 N1	HOLIGEREEFING LINDED CONTRACT	1905/54		1905/54	2601 00	12.04		26.01
27	DIETARY	2191896	-1066082	1125814	130238.37	8.64		27
27.01	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING HOUSEKEEPING UNDER CONTRACT DIETARY DIETARY UNDER CONTRACT CAFETERIA	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 22	CENTRAL SERVICES AND SUPPLY	1264636		1204030	82/33.83	15.29		31 32
32	MEDICAL RECORDS & MEDICAL RECORDS LIBR	209410		209410	109338 31	19 15		33
34	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR SOCIAL SERVICE OTUPE GENERAL SERVICE	244172		244172	9162.73	26.65		34
35	OTHER GENERAL SERVICE							35
	HOSPITAL WAGE INDEX INFORMATION							WORKSHEET S-3
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							PART III
					PAID HOURS			
			OF SALARIES	SALARIES	RELATED	HOURLY WA	GE	
DADE	III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /		
PARI	III - HOSPITAL WAGE INDEX SUMMARY	REPORTED		3	IN COL.3	5		
		1	4	3	7	5		
1	NET SALARIES	107236202		107236202	3960968.17	27.07		1
2	NET SALARIES EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL OTHER WAGES & REL COSTS	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	000	8125178	88707.11	91.60		4
5	SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL WAGE-RELATED COSTS TOTAL (SUM OF LINES 3 THRU 5)	31917470	-820652	31096818	20/0202 50	29.84% 36.33		5 6
6 7	NET SALARIES	144300004	-34U813	140442051	3270304.58	30.33		6 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)	24000000	F 4 F 1 C	24000055	1422000 00	00 77		12
13	TOTAL OVERHEAD COSTS	340828/3	-54516	34028357	1433880.90	∠3./3		13

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 PERIOD FROM 01/01/2008 TO 12/31/2008 IN LIEU OF FORM CMS-2552-96 (9/96) 05/23/2009 10:27

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA COMPONENT NO: 14-3508 WORKSHEET S-5

RENAL	DIALYSIS	STATISTICS

		OUTI	PATIENT	TRAINI		HOME		
		REGULAR 1	HIGH FLUX	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 3 4 5 6 7	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP CAPD EXCHANGES PER DAY NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED NUMBER OF STATIONS TREATMENT CAPACITY PER DAY PER STATION							2 3 4 5 6 7
8 9	UTILIZATION AVERAGE TIMES DIALYZERS RE-USED							8 9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
11 12	TRANSPLANT INFORMATION NUMBER OF PATIENTS ON TRANSPLANT LIST NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORT	RTING PERIC)D					11 12
14	EPOIETIN NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE D. EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROMUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL IN NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME D.	ROGRAM DIALYSIS DI	EPARTMENT	IE PROVIDER				13 13.01 14 14.01
15	PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS AN MCP X INITIAL METHOD	PPLICABLE)						15
16 17 18 19	ARANESP NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIA ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PRO NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE REI NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE	OGRAM NAL DIALYS:	IS DEPARTMEN	IT				16 17 18 19

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NHCMQ DEMONSTRATION STATISTICAL DATA WORKSHEET S-7 STATISTICAL DATA

	GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANU RATE	JARY 1	SERVIO ON OR AFTER RATE	CES JANUARY 1	TOTAL	
	1	2	RATE 3	DAYS 3.01	RATE 4	4.01	5	
1 2 3 3 3.01 3.02 4 5 6 6.01 6.02 7 8 9 9.01 11 12.02 13 14 14.01 15 16 17 18 19 20 21 22 23 32 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	RVC/RUC RVB/RUB RVA/RUA RUX RUL RHD/RVC RHC/RVB RHB/RVA RVX RVL RHA/RHC RMC/RHB RMB/RHA RHX RHIL RMA/RMC RLB/RMB RMA/RMC RLB/RMB RMX RML SE3/RLB SE3/RLB SE2/RLA	2		3.01	4	4.01	5	1 2 3 3.01 3.02 4 5 6 6.01 6.02 7 8 9 9.01 10 11 12 12.02 13 14 14.01 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 33 33 34 35 36 37 38 38 39 30 30 31 31 31 31 31 31 31 31 31 31 31 31 31
45 46	DEFAULT R	ATE						45 46

HOSPITAL UNCOMPENSATED CARE DATA WORKSHEET S-10

UNCOMPENSATED	CARE	INFORMATION
01100111 2110111 22		T111 010 H11 T 011

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			2.01
2.02			2.02
	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
	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			8.01
9	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01			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		10
	BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY		11
	LEVEL? IF YES ANSWER LINES 11 THRU 11.04		
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 BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATTENTS ON A GRADUAL SCALE? IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER		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		13
	EVTDAODTMADV MEDIČAI EVDENČEČO		
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01			14.01
	UNCOMPENSATED CARE?		
	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
	GROSS MEDICAID REVENUES	33687982	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20 21
21 22	NON-RESTRICTED GRANTS	33687982	
	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3308/982	
23 24	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS COST TO CHARGE RATIO	0 252262	23
25	COST TO CHARGE RATIO TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	0.352262	25
26	TOTAL STATE AND LOCAL INDIGENI CARE PROGRAM COST TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL SCRIP COST TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	134593876	
20 29	TOTAL GROSS MEDICAID COST	47412308	
30	TOTAL GROSS MEDICALD COST OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	32934327	
31	UNCOMPENSATED CARE COST CHARGES (FACM TOUR RECORDS)	11601512	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	47412308	
52	TOTAL CACCAL PROPERTY CALL COOL TO THE HODITALE	1,112300	J 2

LLICE	111011	01, 01, 2000 10 12, 31, 2000				0 2552 3	0 (3,30,		03, 23, 2003	10 27
	R	ECLASSIFICATION AND ADJUSTMENT OF T	RIAL BALANC	E OF EXPENS	ES				WORKSH	EET A
							DDGT 1.00			
						DEGLACCT	RECLASS. TRIAL	ADJUST-	NET EXP FOR	
		COST CENTER	SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	BALANCE	MENTS	ALLOCATION	
		COST CENTER	1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS	-	-	3	÷		Ü	•	
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT				2957782	2957782	-59492	2898290	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL				12398592	12398592	-7647	12390945	4
5	0500	EMPLOYEE BENEFITS	2526018	3725103	6251121	57814	6308935	-1265347	5043588	5
6	0600	ADMINISTRATIVE & GENERAL	12125624	44338162	56463786	-5155288	51308498	-7460554	43847944	6
7		MAINTENANCE & REPAIRS	000000	6014000	0648083	40.60.40	0161004	0.4806	0126210	7
8 9	0800	OPERATION OF PLANT	2733680 108491	6914293 1091677	9647973 1200168	-486949 -7026	9161024 1193142	-24706	9136318 1193142	8 9
10	1000	LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY	106491	1259576	3225330	-24429	3200901	-5068	3195833	10
11	1100	DIETARY	2191896	3349059	5540955	-3267710	2273245	3000	2273245	11
12	1200	CAFETERIA	2171070	5517057	3310333	3156665	3156665	-1923366	1233299	12
13										13
14	1400	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	2419971 1264636 3295416 2094022	761277	3181248	-33420	3147828	-53050	3094778	14
15		CENTRAL SERVICES & SUPPLY	1264636	4989087	6253723	-2846776	3406947		3406947	15
16		PHARMACY	3295416	11716194	15011610	-10625060	4386550		4386550	16
17	1700	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	2094022	1352471	3446493	-66529	3379964		3303544	17
18		SOCIAL SERVICE	244172	98412	342584		342584		342584	18
20		NONPHYSICIAN ANESTHETISTS								20
21		NURSING SCHOOL								21
22 23		I&R SERVICES-SALARY & FRINGES A								22 23
24		I&R SERVICES-OTHER PRGM COSTS A PARAMDICAL ED PROGRAM XRAY	141983	32824	174807	198712	373519		373519	23
		PASTORAL EDUCATION PROGRAM	141703	32024	1/400/	67794	67794		67794	
24.02	2402	PARAMED EDUC EMT PROGRAM	274161	401172	675333	12440	687773	-90922	596851	
		INPATIENT ROUTINE SERV COST CENTER								
25	2500	ADULTS & PEDIATRICS	22630329	10119710	32750039	-2647410	30102629	-14583	30088046	25
26	2600	INTENSIVE CARE UNIT	4942522	2864158	7806680	-154366	7652314	-604775	7047539	26
		NEONATAL INTENSIVE CARE	6533224	3046115	9579339	-885874	8693465	-37643	8655822	
		PEDIATRIC INTENSIVE CARE	751388 1103279	503786	1255174	-67366	1187808	-50000	1137808	29.02
31			1103279	500170	1603449	-42874	1560575	-146395	1414180	31
33	3300	NURSERY				1647604	1647604		1647604	33
2.17	2500	ANCILLARY SERVICE COST CENTERS	7019731	00516550	05526502	10252520	15100051	12000	15050104	2.17
37 38	3/00	OPERATING ROOM	1062202	20516772 470396	27536503 1532679	-12353532 -24437	15182971 1508242	-130787	15052184 1508242	37 38
39	3000	DELITIEDA DUOM & LYBUD DUOM	2454758	2164603	4619361	-269014	4350347	-915294	3435053	39
40	4000	DELIVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC LABORATORY	272933	2748510	3021443	-74528	2946915	713274	2946915	40
41	4100	RADIOLOGY-DIAGNOSTIC	2733578	4221899	6955477	-1991290	4964187	-23105	4941082	41
42	4200	RADIOLOGY-THERAPEUTIC	812305	932210	1744515	-161812	1582703	-29316	1553387	42
43	4300	RADIOISOTOPE	224809	767830	992639	-3022	989617		989617	43
44	4400	LABORATORY	5867119	12034239	17901358	-704598	17196760	-7298816	9897944	44
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA	182063	1970349	2152412	-10254	2142158			47
49	4900	RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	3131497	2381722	5513219	-760542	4752677	-12362	4740315	49
50 53	5000	PHYSICAL THERAPY	421762	1214000	1635762	-4714	1631048	-3656	1627392	50 53
54	5300	ELECTROCARDIOLOGY	02517	763380 83482	1827111 175999	-106946 -27395	1720165 148604	-82926	1637239 148604	54
55	5500	MEDICAL SUDDITES CHARGED TO DAT	92317	03402	1/3999	14279393	14279393		14279393	55
56	5600	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS				9653648	9653648		9653648	56
57	5700	RENAL DIALYSIS		773181	773181	-33258	739923	-128164	611759	57
59		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION	553431	738850	1292281	-228345	1063936	-	1063936	59
59.01	3430	MRI	447024	917852	1364876	-285996	1078880		1078880	59.01
59.02	3230	CT SCAN	530573	837606	1368179	-175157	1193022		1193022	59.02
59.03	3120	CARDIAC CATHETERIZATION	848466	4469233	5317699	-164919	5152780		5152780	59.03
		PRIMARY PREVENTION PROGRAM								59.04
		WOMEN'S HEALTH ADVANTAGE				-1954				59.05
59.07	3952	OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES	012406	026102	440600	7070	440410		440410	59.07
59.08	3953	SPECIAL SURGICAL SERVICES	213496	236193	1216726	-/2/9	1100614	620072	442410	59.08
59.10	3933	CARDIOLOGY	745925	4/0013	1210/30	-20122	1100014	-039973	340041	59.10
		OUTPATIENT PSYCH SERVICES								59.12
		OUTPATIENT SERVICE COST CENTERS								
60.01	4950	PAIN CENTER	847033	704368	1551401	-98901	1452500		1452500	60.01
60.02	6001	ANTENATAL TEST CENTER	323975	385357	709332	-103424	605908	-27786	578122	60.02
60.03	6002	CHILD PSYCHIATRIC CLINIC	500770	179677	680447	-3477	676970	-17481	659489	60.03
61	6100	PAIN CENTER ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY	4999954	4069125	9069079	-433569	8635510	-193599	8441911	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50										63.50
63.60										63.60
65	6500	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES	930630	1010050	2050506	_21/72	2010112	_10005	2800020	65
68	5950	AIR AMBULANCE	220020	1717930	2030300	214/2	2017113	10003	2003020	68
69.10										69.10
		OUTPATIENT PHYSICAL THERAPY								69.20

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

 PROVIDER NO. 14-0239
 ROCKFORD MEMORIAL HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 PERIOD FROM 01/01/2008
 TO 12/31/2008
 IN LIEU OF FORM CMS-2552-96 (9/96)
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		COST CENTER	SALARIE 1	S OTHER	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
		OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
		PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
	8530	ISLET CELL ACQUISITION								85.03
95		SUBTOTALS	103660874	163090162	266751036	31409	266782445	-21369941	245412504	95
		NONREIMBURSABLE COST CENTERS								
98	9800	PHYSICIANS' PRIVATE OFFICES		1247756	1247756		1247756		1247756	
100	7950	GUEST CENTER	59948	302399	362347	-14634	347713	-128315	219398	100
100.01	7954	OTHER NONREIMBURSEABLE COST CEN								100.01
100.02	7951	COMMUNITY SERVICES	309141	1158085	1467226	-6986	1460240		1460240	100.02
100.04	7952	AUXILIARY	93046	466074	559120	-9789	549331		549331	100.04
100.07	7953	ROCKFORD HEALTH SYSTEM								100.07
100.08	7955	DIALYSIS RENTED SPACE								100.08
101		TOTAL	104123009	166264476	270387485		270387485	-21498256	248889229	101

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RECLASSIFICATIONS WORKSHEET A-6 PAGE 1

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		INCREASE		
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1 2 3	DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		9653648
4	RECLASS RADIOLOGY ADMIN	В	MRI	59.01	30602 40552	62074
5		В	RADIOLOGY-THERAPEUTIC	42	40552	82257
6		В			11371	
7		В	CT SCAN	59.02	32828	66589
8		В	PARAMDICAL ED PROGRAM XRAY	24	65645	133157
9						_
10						1
11	OP CARDIAC PROCEDURES	C	CARDIAC CATHETERIZATION	59.03	273223	
12						1
13	EMT MEDICAL DIRECTOR	_	PARAMED EDUC EMT PROGRAM	0.4.00		30000 1
14 15	EMT MEDICAL DIRECTOR	D	PARAMED EDUC EMT PROGRAM	24.02		30000 1
						1
16 17	GUADED DIEMANY HYDRNORG		CA DEMED TA	1.0	1000000	_
	SHARED DIETARY EXPENSES	E	CAFETERIA	12	1066082	2090583 I 1
18 19						1
20	RECLASS MED SUPPLIES CHGD PAT	177	MEDICAL SUPPLIES CHARGED TO P	FF		14279393 2
21	RECLASS MED SUPPLIES CHGD PAI	F	MEDICAL SUPPLIES CHARGED TO P	55		14279393 2
22		F				2
23		P				2
23 24						2
25	NURSERY COSTS	G	NURSERY	33	687128	
26	NORSERI COSIS	G	NURSERY	33		208619 2
27		G	NORDEKI	33	400343	200019 2
28						2
29	DEPARTMENTAL DEPRECIATION	ш	NEW CAP REL COSTS-BLDG & FIXT	3		2718324 2
30	DELUKINEMIAH DELKECIATION	H H		4		12398592 3
31		H H	NEW CHE KEN COSTS-MADRE EGOID	7		12396592 3
32		н				3
32		H H				3
34		H H				3
34		H H				3
35	GIIDHOHA I	н			0667776	42168266 3
36	SUBTOTAL				∠00///6	42108266 3

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RECLASSIFICATIONS WORKSHEET A-6 PAGE 1

	EXPLANATION OF	CODE	DECREASE						
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.		
		1	6	7	8	9	10		
1	DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		9653648	1		
2							2		
3							3		
4	RECLASS RADIOLOGY ADMIN	В	RADIOLOGY-DIAGNOSTIC	41	180998	367143	4		
5 6		В					5		
7		B B					7		
8		В					8		
9		ь					9		
10							10		
11	OP CARDIAC PROCEDURES	С	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 20	DEGLACO MED GUDDI THE GUED DAM	F	CENTRAL SERVICES & SUPPLY	15		2599841	19 20		
21	RECLASS MED SUPPLIES CHGD PAT	F	OPERATING ROOM	37		11185836	20		
22		F	RESPIRATORY THERAPY	49		493716	22		
23		r	RESPIRATORI INERAFI	40		423710	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 34		H H	HOUSEKEEPING DIETARY	10 11		24429 111045	33 34		
35		H H	NURSING ADMINISTRATION	14		33420	34		
36	SUBTOTAL	п	NOTIFATIGINITH DATESTON	7.4	2667776		36		
50	DODIOIND				2001110	52 15 5000	30		

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RECLASSIFICATIONS WORKSHEET A-6 $$\operatorname{\mathtt{PAGE}}$$ 2

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE			TNODENCE	- INCREASE				
	EXPLANATION OF RECLASSIFICATION ENTRI	CODE		CENTER		SALARY	OTHER			
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3		H					3			
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31		H					31			
32		H					32			
33		H					33			
34		H					34			
35	OLIDHOHA I	H				2667776	35 42168266 36			
36	SUBTOTAL					200///0	42100200 30			

RECLASSIFICATIONS WORKSHEET A-6 $$\operatorname{\mathtt{PAGE}}$$ 2

	EXPLANATION OF CODE						
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		Н	6 CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY PARAMDICAL ED PROGRAM XRAY PARAMED EDUC EMT PROGRAM ADULTS & PEDIATRICS	15		246935	
2		H	PHARMACY	16		971412	2
3		H	MEDICAL RECORDS & LIBRARY	17		66529	3
4		H	PARAMDICAL ED PROGRAM XRAY PARAMED EDUC EMT PROGRAM ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE	24		90	4
5		H	PARAMED EDUC EMT PROGRAM	24.02		17560	5 6
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	NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE SUBPROVIDER I OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOSTOPE LABORATORY BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCNECEPHALOGRAPHY RENAL DIALYSIS	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	RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION	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		Н	SPECIAL SURGICAL SERVICES GENETIC SERVICES PAIN CENTER ANTENATAL TEST 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
	SUBTOTAL				2667776	42112370	36

RECLASSIFICATIONS

WORKSHEET A-6 PAGE 3

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 (9/96) VERSION: 2008.05 05/23/2009 10:27

						FAGE 3
	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		- INCREASE		
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1		Н				1
2		H				2
3		H				3
4						4
5						5
6	INSURANCE RECLASS	I	EMPLOYEE BENEFITS	5		97887 6
7		I	NEW CAP REL COSTS-BLDG & FIXT	3		239458 7
8 9		I				8
10		1				9 10
11	PASTORAL EDUCATION PROGRAM	.T	PASTORAL EDUCATION PROGRAM	24.01	54516	13278 11
12	THOTOGRAD EDUCATION TROOLGAN	Ö	Indiciding aboutiful incolunt	21.01	31310	13270 11
13						13
14						14
15						15
16						16
17						17
18 19						18 19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27 28						27 28
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32						32
33						33
34						34
35					0.700000	35
36	TOTAL RECLASSIFICATIONS				2722292	42518889 36

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RECLASSIFICATIONS WORKSHEET A-6 PAGE 3

	EXPLANATION OF	CODE		DECREASE			WKST A-7 REF. 10 1 2 3 4 5 6 12 7 8 9 10 11 12 13
	RECLASSIFICATION ENTRY	0022	COST CENTER		SALARY		
		1	6	7	8	9	10
1		Н	AMBULANCE SERVICES	65		31473	1
2		Н		100		14634	
3		Н		100.04		9789	3
4							4
5							5
6	INSURANCE RECLASS	I	ADMINISTRATIVE & GENERAL	6		327926	6
7		I	ADMINISTRATIVE & GENERAL LABORATORY	44		2433	12 7
7 8		I		100.02		6986	
9		I					
10							10
11	PASTORAL EDUCATION PROGRAM	J	ADMINISTRATIVE & GENERAL	6	54516	13278	11
12							
13							
14							14
15							15
16							16
17							17
18							18
19							19
20 21							20 21
21							21
23							23
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27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				2722292	42518889	36

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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

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

		BEGINNING		ACQUISITIONS DISPOSALS AND			ENDING	FULLY DEPRECIATED	
	DESCRIPTION	BALANCES 1	PURCHASE 2	DONATION 3	TOTAL 4	RETIREMENTS 5	BALANCE 6	ASSETS 7	
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	

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7 PARTS III & IV

		GROSS	COMPUTATION	GROSS ASSETS				OTHER CAPITAL-		-
	DESCRIPTION	ASSETS	LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
1 2 3 4 5		137294641 127436424 264731065		137294641 127436424 264731065	.481381					1 2 3 4 5
					SUMMARY OF	OLD AND NEW	CAPITAL -			-
	DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL	
			9	10	11	12	13	14	15	
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL		2658832 12390945 15049777			239458 239458			2898290 12390945 15289235	5 4
	PART IV - RECONCILIATION OF	F AMOUNTS FR								
			DEPREC-		SUMMARY OF	OLD AND NEW	CAPITAL -	OTHER CAPITAL-		-
	DESCRIPTION		IATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COSTS	TOTAL	
			9	10	11	12	13	14	15	
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL									1 2 3 4 5

 PROVIDER NO. 14-0239
 ROCKFORD MEMORIAL HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 PERIOD FROM 01/01/2008
 TO 12/31/2008
 IN LIEU OF FORM CMS-2552-96 (11/98)
 05/23/2009 10:27

	ADJUSTMENTS TO EXPENSES					WORKSHEET A-8
	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORF FROM WHICH THE AMOUNT IS TO BE COST CENTER	E ADJUSTED	WKST A-7
		1	2	3	4	5
1 2 3 4 5 6 7 8	INVESTMENT INCOME-OLD BLDGS & FIXTURES INVESTMENT INCOME-OLD MOVABLE EQUIPMENT INVESTMENT INCOME-NEW BLDGS & FIXTURES INVESTMENT INCOME-NEW MOVABLE EQUIPMENT INVESTMENT INCOME-OTHER TRADE, QUANTITY, AND TIME DISCOUNTS REFUNDS AND REBATES OF EXPENSES RENTAL OF PROVIDER SPACE BY SUPPLIERS			OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP	1 2 3 4	1 2 3 4 5 6 7 8
9 10 11	TELEPHONE SERVICES (PAY STATIONS EXCL) TELEVISION AND RADIO SERVICE PARKING LOT	В	-5551	OPERATION OF PLANT	8	9 10 11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4073489			12
13 14	SALE OF SCRAP, WASTE, ETC. RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	328492			13 14
15 16 17 18	LAUNDRY AND LINEN SERVICE CAFETERIA - EMPLOYEES AND GUESTS RENTAL OF QUARTERS TO EMPLOYEES & OTHERS SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	В	-1920444	CAFETERIA	12	15 16 17
19 20 21 22	SALE OF DRUGS TO OTHER THAN PATIENTS SALE OF MEDICAL RECORDS AND ABSTRACTS NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.) VENDING MACHINES		-76420	MEDICAL RECORDS & LIBRARY	17	18 19 20 21 22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES INTEREST EXP ON MEDICARE OVERPAYMENTS &					23
25	BORROWINGS TO REPAY MEDICARE OVERPAYMENT ADJ FOR RESPIRATORY THERAPY COSTS IN	WKST				24
26	EXCESS OF LIMITATION - HOSPITAL ADJ FOR PHYSICAL THERAPY COSTS IN	A-8-4 WKST		RESPIRATORY THERAPY	49	25
27	EXCESS OF LIMITATION - HOSPITAL ADJ FOR HHA PHYSICAL THERAPY COSTS IN	A-8-4 WKST		PHYSICAL THERAPY	50	26
28 29 30 31 32 33 34 35	EXCESS OF LIMITATION UTIL REVIEW-PHYSICIANS' COMPENSATION DEPRECIATIONOLD BUILDINGS & FIXTURES DEPRECIATIONOLD MOVABLE EQUIPMENT DEPRECIATIONNEW BUILDINGS & FIXTURES DEPRECIATIONNEW MOVABLE EQUIPMENT NON-PHYSICIAN ANESTHETIST PHYSICIANS' ASSISTANT ADJ FOR OCCUPATIONAL THERAPY COSTS IN	A-8-3		HOME HEALTH AGENCY UTILIZATION REVIEW-SNF OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP NONPHYSICIAN ANESTHETISTS	71 89 1 2 3 4 20	27 28 29 30 31 32 33
36	EXCESS OF LIMITATION - HOSPITAL ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4 WKST WKST A-8-4				35 36
37.87 37.88 37.89 38 38.03 39 40 41 42 43 44 45 46 47 48 49	XRAY COPY DAY CARE CENTER EDUCATION REVENUE MISC REVENUE - CYTOGENETICS MISC ADMIN & GEN - OTHER OP INC PATIENT PHONES AHA & IHA LOBBY EXPENSE USEFUL LIFE CHG-SO MULFORD INTEREST EXPENSE PHYSICIAN BILLING REFERENCE LABORATORY MISC REV	B B B B A A A A A A A B	-173483 -746 -5068 -7647 -43362 -57670 -3666166 -2457 -7114888	EMPLOYEE BENEFITS PARAMED EDUC EMT PROGRAM GENETIC SERVICES ADMINISTRATIVE & GENERAL NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS CAFETERIA ADMINISTRATIVE & GENERAL OPERATION OF PLANT HOUSEKEEPING NEW CAP REL COSTS-MVBLE EQUIP ADMINISTRATIVE & GENERAL NEW CAP REL COSTS-BLDG & FIXT ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL LABORATORY ADMINISTRATIVE & GENERAL	6 8 10 4 6 3 6 6 44	37.85 37.86 37.87 9 37.88 37.89 9 38 38.03 39 40 41 42 43 44 45 46 47 48
49.18	EMS REV MISC REV MISC REV	B B B	-21923	PARAMED EDUC EMT PROGRAM NEONATAL INTENSIVE CARE CHILD PSYCHIATRIC CLINIC	24.02 29.01 60.03	49.17 49.18 49.25

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

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (11/98)
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ADJUSTMENTS TO EXPENSES

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

----- PELATED OPCANIZATION(S) AND/OP HOME OFFICE -----

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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:

				AMOUN'I' OF	AMOUNT (INCL	NE.I. ADA –	WKST
	LINE			ALLOWABLE	IN WKST A,	USTMENTS	A-7
	NO.	COST CENTER	EXPENSE ITEMS	COST	COL 5)		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	2
3	41	RADIOLOGY-DIAGNOSTIC	RMB RENT	3446	6912	-3466	3
4	53	ELECTROCARDIOLOGY	RMB RENT	31719	46860	-15141	4
4.0	1 59.10	GENETIC SERVICES	RMB RENT	37308	55392	-18084	4.01
4.0	12 6	ADMINISTRATIVE & GENERAL	RHS MANAGEMENT FEE	4551595	4175306	376289	4.02
5		TOTALS		4652646	4324154	328492	5

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

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

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

					TCE LIF	TED ONGANIZAT	TOM (D) MAD	/OK HOME OFFICE		
			PERCENT				PERCENT			
	SYMBO	L NAME	OF		NAME		OF	TYPE OF		
	(1)		OWNERSHIP				OWNERSHIP	BUSINESS		
	1	2	3		4		5	6		
1	E	RKFD MEM DVLMT					100.00	SERVICE	1	_
2	E	RMHSC						PHYSICIAN CLIN	TI 2	1
3	E	FREEPORT MEM HO					50.00	MOBILE CATH LA	.B 3	ś
4	В	ROCKFORD HEALTH SYSTE	M					HOME OFFICE	4	Ł
5	В	VAN MATER REHAB HOSPI	TAL VA	N MATER	REHAB HO	SPITAL	50.00	REHAB HOSPITAL	. 5	j

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

 - A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.

 B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.

 C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.

 D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL

 - INTEREST IN RELATED ORGANIZATION.

 E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.

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

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WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

	WKST			TOTAL				PHYSICIAN/	UNAD-	PERCENT
	A	COST CENTER/		REMUNERA-	PROFES-			PROVIDER	JUSTED	OF UNAD-
	LINE	PHYSICIAN IDENTIFIER		TION INCL	SIONAL	PROVIDER	RCE	COMPONENT	RCE	JUSTED
	NO.			FRINGES	COMPONENT	COMPONENT	AMOUNT	HOURS	LIMIT	RCE LIMIT
	1	2		3	4	5	6	7	8	9
1	5	EMPLOYEE BENEFITS	PROFESSIONAL FEE		3241					
2	6	ADMINISTRATIVE & GENERAL				30000	171400	250	20601	1030
3	6	ADMINISTRATIVE & GENERAL			1662821	41667	171400	416	34280	1714
4	6	ADMINISTRATIVE & GENERAL	PROFESSIONAL FEE	S 90285		90285	171400	547	45075	2254
5	14	NURSING ADMINISTRATION	PROFESSIONAL FEE		53000					
6	25	ADULTS & PEDIATRICS	PROFESSIONAL FEE		14583					
7	25	ADULTS & PEDIATRICS	PROFESSIONAL FEE	S 30000		30000	154100	416	30820	1541
8	26	INTENSIVE CARE UNIT	PROFESSIONAL FEE		589196	30000	171400	175	14421	721
9		NEONATAL INTENSIVE CARE	PROFESSIONAL FEE			50000	171400	416	34280	1714
10		PEDIATRIC INTENSIVE CARE	PROFESSIONAL FEE		50000					
11	31	SUBPROVIDER I	PROFESSIONAL FEE		90500					
12	37	OPERATING ROOM	PROFESSIONAL FEE			75000	204100	416	40820	2041
13	37	OPERATING ROOM	PROFESSIONAL FEE	S 124902	54702	70200	204100	416	40820	2041
14	39	DELIVERY ROOM & LABOR RO	PROFESSIONAL FEE	S 945294	915294	30000	194500	362	33850	1693
15	40	ANESTHESIOLOGY	PROFESSIONAL FEE			995000	200300	10840	1043871	52194
16	41	RADIOLOGY-DIAGNOSTIC	PROFESSIONAL FEE		14585					
17	42	RADIOLOGY-THERAPEUTIC	PROFESSIONAL FEE			50000	219500	196	20684	1034
18	44	LABORATORY	PROFESSIONAL FEE			388028	204100	2080	204100	10205
19	49	RESPIRATORY THERAPY	PROFESSIONAL FEE	S 14400		14400	204100	104	10205	510
20	49	RESPIRATORY THERAPY	PROFESSIONAL FEE	S 7500		7500	204100	83	8144	407
21	60.02	ANTENATAL TEST CENTER	PROFESSIONAL FEE	S 64583		64583	204100	375	36797	1840
22	61	EMERGENCY	PROFESSIONAL FEE			270113	204100	1324	129917	6496
23	65	AMBULANCE SERVICES	PROFESSIONAL FEE	S 25000		25000	204100	152	14915	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	1255981	62799
28	60.03	CHILD PSYCHIATRIC CLINIC	PURCHASED LABOR	17261	17261					
101		TOTAL		7035854	3521128	3514726		29408	3019581	150980

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WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

	Τ-
1 5 EMPLOYEE BENEFITS PROFESSIONAL FEES 3	241
	399
3 6 ADMINISTRATIVE & GENERAL PROFESSIONAL FEES 34280 7387 1670	
	210
	000
	583
7 25 ADULTS & PEDIATRICS PROFESSIONAL FEES 30820	
8 26 INTENSIVE CARE UNIT PROFESSIONAL FEES 14421 15579 604	775
9 29.01 NEONATAL INTENSIVE CARE PROFESSIONAL FEES 34280 15720 15	720
10 29.02 PEDIATRIC INTENSIVE CARE PROFESSIONAL FEES 50	000
11 31 SUBPROVIDER I PROFESSIONAL FEES 90	500
12 37 OPERATING ROOM PROFESSIONAL FEES 40820 34180 34	180
13 37 OPERATING ROOM PROFESSIONAL FEES 40820 29380 84	082
14 39 DELIVERY ROOM & LABOR RO PROFESSIONAL FEES 33850 915	294
15 40 ANESTHESIOLOGY PROFESSIONAL FEES 1043871	
16 41 RADIOLOGY-DIAGNOSTIC PROFESSIONAL FEES 14	585
17 42 RADIOLOGY-THERAPEUTIC PROFESSIONAL FEES 20684 29316 29	316
18 44 LABORATORY PROFESSIONAL FEES 204100 183928 183	928
19 49 RESPIRATORY THERAPY PROFESSIONAL FEES 10205 4195 4	195
20 49 RESPIRATORY THERAPY PROFESSIONAL FEES 8144	
21 60.02 ANTENATAL TEST CENTER PROFESSIONAL FEES 36797 27786 27	786
22 61 EMERGENCY PROFESSIONAL FEES 129917 140196 140	196
	085
25 14 NURSING ADMINISTRATION PURCHASED LABOR	50
	895
27 37 OPERATING ROOM PURCHASED LABOR 1255981	
	261
101 TOTAL 3019581 552361 4073	489

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP	0000000	0000000							2
3 4	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP	2898290 12390945	2898290	12390945						3 4
5	EMPLOYEE BENEFITS	5043588	90646	32847	5167081					5
6 7	ADMINISTRATIVE & GENERAL	43847944	788480	3876706	613924	49127054	49127054			6 7
8	MAINTENANCE & REPAIRS OPERATION OF PLANT	9136318	312907	399139	139032	9987396	2456180	12443576		8
9	LAUNDRY & LINEN SERVICE	1193142	22352	5759	5518	1226771	301697	163009	1691477	9
10 11	HOUSEKEEPING DIETARY	3195833 2273245	34312 20579	20024 91021	99976 57258	3350145 2442103	823894 600582	250234 150078	3678	10 11
12	CAFETERIA	1233299	105097	91021	54220	1392616	342483	766466	3070	12
13	MAINTENANCE OF PERSONNEL									13
14 15	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	3094778 3406947	23995 21081	27394 202406	123077 64318	3269244 3694752	803999 908643	174995 153740	8132	14 15
16	PHARMACY	4386550	27310	796241	167602	5377703	1322528	199169	0132	16
17	MEDICAL RECORDS & LIBRARY	3303544	24639	54532	106500	3489215	858096	179687		17
18 20	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS	342584	3711		12418	358713	88218	27063		18 20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23 24	I&R SERVICES-OTHER PRGM COSTS A PARAMDICAL ED PROGRAM XRAY	373519	7598	74	10560	391751	96343	55414		23 24
	PASTORAL EDUCATION PROGRAM	67794	1742	, -	2773	72309	17783	12702		24.01
24.02	PARAMED EDUC EMT PROGRAM	596851	22763	14393	13944	647951	159349	166012		24.02
25	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS	30088046	387921	1036965	1102070	32615002	8020882	2829076	734036	25
26	INTENSIVE CARE UNIT	7047539	54169	126530	251372	7479610	1839446	395048	84241	26
	NEONATAL INTENSIVE CARE	8655822	57699	177795	308861	9200177	2262581	420795	35158	29.01
29.02 31	PEDIATRIC INTENSIVE CARE SUBPROVIDER I	1137808 1414180	13690 47316	55218 35143	38215 56112	1244931 1552751	306163 381865	99842 345070	12273 12986	29.02 31
33	NURSERY	1647604	27055	33143	58359	1733018	426198	197310	16687	33
	ANCILLARY SERVICE COST CENTERS			055400	055046		40504.77		055540	
37 38	OPERATING ROOM RECOVERY ROOM	15052184 1508242	155484 9858	957130 20030	357016 54027	16521814 1592157	4063177 391556	1133936 71892	257640 26897	37 38
39	DELIVERY ROOM & LABOR ROOM	3435053	51529	220504	124847	3831933	942380	375795	111954	39
40	ANESTHESIOLOGY	2946915	341	61089	13881	3022226	743250	2489		40
41 42	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	4941082 1553387	51639 37066	1182912 233296	129822 43375	6305455 1867124	1550688 459178	376596 270317	58967 7196	41 42
43	RADIOISOTOPE	989617	6214	30704	12012	1038547	255408	45315	210	43
44	LABORATORY	9897944	66965	575546	298396	10838851	2665577	488368	9130	44
46.30 47	BLOOD CLOTTING FACTORS ADMIN CO	2142158	2828	8405	9260	2162651	531856	20626		46.30 47
49	BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY	4740315	24395	218710	159265	5142685	1264730	177913	1036	49
50	PHYSICAL THERAPY	1627392	21398	3864	21450	1674104	411709	156057	1451	50
53 54	ELECTROCARDIOLOGY	1637239 148604	30982 2275	87661 22455	54100 4705	1809982 178039	445125 43785	225946 16593	117	53 54
55	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT	14279393	2275	22455	4705	14279393	3511703	10393		55
56	DRUGS CHARGED TO PATIENTS	9653648				9653648	2374102			56
57	RENAL DIALYSIS	611759	6735	27261	00145	645755	158809	49120	21014	57
59 59.01	GI LAB MRT	1063936 1078880	29597 10682	187168 310388	28147 24292	1308848 1424242	321882 350261	215848 77900	31814 11964	
	CT SCAN	1193022	5135	225061	28654	1451872	357056	37448		59.02
	CARDIAC CATHETERIZATION	5152780	21155	466062	57048	5697045	1401063	154283	9525	59.03
	PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE	50683	2526	1602	1727	56538	13904	18424		59.04 59.05
59.07	OUTPATIENT DETOX									59.07
	SPECIAL SURGICAL SERVICES GENETIC SERVICES	442410 548641	24242	5966 23051	10858 37937	459234 633871	112938 155887	176798	12115	59.08 59.10
	CARDIOLOGY	240041	24242	23031	31931	033671	133887	170798	63	59.10
	OUTPATIENT PSYCH SERVICES									59.12
60 01	OUTPATIENT SERVICE COST CENTERS PAIN CENTER	1452500	33116	81067	43079	1609762	395886	241509		60.01
	ANTENATAL TEST CENTER	578122	23034	84774			172742	167986	11413	
	CHILD PSYCHIATRIC CLINIC	659489	7375	2850		695183				60.03
61 62		8441911	77203	355385	254293	9128792	2245026	563035	217778	61 62
63.50										63.50
63.60	FQHC									63.60
65	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES	2809028	24427	25798	47221	2906584	714810	178142		65
	AIR AMBULANCE	2007020	2772/	23170	1/331	2500504	,11010	1,0112		68
	СМНС									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 IN LIEU OF FORM CMS-2552-96 (9/97) VERSION: 2008.05 05/23/2009 10:27

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
	OUTPATIENT OCCUPATIONAL THERAPY									69.30
	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
85 N1	PANCREAS ACQUISITION									85.01
	INTESTINAL ACQUISITION									85.02
	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
100.0	10THER NONREIMBURSEABLE COST CEN									100.01
100.0	2COMMUNITY SERVICES	1460240	15181		15723	1491144	366714	110713		100.02
100.0	4AUXILIARY	549331	41385	8024	4732	603472	148411	301815		100.04
100.0	7ROCKFORD HEALTH SYSTEM									100.07
100.0	8DIALYSIS 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

	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	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22 23	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL L&R SERVICES-SALARY & FRINGES A L&R SERVICES-OTHER PRGM COSTS A	4424273 55193 281875 64356 56539 73246 66082 9953	3251634	2783440 76250 78451 83013 103676 8686	4388844 2063	4900257	7057722	4696756	492633	20 21 22 23
24 24.01	PARAMDICAL ED PROGRAM XRAY PASTORAL EDUCATION PROGRAM	20379 4671		36588 3966						24 24.01
	PARAMED EDUC EMT PROGRAM	61053		12156	57					24.02
	INPATIENT ROUTINE SERV COST CENT ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE SUBPROVIDER I NURSERY	ERS 1040422 145283 154752 36718 126903 72563	2850400 239563 161671	715286 128267 170547 23143 34070 35141	1724848 321991 459602 92838 80897 203595			397662 113739 274375 19643 23708 48654	452815 12338 13404 2916 7683 3477	29.02 31
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	417016		214671	427448			477649		37
38 39 40 41 42 43	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN CO	26439 138202 915 138497 99412 16665 179602		31373 76706 11403 97846 22568 6326 256593	95786 237609 27276 49577 31082			477649 47053 66472 77037 272882 45616 34824 353971		38 39 40 41 42 43 44 46.30
47 49 50 53 54 55 56	BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	7586 65429 57391 83094 6102		6881 110062 20723 36727 4521	8089 3079 28958	4900257	7057722	76277 195466 26555 147650 8055 569725 405614 12258		47 49 50 53 54 55 56
59	GI LAB	79380		21239	55171			53096		59
59.01 59.02	MRI CT SCAN	28648 13772		17035 18126	14 64			114106 226610		59.01 59.02
59.03	CARDIAC CATHETERIZATION	56739		36112	39477			178582		59.03
	PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE	6775		1606				155		59.04 59.05
	OUTPATIENT DETOX SPECIAL SURGICAL SERVICES			6822	17861			11680		59.07 59.08
59.10 59.11	GENETIC SERVICES CARDIOLOGY OUTPATIENT PSYCH SERVICES	65019		22032	770			5777		59.10 59.11 59.12
	OUTPATIENT SERVICE COST CENTERS	00015		20515	00050			74007		
	PAIN CENTER ANTENATAL TEST CENTER	88817 61779		28517 9182	80352 18367			74237 33245		60.01 60.02
60.03 61 62 63.50 63.60	RHC FQHC	19779 207061		15111 155554	3079 299337			2744 261156		60.03 61 62 63.50 63.60
69.10	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES AIR AMBULANCE CMHC OUTPATIENT PHYSICAL THERAPY	65514		24432	71892			40483		65 68 69.10 69.20

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY		MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		10	11	12	14	15	16	17	18	
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL DURPOSE COST CENTERS									69.30 69.40 71
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION									85.01 85.02 85.03
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	4217685	3251634	2761408	4381179	4900257	7057722	4696756	492633	95
98 100 100.0	PHYSICIANS' PRIVATE OFFICES GUEST CENTER 10THER NONREIMBURSEABLE COST CEN	54877		3153						98 100 100.01
100.0	2COMMUNITY SERVICES 4AUXILIARY 7ROCKFORD HEALTH SYSTEM 8DIALYSIS RENTED SPACE CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	40716 110995		12434 6445	7665					100.02 100.04 100.07 100.08 101 102
103	TOTAL	4424273	3251634	2783440	4388844	4900257	7057722	4696756	492633	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

								PAP	(1 1
	COST CENTER DESCRIPTION	EDUCATION XRAY	PASTORAL EDUCATION PROGRAM	EDUC EMT		I&R COST & POST STEP- DOWN ADJS	TOTAL		
		24	24.01	24.02	25	26	27		
1 2 3 4 5 6 7 8	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE								1 2 3 4 5 6 7 8
10 11	HOUSEKEEPING DIETARY								10 11
12	CAFETERIA								12
13 14	MAINTENANCE OF PERSONNEL								13 14
15	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17 18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE								17 18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22 23
23 24	I&R SERVICES-OTHER PRGM COSTS A PARAMDICAL ED PROGRAM XRAY	600475							23 24
	PASTORAL EDUCATION PROGRAM	000175	111431						24.01
24.02	PARAMED EDUC EMT PROGRAM	_		1046578					24.02
25	INPATIENT ROUTINE SERV COST CENTER ADULTS & PEDIATRICS		74377	27800	51482606		51482606		25
26	INTENSIVE CARE UNIT		7358		10822483		10822483		26
	NEONATAL INTENSIVE CARE		18490		13009881		13009881		29.01
29.02 31	PEDIATRIC INTENSIVE CARE SUBPROVIDER I		1703 3915		1840170 2731519		1840170 2731519		29.02 31
33	NURSERY		5588		2742231		2742231		33
2.5	ANCILLARY SERVICE COST CENTERS			145540	02650001		02650001		2.5
37 38	OPERATING ROOM RECOVERY ROOM			145540	23658891 2283153		23658891 2283153		37 38
39	DELIVERY ROOM & LABOR ROOM			27800	5808851		5808851		39
40	ANESTHESIOLOGY	600455			3884596		3884596		40
41 42	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	600475			9450983 2802493		9450983 2802493		41 42
43	RADIOISOTOPE				1397295		1397295		43
44	LABORATORY				14792092		14792092		44 46.30
46.30	BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA				2805877		2805877		46.30
49	RESPIRATORY THERAPY			21259	6986669		6986669		49
50	PHYSICAL THERAPY				2351069		2351069		50 53
53 54	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY				2777599 257095		2777599 257095		53 54
55	MEDICAL SUPPLIES CHARGED TO PAT				23261078		23261078		55
56 57	DRUGS CHARGED TO PATIENTS				19491086		19491086		56 57
59	RENAL DIALYSIS GI LAB				884006 2087278		884006 2087278		59
59.01					2024170		2024170		59.01
	CT SCAN CARDIAC CATHETERIZATION				2104948 7572826		2104948 7572826		59.02 59.03
	PRIMARY PREVENTION PROGRAM				7372020		7372820		59.03
	WOMEN'S HEALTH ADVANTAGE				97402		97402		59.05
	OUTPATIENT DETOX SPECIAL SURGICAL SERVICES				620650		620650		59.07 59.08
	GENETIC SERVICES				1060237		1060237		59.10
	CARDIOLOGY								59.11
59.12	OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS								59.12
60.01	PAIN CENTER				2519080		2519080		60.01
	ANTENATAL TEST CENTER				1177121		1177121		60.02
60.03	CHILD PSYCHIATRIC CLINIC EMERGENCY			768580	961370 13846319		961370 13846319		60.03 61
62	OBSERVATION BEDS (NON-DISTINCT			700300	13010313		13010313		62
63.50									63.50
63.60	FQHC OTHER REIMBURSABLE COST CENTERS								63.60
65	AMBULANCE SERVICES				4001857		4001857		65
	AIR AMBULANCE								68
69.10 69.20	CMHC OUTPATIENT PHYSICAL THERAPY								69.10 69.20
20									20

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY 24	PASTORAL EDUCATION PROGRAM 24.01	PARA MED EDUC EMT 24.02	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27		
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL DURPOSE COST CENTERS							69.3 69.4 71	
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS	600475	111431	1046578	243594981	24	3594981	85.0 85.0 85.0 95	02
100.0 100.0 100.0	PHYSICIANS' PRIVATE OFFICES GUEST CENTER 10THER NONREIMBURSEABLE COST CEN 2COMMUNITY SERVICES 4AUXILIARY 7ROCKFORD HEALTH SYSTEM 8DIALYSIS RENTED SPACE				1554614 539110 2029386 1171138		1554614 539110 2029386 1171138	98 100 100.0 100.0 100.0 100.0	02 04 07
101 102 103	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL	600475	111431	1046578	248889229	24	8889229	100.0 101 102 103	,0

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT 4	COST TO	EMPLOYEE BENEFITS	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3 4	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP									3 4
5	EMPLOYEE BENEFITS	4298	90646	32847	127791	127791				5
6	ADMINISTRATIVE & GENERAL	275074	788480	3876706	4940260	15185	4955445			6
7	MATAMERIANCE C DEDATEC									7
8	OPERATION OF PLANT	8618	312907	399139	720664	3439	247757	971860 12731	F1 411	8
9 10	LAUNDRY & LINEN SERVICE HOUSEKEEPING		22352 34312	5759 20024	28111 54336	136 2473	30433 83107	12/31	71411	9 10
11	DIETARY	8618 1151	20579	91021	112751	1416	60581	11721	155	
12	CAFETERIA		105097		105097	1341	34547	59862		12
13	MAINTENANCE OF PERSONNEL		00005	0.7004	=====	2011	0.1.1.0.0			13
14 15	NURSING ADMINISTRATION	650406	23995	27394	51389	3044 1591	81100 91656	13667 12007	343	14
16	PHARMACY	11352	27310	796241	834903	4146	133405	15555	343	16
17	MEDICAL RECORDS & LIBRARY	3994	24639	54532	83165	2634	86557	14034		17
18	CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN AMESTHETISTS		3711		3711	307	8899	2114		18
20	110111111111111111111111111111111111111									20
21 22	NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A									21 22
23	I&R SERVICES SABART & FRINGES A									23
24	PARAMDICAL ED PROGRAM XRAY		7598	74	7672	261	9718	4328		24
	PASTORAL EDUCATION PROGRAM		1742		1742	69	1794	992		24.01
24.02	PARAMED EDUC EMT PROGRAM	5049	22763	74 14393	42205	345	16074	12966		24.02
25	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS	26942		1036965	1451828	27243	809023	220955	30993	25
26	INTENSIVE CARE UNIT		54169	126530	186443	6218	185547	30854	3556	
29.01	NEONATAL INTENSIVE CARE	5744 1422 1112	57699	177795	236916	7640	228229	32865	1484	29.01
	PEDIATRIC INTENSIVE CARE	1112	13690	55218	70020	945	30883	7798		29.02
31 33	SUBPROVIDER I		47316 27055	35143	82459 27055	1388 1444	38519 42991	26950 15410	548 705	
33	NURSERY ANCILLARY SERVICE COST CENTERS		27055		27055	1444	42991	15410	705	33
37	OPERATING ROOM	20722	155484	957130	1133336	8831	409857	88562	10877	37
38	RECOVERY ROOM	503	9858	20030	30391	1336	39497	5615	1136	
39	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	3296	51529	220504	275329	3088	95059	29350	4726	
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	1888 850	341 51639	61089 1182912	61430 1236439	343 3211	74972 156419	194 29413	2489	40
42	RADIOLOGY-THERAPEUTIC	850	37066		271212	1073	46318	21112	304	
43	RADIOISOTOPE		6214	30704	36918	297	25763	3539	9	
44	LABORATORY	1888 850 13576	66965	575546	656087	7381	268879	38142	385	
46.30 47	BLOOD CLOTTING FACTORS ADMIN CO			0405	11000	229	F2C40	1611		46.30 47
47	BLOOD STORING, PROCESSING & TRA	132317	24395	8405 218710	11233 375422	3939	53649 127575	1611 13895	44	
50	RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	132317 2054 19163	21398	3864	27316	531	41529	12188	61	
53	ELECTROCARDIOLOGY	19163	30982	87661	137806	1338	44900	17647	5	
54			2275	22455	24730	116	4417	1296		54 55
55 56	MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS						354229 239478			55 56
57	RENAL DIALYSIS		6735	27261	33996		16019	3836		57
59	GI LAB	2092	29597	187168			32469	16858	1343	
59.01	MRI		10682		321070		35331	6084	505	59.01
59.02 50 02	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM	92	5135 21155	225061 466062	230196 487309	709 1411	36017 141327	2925 12050	402	59.02 59.03
59.03	PRIMARY PREVENTION PROGRAM	92	21155	400002	40/309	1411	141327	12030	402	59.03
59.05	WOMEN'S HEALTH ADVANTAGE	6090	2526	1602	10218	43	1403	1439		59.05
	OUTPATIENT DETOX									59.07
	SPECIAL SURGICAL SERVICES GENETIC SERVICES	148 21080	24242	5966 23051	6114 68373	269 938	11392 15724	13808		59.08 59.10
	CARDIOLOGY	21060	24242	23051	003/3	930	15/24	13000	3	59.10
	OUTPATIENT PSYCH SERVICES									59.12
	OUTPATIENT SERVICE COST CENTERS									
	PAIN CENTER	235	33116	81067	114418	1066	39933	18862	400	60.01
	ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC	11863	23034 7375	84774 2850	119671 10225	408 630	17425 17245	13120 4201		60.02 60.03
61	EMERGENCY	6612	77203	355385	439200	6290	226458	43974	9194	
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50										63.50
63.60	FQHC OTHER REIMBURSABLE COST CENTERS									63.60
65	AMBULANCE SERVICES	775	24427	25798	51000	1171	72104	13913		65
68	AIR AMBULANCE	-	·			_	- "			68
	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20

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ALLOCATION OF NEW CAPITAL RELATED COSTS

	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	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE 9	
69.30 69.40	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY									69.30 69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
	PANCREAS ACQUISITION									85.01
	INTESTINAL ACQUISITION									85.02 85.03
95	ISLET CELL ACQUISITION 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	
	10THER NONREIMBURSEABLE COST CEN									100.01
	2COMMUNITY SERVICES		15181		15181	389	36991	8647		100.02
	4AUXILIARY		41385	8024	49409	117	14970	23572		100.04
	7ROCKFORD HEALTH SYSTEM									100.07
	8DIALYSIS 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

	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	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22 23	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL L&R SERVICES-SALARY & FRINGES A L&R SERVICES-SALARY & FRINGES A L&R SERVICES-SALARY & FRINGES A	159460 1989 10159 2320 2038 2640 2382 359	188613	211006 5780 5947 6293 7859 658	157300 74	996555	997016	196631	16048	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22 23
24	PARAMDICAL ED PROGRAM XRAY	734		2774						24
24.02	PASTORAL EDUCATION PROGRAM PARAMED EDUC EMT PROGRAM INPATIENT ROUTINE SERV COST CENT			301 922	2					24.01 24.02
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	37501 5236	165339 13896	54222 9724	61820 11540			16628 4756	14751 402	25 26
29.01	NEONATAL INTENSIVE CARE	5578		12929	16473			11473	437	29.01
29.02 31	PEDIATRIC INTENSIVE CARE SUBPROVIDER I	1323 4574	9378	1754 2583	3327 2899			821 991	95 250	29.02 31
33	NURSERY	2615	33.0	2664	7297			2034	113	
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	15030		16274	15320			19972		37
38	RECOVERY ROOM	953		2378	3433			1967		38
39 40	DELIVERY ROOM & LABOR ROOM	4981 33		5815	8516			2779		39 40
41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	4992		864 7417	978 1777			3221 11410		41
42	RADIOLOGY-THERAPEUTIC	3583		1711	1114			1907		42
43 44	RADIOISOTOPE LABORATORY	601 6473		480 19452				1456 14801		43 44
	BLOOD CLOTTING FACTORS ADMIN CO	0473		17432				14001		46.30
47	BLOOD STORING, PROCESSING & TRA	273		522				3189		47
49 50	RESPIRATORY THERAPY PHYSICAL THERAPY	2358 2069		8344 1571	290 110			8173 1110		49 50
53	ELECTROCARDIOLOGY	2995		2784	1038			6174		53
54 55	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT	220		343		996555		337 24068		54 55
56	DRUGS CHARGED TO PATIENTS					990333	997016	16960		56
57	RENAL DIALYSIS	651						513		57
59 59.01	GI LAB MRT	2861 1033		1610 1291	1977 1			2220 4771		59 59.01
	CT SCAN	496		1374	2			9475		59.02
	CARDIAC CATHETERIZATION	2045		2738	1415			7467		59.03
	PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE	244		122				6		59.04 59.05
59.07	OUTPATIENT DETOX									59.07
	S SPECIAL SURGICAL SERVICES GENETIC SERVICES	2343		517 1670	640 28			488 242		59.08 59.10
	CARDIOLOGY	2313		2070	20			212		59.11
59.12	OUTPATIENT PSYCH SERVICES									59.12
60.01	OUTPATIENT SERVICE COST CENTERS PAIN CENTER	3201		2162	2880			3104		60.01
	ANTENATAL TEST CENTER	2227		696	658			1390		60.02
60.03 61	CHILD PSYCHIATRIC CLINIC EMERGENCY	713 7463		1146 11792	110 10729			115 10920		60.03 61
62	OBSERVATION BEDS (NON-DISTINCT	, 103		11,72	10/27			10020		62
63.50	RHC FQHC									63.50 63.60
03.00	OTHER REIMBURSABLE COST CENTERS									03.00
65	AMBULANCE SERVICES	2361		1852	2577			1693		65
68 69.10	AIR AMBULANCE CMHC									68 69.10
	OUTPATIENT PHYSICAL THERAPY									69.20

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B

	COST CENTER DESCRIPTION	HOUSE- KEEPING	DIETARY 11	CAFETERIA	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE	
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									69.30 69.40 71
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION									85.01 85.02 85.03
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	152015	188613	209335	157025	996555	997016	196631	16048	95
98	PHYSICIANS' PRIVATE OFFICES									98
100	GUEST CENTER	1978		239						100
	10THER NONREIMBURSEABLE COST CEN									100.01
	2COMMUNITY SERVICES	1467		943	275					100.02
	4AUXILIARY	4000		489						100.04
	7ROCKFORD HEALTH SYSTEM									100.07
	8DIALYSIS RENTED SPACE									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER	150460	100613	211006	157200	006555	007016	106621	16048	102
103	TOTAL	159460	188613	211006	157300	996555	997016	196631	16048	102

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B PART III

								PAR	1, 111
	COST CENTER DESCRIPTION	EDUCATION	PASTORAL EDUCATION	EDUC	SUBTOTAL	I&R COST & POST STEP-	TOTAL		
		XRAY 24	PROGRAM 24.01	EMT 24.02	25	DOWN ADJS 26	27		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL				25		27		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22
23	I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMDICAL ED PROGRAM XRAY	25487							24
	PASTORAL EDUCATION PROGRAM		5066	D 4 D 1 4					24.01
24.02	PARAMED EDUC EMT PROGRAM INPATIENT ROUTINE SERV COST CENTER	2S		74714					24.02
25	ADULTS & PEDIATRICS				2890303		2890303		25
26	INTENSIVE CARE UNIT				458172		458172		26
	NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE				554024 117484		554024 117484		29.01 29.02
31	SUBPROVIDER I				170539		170539		31
33	NURSERY				102328		102328		33
27	ANCILLARY SERVICE COST CENTERS				1710050		1710050		37
37 38	OPERATING ROOM RECOVERY ROOM				1718059 86706		1718059 86706		38
39	DELIVERY ROOM & LABOR ROOM				429643		429643		39
40	ANESTHESIOLOGY				142035		142035		40
41	RADIOLOGY-DIAGNOSTIC				1453567		1453567		41
42 43	RADIOLOGY-THERAPEUTIC RADIOISOTOPE				348334 69063		348334 69063		42 43
44	LABORATORY				1011600		1011600		44
	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA				70706		70706		47
49 50	RESPIRATORY THERAPY PHYSICAL THERAPY				540040 86485		540040 86485		49 50
53	ELECTROCARDIOLOGY				214687		214687		53
54	ELECTROENCEPHALOGRAPHY				31459		31459		54
55	MEDICAL SUPPLIES CHARGED TO PAT				1374852		1374852		55
56 57	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS				1253454 55015		1253454 55015		56 57
59	GI LAB				278891		278891		59
59.01	MRI				370687		370687		59.01
	CT SCAN				281194		281194		59.02
	CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM				656164		656164		59.03 59.04
	WOMEN'S HEALTH ADVANTAGE				13475		13475		59.05
59.07	OUTPATIENT DETOX								59.07
	SPECIAL SURGICAL SERVICES				19931		19931		59.08
	GENETIC SERVICES CARDIOLOGY				103129		103129		59.10 59.11
	OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS								59.12
	PAIN CENTER				185626		185626		60.01
	ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC				156077 34416		156077 34416		60.02 60.03
61	EMERGENCY				766020		766020		60.03
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50									63.50
63.60	FQHC OTHER REIMBURSABLE COST CENTERS								63.60
65	AMBULANCE SERVICES				146671		146671		65
68	AIR AMBULANCE								68
69.10									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 IN LIEU OF FORM CMS-2552-96 (9/96) VERSION: 2008.05 05/23/2009 10:27

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B

	COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY 24	PASTORAL EDUCATION PROGRAM 24.01	PARA MED EDUC EMT 24.02	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27		
	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 71	OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY								69.40 71
, _	SPECIAL PURPOSE COST CENTERS								/ 1
85.01	PANCREAS ACQUISITION								85.01
	INTESTINAL ACQUISITION								85.02
	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	10	00
100.0	10THER NONREIMBURSEABLE COST CEN							10	00.01
100.0	2COMMUNITY SERVICES				63893		63893		00.02
100.0	4AUXILIARY				92557		92557	10	00.04
100.0	7ROCKFORD HEALTH SYSTEM							10	00.07
100.0	8DIALYSIS RENTED SPACE							10	00.08
101	CROSS FOOT ADJUSTMENTS	25487	5066	74714	105267		105267	10	01
102	NEGATIVE COST CENTER								02
103	TOTAL	25487	5066	74714	16536833	-	16536833	10	03

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	
1	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS								2
3	NEW CAP REL COSTS-BLDG & FIXT	738849							3
4	NEW CAP REL COSTS-MVBLE EQUIP		15116916						4
5 6	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	23108	40073 4729568	101596991 12071108	_40127054	100762175			5 6
7	MAINTENANCE & REPAIRS	201005	4/29500	120/1106	-4912/054	199/021/5			7
8	OPERATION OF PLANT	79768	486949	2733680		9987396	434968		8
9	ADMINISTATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	5698	7026	108491		1226771	5698	941872	9
10	HOUSEKEEPING	8747	24429	1965754		3350145	8747 5246		10
11 12	DIETARY	5246	111045	1125814		2442103	5246	2048	11 12
13	CAFETERIA MAINTENANCE OF PERSONNEL	20/92		1066082		1392010	20/92		13
14	NURSING ADMINISTRATION	6117	33420	2419971		3269244 3694752 5377703 3489215 358713	6117		14
15	CENTRAL SERVICES & SUPPLY	5374	246935	2419971 1264636 3295416		3694752	5374	4520	15
16	PHARMACY	6962	971412	3295416		5377703	6962 6281 946		16
17	MEDICAL RECORDS & LIBRARY	6281	66529	2094022 244172		3489215	6281		17
18 20	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS	946		244172		358/13	946		18 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 444 5803	90			391751	1937		24
	PASTORAL EDUCATION PROGRAM	444	17560	54516		72309	444		24.01 24.02
24.02	PARAMED EDUC EMT PROGRAM INPATIENT ROUTINE SERV COST CENTERS	5803	1/560	274161		64/951	5803		24.02
25		98891	1265095	21669978		32615002	98891	408737	25
26	INTENSIVE CARE UNIT	13809	154366	4942522		7479610	13809	408737 46908	26
	NEONATAL INTENSIVE CARE	14709	216910			9200177	14709	19577 6834	29.01
	PEDIATRIC INTENSIVE CARE	3490	67366	751388 1103279		1244931	3490	6834	29.02
31 33	SUBPROVIDER I NURSERY	98891 13809 14709 3490 12062 6897	428/4	1147473		1733018	12062 6897	7231 9292	
33	Notional	0057		1117175		391751 72309 647951 32615002 7479610 9200177 1244931 1552751 1733018	0037	2222	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	39637 2513	1167696	7019731		16521814	39637	143463	37
38 39	RECOVERY ROOM C LABOR ROOM	2513	24437 269014	1062283 2454758		1592157	2513	14977 62340	38
40	ANESTHESIOLOGY	13136	74528	272933		3031933	13136	02340	40
41	RADIOLOGY-DIAGNOSTIC	13164	1443149	2552580		6305455	13164	32835	
42	RADIOLOGY-THERAPEUTIC	9449	284621	852857		1867124	13136 87 13164 9449 1584	4007	
43	RADIOISOTOPE	1584	37459	236180		1038547	1584	117	
44	BLOOD CLOTTING FACTORS ADMIN	17071	702165	5867119		10838851 2162651 5142685 1674104 1809982	17071	5084	44
47	BLOOD STORING, PROCESSING & T	721	10254	182063		2162651	721		47
49	RESPIRATORY THERAPY	6219	266826	3131497		5142685	6219		49
50	PHYSICAL THERAPY	5455	4714	421762		1674104	5455		
53	OPERATING ROOM DELIVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLSOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS	7898	106946	1063731					
54 55	MEDICAL SUDDILES CHARGED TO D	580	2/395	92517		178039 14279393			54 55
56	DRUGS CHARGED TO PATIENTS					9653648			56
57	RENAL DIALYSIS	1717	33258			645755			57
59	GI LAB	7545				1308848			
59.01		2723				1424242			59.01
	CT SCAN CARDIAC CATHETERIZATION	1309 5393				1451872 5697045			59.02 59.03
	PRIMARY PREVENTION PROGRAM	3373	300331	1121005		3037013	3373	3301	59.04
	WOMEN'S HEALTH ADVANTAGE	644	1954	33949		56538	644		59.05
	OUTPATIENT DETOX								59.07
	SPECIAL SURGICAL SERVICES GENETIC SERVICES	6180	7279 28122			459234			59.08 59.10
	CARDIOLOGY	0100	20122	745925		633871	9190	40	59.10
	OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS								59.12
	PAIN CENTER	8442				1609762			60.01
	ANTENATAL TEST CENTER	5872	103424	323975 500770		702407			60.02
	CHILD PSYCHIATRIC CLINIC EMERGENCY	1880 19681				695183 9128792			
62		17001	100000	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , ,	10001	121200	62
63.50	RHC								63.50
63.60									63.60
65	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES	6227	31473	930628		2906584	6227		65
68		V227	311/3	230020		2200304	0227		68

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
	OUTPATIENT OCCUPATIONAL THERA								69.30
	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
05 01	SPECIAL PURPOSE COST CENTERS								05 01
	PANCREAS ACQUISITION								85.01
	INTESTINAL ACQUISITION ISLET CELL ACQUISITION								85.02 85.03
95	SUBTOTALS	719213	15092493	101134856	_40127054	196164900	415332	933926	
93	NONREIMBURSABLE COST CENTERS	119213	13092493	101134030	-4912/034	190104900	413332	933920	93
98	PHYSICIANS' PRIVATE OFFICES					1247756			98
100	GUEST CENTER	5216	14634	59948		254903		7946	
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
	ROCKFORD HEALTH SYSTEM								100.07
	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				49127054		1691477	
104 104	UNIT COST MULT-WS B PT I UNIT COST MULT-WS B PT I	3.922710	.819674	.050859		.245928	28.608026	1.795867	104
104	COST TO BE ALLOC PER B PT II	3.922/10		.050859		.245928		1./9586/	104
105	UNIT COST MULT-WS B PT II								105
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III			127791		4955445	971860	71411	
108	UNIT COST MULT-WS B PT III						2.234325	,	108
108	UNIT COST MULT-WS B PT III			.001258		.024807		.075818	108

	COST CENTER DESCRIPTION	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REOUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE VISITS	
		10	11	12	14	15	16	17	18	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL L&R SERVICES-SALARY & FRINGES	420523 5246 26792 6117 5374 6962 6281 946	208226	140358 3845 3956 4186 5228 438	1231582 579	100	100	691516779		1 2 3 4 5 6 7 8 9 10 11 12 13 13 14 15 16 17 18 20 21 22
23 24	I&R SERVICES-OTHER PRGM COSTS PARAMDICAL ED PROGRAM XRAY	1937		1845						23 24
	PASTORAL EDUCATION PROGRAM	444		200						24.01
24.02	PARAMED EDUC EMT PROGRAM	5803		613	16					24.02
	INPATIENT ROUTINE SERV COST C ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE SUBPROVIDER I NURSERY	98891 13809 14709 3490 12062 6897	182532 15341 10353	36069 6468 8600 1167 1718 1772	484021 90356 128972 26052 22701 57132			58548548 16746075 40396834 2892106 3490586 7163441	220 239 52 137	25 26 29.01 29.02 31
	ANGLIADY CEDVICE COCE CENTED	C C								
37 38 39 40 41 42 43 44	ANCILLARY SERVICE COST CENTER OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY	39637 2513 13136 87 13164 9449 1584 17071		10825 1582 3868 575 4934 1138 319	119949 26879 66677 7654 13912 8722			70325234 6927642 9786798 11342259 40176906 6716077 5127156 52115859		37 38 39 40 41 42 43
47 49 50 53 54 55 56	BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	721 6219 5455 7898 580		347 5550 1045 1852 228	2270 864 8126	100	100	11230384 28778895 3909788 21738763 1185948 83886165 59719360 1804739		46.30 47 49 50 53 54 55 56
59 59.01	GI LAB	7545 2723		1071 859	15482 4			7817365 16800065		59 59.01
59.02	CT SCAN	1309		914	18			33364222		59.02
	CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM	5393		1821	11078			26292941		59.03 59.04
59.05	WOMEN'S HEALTH ADVANTAGE	644		81				22805		59.05
	OUTPATIENT DETOX SPECIAL SURGICAL SERVICES			344	5012			1719643		59.07 59.08
59.10 59.11	GENETIC SERVICES CARDIOLOGY OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTE	6180 RS		1111				850549		59.10 59.11 59.12
	PAIN CENTER ANTENATAL TEST CENTER	8442		1438				10930084		60.01
60.03 61	CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC RHC FQHC			463 762 7844	864			4894673 403960 38450460		60.02 60.03 61 62 63.50 63.60
65	OTHER REIMBURSABLE COST CENTE: AMBULANCE SERVICES	RS 6227		1232	20174			5960449		65
	AIR AMBULANCE	V227		1232	201/1			2200112		68

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

	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	COSTED REQUIS.	GROSS REVENUE	VISITS	
		10	11	12	14	15	16	17	18	
69.30	CMHC OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERA OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									69.10 69.20 69.30 69.40 71
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION									85.01 85.02 85.03
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	400887	208226	139247	1229431	100	100	691516779	8784	
98 100	PHYSICIANS' PRIVATE OFFICES GUEST CENTER	5216		159						98 100
	OTHER NONREIMBURSEABLE COST C									100.01
	COMMUNITY SERVICES AUXILIARY	3870 10550		627 325						100.02
	ROCKFORD HEALTH SYSTEM	10550		325						100.04
101	DIALYSIS RENTED SPACE CROSS FOOT ADJUSTMENTS									100.08 101
102	NEGATIVE COST CENTER	4404000	2054524	0000440	4000044	4000055		4505555	400500	102
103 104	COST TO BE ALLOC PER B PT I UNIT COST MULT-WS B PT I	4424273 10.520882	3251634	2783440 19.831004		4900257 9002.570000		4696756 .006792		103
104 104 105 106	UNIT COST MULT-WS B PT I COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II UNIT COST MULT-WS B PT II	10.320862	15.615889	19.031004	3.563582		0577.220000		56.082992	
107 108	COST TO BE ALLOC PER B PT III UNIT COST MULT-WS B PT III	159460 .379194	188613	211006 1.503341		996555 9965.550000		196631 .000284	16048	
108	UNIT COST MULT-WS B PT III		.905809		.127722		9970.160000		1.826958	

	COST CENTER DESCRIPTION	EDUCATION XRAY ASSIGNED TIME	DAYS		
	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL L&R SERVICES-OTHER PRGM COSTS PARAMDICAL ED PROGRAM PASTORAL EDUCATION PROGRAM PARAMED EDUC EMT PROGRAM INPATIENT ROUTINE SERV COST C ADULTS & PEDIATRICS INTENSIVE CARE UNIT	100	77326 51612 5106	640 17 34	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22 23 24 24.01 24.02
29.01	NNEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE SUBPROVIDER I NURSERY		12831 1182 2717 3878	24	29.01 29.02 31 33
47 49 50 53 54 55 56 57 59 02 59.02 59.03 59.04 59.05 59.07 59.07 59.10 59.11	ANCILLARY SERVICE COST CENTER OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESICLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPY LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTE PAIN CENTER	100		89 17	37 38 39 40 41 42 43 44 46.30 47 49 50 53 54 55 56 57 59 59.01 59.02 59.03 59.04 59.05 59.07 59.08 59.10 59.11 59.12
60.02	ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC RHC			470	60.01 60.02 60.03 61 62 63.50 63.60
80	AIR AMBULANCE				80

	COST CENTER DESCRIPTION	PARAMEDICA EDUCATION XRAY ASSIGNED TIME 24	PASTORAL EDUCATION PROGRAM PATIENT DAYS 24.01	PARA MEI EDUC EMT TIME SPENT 24.02		
69.30	CMHC OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERA OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS					69.10 69.20 69.30 69.40 71
85.02	PANCERAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS	100	77326	6	540	85.01 85.02 85.03 95
100.02 100.04 100.07	PHYSICIANS' PRIVATE OFFICES GUEST CENTER OTHER NONREIMBURSEABLE COST C COMMUNITY SERVICES AUXILIARY ROCKFORD HEALTH SYSTEM DIALYSIS RENTED SPACE CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER					98 100 100.01 100.02 100.04 100.07 100.08 101
102 103 104 104 105 106 106 107 108 108	COST TO BE ALLOC PER B PT I	6004.750000	1.441055	745 116.7406	714	102 103 104 105 106 106 107 108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	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
	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		2024170		2024170		2024170	59.01
	CT SCAN	2104948		2104948		2104948	59.02
	CARDIAC CATHETERIZATION	7572826		7572826		7572826	59.03
	PRIMARY PREVENTION PROGRAM	05400		0.00		0.00	59.04
	WOMEN'S HEALTH ADVANTAGE	97402		97402		97402	59.05
	OUTPATIENT DETOX SPECIAL SURGICAL SERVICES	620650		620650		C20CE0	59.07 59.08
	GENETIC SERVICES	1060237		1060237		620650	59.08 59.10
	CARDIOLOGY	1060237		1060237		1060237	59.10
	OUTPATIENT PSYCH SERVICES						59.11
39.12	OUTPATIENT PSICH SERVICES OUTPATIENT SERVICE COST CENTERS						39.12
60 01	PAIN CENTER	2519080		2519080		2519080	60.01
	ANTENATAL TEST CENTER	1177121		1177121	27786	1204907	60.02
	CHILD PSYCHIATRIC CLINIC	961370		961370	27700	961370	60.03
61	EMERGENCY	13846319		13846319	140196	13986515	61
62	OBSERVATION BEDS (NON-DISTI	2798633		2798633	110170	2798633	62
63.50		2,,0003		2770000		2770033	63.50
63.60							63.60
05.00	OTHER REIMBURSABLE COST CENTERS						05.00
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

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

			CHARGES		COST	TEFRA	PPS
,	COST CENTER DESCRIPTION		CHARGES		OR OTHER	INPATIENT	INPATIENT
`	COST CENTER DESCRIPTION	INPATIENT	OUTPATIENT	TOTAL	RATIO	RATIO	RATIO
		6	7	8	9	10	11
	INPATIENT ROUTINE SERV COST CENT						
25	ADULTS & PEDIATRICS	55676659		55676659			25
26	INTENSIVE CARE UNIT	16746075		16746075			26
	NEONATAL INTENSIVE CARE	40396834		40396834			29.01
	PEDIATRIC INTENSIVE CARE	2892106		2892106			29.02
31	SUBPROVIDER I	3490586		3490586			31
33	NURSERY	7163441		7163441			33
	ANCILLARY SERVICE COST CENTERS	40445050		50005004	225424	225424	225225 25
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
	BLOOD CLOTTING FACTORS ADMI	0.4054.00			0.400.45	0.4.0.4.5	46.30
47		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	ELECTROCARDIOLOGI	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		5124806	11675259	16800065	.120486	.120486	.120486 59.01
	CT SCAN	13811749	19552473	33364222	.063090	.063090	.063090 59.02
	CARDIAC CATHETERIZATION	16381050	9911891	26292941	.288017	.288017	.288017 59.03
	PRIMARY PREVENTION PROGRAM		22225	22225	4 054004	4 051001	59.04
	WOMEN'S HEALTH ADVANTAGE		22805	22805	4.271081	4.271081	4.271081 59.05
	OUTPATIENT DETOX	5625	1714000	1510642	260010	260010	59.07
	SPECIAL SURGICAL SERVICES	5635 60310	1714008	1719643 850549	.360918	.360918	.360918 59.08
	GENETIC SERVICES CARDIOLOGY	60310	790239	850549	1.246533	1.246533	1.246533 59.10
	OUTPATIENT PSYCH SERVICES						59.11 59.12
59.12	OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS						59.12
60 01	PAIN CENTER	141322	10788762	10930084	.230472	.230472	.230472 60.01
	ANTENATAL TEST CENTER	705955	4188718	4894673	.240490	.240490	.246167 60.02
	CHILD PSYCHIATRIC CLINIC	705955 4050	399910	4894673	2.379864	2.379864	2.379864 60.03
61	EMERGENCY	13712971					
62		90720	24737489 2781169	38450460 2871889	.360108	.360108	.363754 61 .974492 62
63.50	OBSERVATION BEDS (NON-DISTI	90720	2/81169	28/1889	.974492	.974492	.9/4492 62
63.60							63.60
03.00							63.60
65	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES		5960449	5960449	.671402	671402	.673094 65
68	AIR AMBULANCE		3900449	3300443	.0/1402	.0/1402	.673094 65
101	SUBTOTAL	460618126	230898653	691516779			101
101	LESS OBSERVATION BEDS	400010170	230070033	031310113			101
102	TOTAL	460618126	230898653	691516779			102
103	TOTAL	400010170	230090033	031310//3			103

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

BOXES	[] TITLE XIX							
			OLD CAPITAL			NEW CAPITAL		
				REDUCED			REDUCED	
		CAPITAL	SWING-BED	CAPITAL	CAPITAL	SWING-BED	CAPITAL	
	COST CENTER DESCRIPTION	RELATED	ADJUSTMENT	RELATED	RELATED	ADJUSTMENT	RELATED	
		COST		COST	COST		COST	
		1	2	3	4	5	6	
0.5	INPAT ROUTINE SERV COST CTRS							0.5
25	ADULTS & PEDIATRICS				2890303		2890303	25
26	INTENSIVE CARE UNIT				458172		458172	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
	NEONATAL INTENSIVE CARE				554024		554024	29.01
	PEDIATRIC INTENSIVE CARE				117484		117484	29.02
30	OTHER SPECIAL CARE (SPECIFY)						450500	30
31	SUBPROVIDER I				170539		170539	31
33	NURSERY				102328		102328	33
101	TOTAL				4292850		4292850	101
				OLD C	APITAL	NEW CA	APITAL	
				OLD C	APITAL INPATIENT	NEW CA	APITAL INPATIENT	
		TOTAL	INPATIENT	OLD C		NEW CA		
	COST CENTER DESCRIPTION	TOTAL PATIENT	INPATIENT PROGRAM		INPATIENT		INPATIENT	
	COST CENTER DESCRIPTION			PER	INPATIENT PROGRAM	PER	INPATIENT PROGRAM	
	COST CENTER DESCRIPTION	PATIENT	PROGRAM	PER	INPATIENT PROGRAM CAPITAL	PER	INPATIENT PROGRAM CAPITAL	
		PATIENT DAYS	PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	INPAT ROUTINE SERV COST CTRS	PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST 12	
25	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	PATIENT DAYS 7 55150	PROGRAM DAYS 8 23893	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41	INPATIENT PROGRAM CAPITAL COST 12	25
26	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT	PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST 12	26
26 27	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT	PATIENT DAYS 7 55150	PROGRAM DAYS 8 23893	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41	INPATIENT PROGRAM CAPITAL COST 12	26 27
26 27 28	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	PATIENT DAYS 7 55150	PROGRAM DAYS 8 23893	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41	INPATIENT PROGRAM CAPITAL COST 12	26 27 28
26 27 28 29	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	PATIENT DAYS 7 55150 5794	PROGRAM DAYS 8 23893	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41 79.08	INPATIENT PROGRAM CAPITAL COST 12	26 27 28 29
26 27 28 29 29.01	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE	PATIENT DAYS 7 55150 5794	PROGRAM DAYS 8 23893	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41 79.08 45.38	INPATIENT PROGRAM CAPITAL COST 12	26 27 28 29 29.01
26 27 28 29 29.01 29.02	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE	PATIENT DAYS 7 55150 5794	PROGRAM DAYS 8 23893	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41 79.08	INPATIENT PROGRAM CAPITAL COST 12	26 27 28 29 29.01 29.02
26 27 28 29 29.01 29.02 30	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE OTHER SPECIAL CARE (SPECIFY)	PATIENT DAYS 7 55150 5794 12208 908	PROGRAM DAYS 8 23893 3245	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41 79.08 45.38 129.39	INPATIENT PROGRAM CAPITAL COST 12 1252232 256615	26 27 28 29 29.01 29.02 30
26 27 28 29 29.01 29.02 30 31	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I	PATIENT DAYS 7 55150 5794 12208 908	PROGRAM DAYS 8 23893	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41 79.08 45.38 129.39 57.65	INPATIENT PROGRAM CAPITAL COST 12	26 27 28 29 29.01 29.02 30 31
26 27 28 29 29.01 29.02 30 31 33	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY	PATIENT DAYS 7 55150 5794 12208 908 2958 3863	PROGRAM DAYS 8 8 23893 3245	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41 79.08 45.38 129.39	INPATIENT PROGRAM CAPITAL COST 12 1252232 256615	26 27 28 29 29.01 29.02 30 31 33
26 27 28 29 29.01 29.02 30 31	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I	PATIENT DAYS 7 55150 5794 12208 908	PROGRAM DAYS 8 23893 3245	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM 11 52.41 79.08 45.38 129.39 57.65	INPATIENT PROGRAM CAPITAL COST 12 1252232 256615	26 27 28 29 29.01 29.02 30 31

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

		OLD CAPITAL	NEW CAPITAL		INPATIENT	OLD CAP RATIO OF		RATIO OF	ITAL	
	COST CENTER DESCRIPTION	RELATED COST 1	RELATED COST 2		PROGRAM CHARGES 4	COST TO CHARGES 5		COST TO CHARGES 7	CAPITAL COSTS 8	
		_	_	-	=	~	-	· ·	8	
	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY THERAPEUTIC RADIOLOGY THERAPEUTIC RADIOLOGY THERAPY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM									
37	OPERATING ROOM		1718059	70325234	21953956			.024430	536335	
38	RECOVERY ROOM		86706	6927642	1836170			.012516	22982 2492	
39	DELIVERY ROOM & LABOR ROOM		429643	9/86/98	56/66			.043900	2492 26906	
40	ANESTHESIOLOGY DADIOLOGY DIAGNOSTIC		142035	11342259	2148506			.012523	296125	
41	PADIOLOGY-PURBADEUTIC		2403307	6716077	0103004			.051866	4896	
42	PADIOICOTODE		60063	5127156	1350507			.013470	18191	
44	LABORATORY		1011600	52115859	16058846			.019411	311718	
46.30	BLOOD CLOTTING FACTORS ADMIN		1011000	32113033	10030010			.017111	311710	46.30
47	BLOOD STORING, PROCESSING & T		70706	11230384	4461810			.006296	28092	
49	RESPIRATORY THERAPY		540040	28778895	9283100			.018765	174197	
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	
59.01	MRI		370687	16800065	2335149			.022065	51525	
59.02	CT SCAN		281194	33364222	5931038			.008428	49987	
59.03	CARDIAC CATHETERIZATION		656164	26292941	6319188			.024956	157702	
59.04	PRIMARY PREVENTION PROGRAM									59.04
59.05	WOMEN'S HEALTH ADVANTAGE		13475	22805				.590879		59.05
59.07	CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY				2276			0.4.5.00		59.07
59.08	SPECIAL SURGICAL SERVICES		19931	1719643				.011590		59.08
59.10	GENETIC SERVICES		103129	850549	5967			.121250	123	59.10 59.11
										59.11
59.12	OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS PAIN CENTER ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC									59.12
60 01	DATH CENTED		185626	10930084	49775			016983	845	60.01
60.01	ANTENATAL TEST CENTER		156077	4894673	7232			031887	231	60.02
60.02	CHILD PSYCHIATRIC CLINIC		34416	403960	,232			085197	231	60.03
61	EMERGENCY		766020	38450460	6424803			019922	127995	
62	OBSERVATION BEDS (NON-DISTING		157118	2871889	0121005			.054709	12,,,,,	62
63.50	RHC		13,110	20,1003				.031/03		63.50
63.60										63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
68	AIR AMBULANCE									68
101	AMBULANCE SERVICES AIR AMBULANCE TOTAL		11908433	559190629	144844033				2880375	101

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 PERIOD FROM 01/01/2008 TO 12/31/2008 IN LIEU OF FORM CMS-2552-96 (11/98) 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	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 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 KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 PERIOD FROM 01/01/2008 TO 12/31/2008 IN LIEU OF FORM CMS-2552-96 (11/98) 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	PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS				
25	ADULTS & PEDIATRICS	55150	1.85	23893	44202
26	INTENSIVE CARE UNIT	5794	10.87	3245	35273
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
29.01	NEONATAL INTENSIVE CARE	12208	1.51		
29.02	PEDIATRIC INTENSIVE CARE	908	1.88		
30	OTHER SPECIAL CARE (SPECIFY)				
31	SUBPROVIDER I	2958	1.32	711	939
33	NURSERY	3863	1.45		
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
101	TOTAL	80881		27849	80414

AIR AMBULANCE

TOTAL.

101

1569209

VERSION: 2008.05 05/23/2009 10:27

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

68

1569209 101

[XX] HOSPITAL (14-0239) []
[] SUB I []
[] SUB II [] CHECK [] TITLE V
[XX] TITLE XVIII-PT A SUB TV PPS APPLICABLE SNF TEFRA NF [] ICF/MR [] SUB III OUTPATIENT ALL OTHER NONPHYSICIAN NONPHYSICIAN NURSING ANESTHETIST ANESTHETIST SCHOOL COST COST COST ALLIED MEDICAL ADMINISTERING HEALTH EDUCATION BLOOD CLOTTING
COSTS COSTS FACTORS COST COST CENTER DESCRIPTION TOTAL COSTS 2.03 1.01 2.02 ANCILLARY SERVICE COST CENTERS OPERATING ROOM 145540 145540 38 RECOVERY ROOM 39 40 DELIVERY ROOM & LABOR ROOM 27800 27800 39 ANESTHESIOLOGY 40 41 RADIOLOGY-DIAGNOSTIC 600475 600475 41 42 RADIOLOGY-THERAPEUTIC 42 43 44 RADIOISOTOPE 43 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN 46.30 47 49 BLOOD STORING, PROCESSING & TRESPIRATORY THERAPY 47 21259 21259 49 50 PHYSICAL THERAPY 50 ELECTROCARDIOLOGY 53 54 55 ELECTROENCEPHALOGRAPHY
MEDICAL SUPPLIES CHARGED TO P 54 55 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 59.04 PRIMARY PREVENTION PROGRAM 59.05 WOMEN'S HEALTH ADVANTAGE 59.03 59.04 59.05 59.07 OUTPATIENT DETOX 59.07 59.08 SPECIAL SURGICAL SERVICES 59.10 GENETIC SERVICES 59.08 59.10 59.11 CARDIOLOGY 59.11 59.11 CARDIOLOGI 59.12 OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS 59.12 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 OBSERVATION BEDS (NON-DISTINC 62 5555 5555 62 63.50 RHC 63.50 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS 65 AMBULANCE SERVICES 65

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

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

ANCILLARY SERVICE COST CENTERS 37 OPERATING ROOM 38 RECOVERY ROOM 39 DELIVERY ROOM & LABOR ROOM 471315 38 DELIVERY ROOM & LABOR ROOM 471315 38 ARECOVERY ROOM & LABOR ROOM 471315 38 ARECOVERY ROOM & LABOR ROOM 471315 38 OPERATING ROOM 471315		COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4		OUTPATIENT RATIO OF COST TO CHARGES 5.01		INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
38 RECOVERY ROOM 6927642 1836170 471315 38 39 DELIVERY ROOM & LABOR ROOM 27800 9786798 .002841 .002841 567666 161 2156 39 40 ANESTHESIOLOGY 11342259 2148506 1347793 40 41 RADIOLOGY-DIAGNOSTIC 600475 40176906 .014946 8185004 122333 6764454 41 42 RADIOLOGY-THERAPEUTIC 6716077 94388 4929442 42 43 RADIOLSOTOPE 5127156 1350507 1159450 43 44 LABORATORY 52115859 16058846 510653 44 46.30 BLOOD CLOTTING FACTORS ADMIN 47 BLOOD STORING, PROCESSING & T 11230384 4461810 43217 47										
39 DELIVERY ROOM & LABOR ROOM 27800 9786798 .002841 .002841 56766 161 2156 39 40 AND STHESIOLOGY 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 47 BLOOD STORING, PROCESSING & T 11230384 4461810 43217 47			145540		.002070	.002070				
40 ANESTHESIOLOGY 11342259 2148506 1347793 40 41 RADIOLOGY-DIAGNOSTIC 600475 40176906 .014946 .014946 8185004 12233 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			27000		002041	002041				
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			2/600		.002041	.002041				
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			600475		014946	014946				
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			000175		.011710	.011710				
46.30 BLOOD CLOTTING FACTORS ADMIN 47 BLOOD STORING, PROCESSING & T 11230384 4461810 43217 47										
47 BLOOD STORING, PROCESSING & T 11230384 4461810 43217 47	44	LABORATORY		52115859			16058846		510653	44
	46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY 21259 28778895 .000739 .000739 9283100 6860 1048672 49										
			21259		.000739	.000739			1048672	
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										
56 DRUGS CHARGED TO PATIENTS 59719360 20481032 3489588 56 57 RENAL DIALYSIS 1804739 1343372 33089 57										
57 REMAI DIALISIS 1004739 1343572 33069 57 59 GI LAB 7817365 758596 59									33009	
59 OF TABLE 7617805 75050 59 OF TABLE 7617805 75050 59 OF TABLE 7617805 75050000 75050 75050 75050 75050 75050 75050 75050 75050 75050 75050 750500 750500 750500 750500 750500 7505000 75050000 750500000000									3410715	
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	59.05	WOMEN'S HEALTH ADVANTAGE		22805						59.05
59.07 OUTPATIENT DETOX 59.07	59.07	OUTPATIENT DETOX								59.07
59.08 SPECIAL SURGICAL SERVICES 1719643 3376 223290 59.08	59.08	SPECIAL SURGICAL SERVICES		1719643			3376		223290	59.08
59.10 GENETIC SERVICES 850549 5967 8874 59.10				850549			5967		8874	
59.11 CARDIOLOGY 59.11										
59.12 OUTPATIENT PSYCH SERVICES 59.12	59.12									59.12
OUTPATIENT SERVICE COST CENTERS							40000		250200	
60.01 PAIN CENTER 10930084 49775 3583992 60.01 60.02 ANTENATAL TEST CENTER 4894673 7232 103361 60.02										
60.02 ANIENAIAE IEST CENTER 4694673 /232 103361 00.02 60.03 CHILD PSYCHLATRIC CLINIC 403960 60.03							1232		103361	
61 EMERGENCY 768580 38450460 .019989 .019989 6424803 128425 3352008 61			760500		010000	010000	6/2/002	120425	2252000	
62 OBSERVATION BEDS (NON-DISTINC 5555 2871889 .001934 .001934 721830 62							0424003	120423		
63.50 RHC 63.50			3333	2071005	.001051	.001331			721030	
63.60 FOHC 63.60										
OTHER REIMBURSABLE COST CENTERS		~								
65 AMBULANCE SERVICES 65	65									65
68 AIR AMBULANCE 68	68	AIR AMBULANCE								68
101 TOTAL 1569209 559190629 144844033 303224 61776284 101	101	TOTAL	1569209	559190629			144844033	303224	61776284	101

68 101

TOTAL

182994

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

68 101

CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0239) [] SUB I [] SUB II [] SUB III	[] SUB IV [] SNF [] NF [] ICF/MR	[] PPS [] TEFRA	
	COST CENTER DESCRIPTION	OUTPATIENT OUTPATIENT PROGRAM PROGRAM CHARGES CHARGES 8.01 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT OUTPATIENT PROGRAM PASS THROUGH COSTS COSTS 9.01 9.02	
37 38 39 40 41 42	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC		12712 6 101102		37 38 39 40 41 42
43 44 46.30 47 49 50 53	RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY		775		43 44 46.30 47 49 50 53 54
55 56 57 59 59.01 59.02	MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB				55 56 57 59 59.01 59.02 59.03
59.04 59.05 59.07 59.08 59.10 59.11	PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY OUTPATIENT PSYCH SERVICES				59.04 59.05 59.07 59.08 59.10 59.11
60.02	OBSERVATION BEDS (NON-DISTINC RHC FQHC		67003 1396		60.01 60.02 60.03 61 62 63.50 63.60
65 68	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES AIR AMBULANCE TOTAL		182994		65 68 101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

CHECK [] TITLE V - APPLICABLE [XX] TITLE XVI BOXES [] TITLE XIX	O/P III-PT B I - O/P	[XX] HOSPI [] SUB I [] SUB I [] SUB I	TAL (14-0239) : : : : : : : : : : : : : : : : : : :	ι] ICF/MK		
COST CENTER DESCRIPTION	COST TO CHARG PART II COL. 8 1	PART I COL. 9 1.01	WORKSHEET C, PART II COL. 9 1.02	OUTPATIENT AMBULATORY	OGRAM CHARGES OUTPATIENT RADIOLOGY 3	OTHER	
ANCILLARY SERVICE COST CENTERS 37 OPERATING ROOM 38 RECOVERY ROOM 39 DELIVERY ROOM & LABOR ROOM 40 ANESTHESIOLOGY 41 RADIOLOGY-DIAGNOSTIC 42 RADIOLOGY-THERAPEUTIC 43 RADIOLOGY-THERAPEUTIC 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN CO 47 BLOOD STORING, PROCESSING & TRA 49 RESPIRATORY THERAPY 50 PHYSICAL THERAPY 51 ELECTROCARDIOLOGY 54 ELECTROCARDIOLOGY 55 MEDICAL SUPPLIES CHARGED TO PAT 56 DRUGS CHARGED TO PATIENTS 57 RENAL DIALYSIS 59 GI LAB 59.01 MRI 59.02 CT SCAN 59.03 CARDIAC CATHETERIZATION 59.04 PRIMARY PREVENTION PROGRAM 59.05 WOMEN'S HEALTH ADVANTAGE 59.07 OUTPATIENT DETOX 59.08 SPECIAL SURGICAL SERVICES 59.11 CARDIOLOGY 59.12 OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS	.360918 1.246533	.360918 1.246533	4.2/1081				37 38 39 40 41 42 43 44 46.30 47 49 50 53 54 55 56 57 59 59.01 59.02 59.03 59.04 59.05 59.07 59.07 59.07 59.10 59.11 59.12
60.01 PAIN CENTER 60.02 ANTENATAL TEST CENTER 60.03 CHILD PSYCHIATRIC CLINIC 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT 63.50 RHC 63.60 FQHC	.230472 .240490 2.379864 .360108 .974492	.230472 .240490 2.379864 .360108 .974492	.230472 .240490 2.379864 .360108 .974492				60.01 60.02 60.03 61 62 63.50 63.60
OTHER REIMBURSABLE COST CENTERS 65 AMBULANCE SERVICES 65.01 AMBULANCE SERVICES (2ND PERIOD) 65.02 AMBULANCE SERVICES (3RD PERIOD) 65.03 AMBULANCE SERVICES (4TH PERIOD) 68 AIR AMBULANCE 101 SUBTOTAL 102 CRNA CHARGES 103 LESS PBP CLINIC LAB SERV-PGM ON	.671402 .671402 .671402 .671402		.671402				65 65.01 65.02 65.03 68 101 102
104 NET CHARGES PART VI - VACCINE COST APPOR 1 DRUGS CHARGED TO PATIENTS - RAT 2 PROGRAM VACCINE CHARGES 2.01 PROGRAM VACCINE CHARGES 3 PROGRAM COSTS 3.01 PROGRAM COSTS		ARGES					104 1326378 1 2321 2 2.01 758 3 3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE X: [] TITLE X:		l [[PR	HOSPITAL SUB I SUB II SUB II SUB III SUB IV OGRAM CHARG	ES			F R PROGRAM COS	Г	
COST CENTER	DESCRIPTION	OTHER (1) (SEE INSTRU.)	VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.) 5.02	VICES (SEE INSTRU.)	VICES (SEE INSTRU.)	AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	DIAGNOSTIC	
37 OPERATING: 38 RECOVERY R. 39 DELIVERY R. 40 ANESTHESIO. 41 RADIOLOGY-' 42 RADIOLOGY-' 43 RADIOTSOTO 44 LABORATORY 46.30 BLOOD CLOT' 47 BLOOD STOR 49 RESPIRATOR 50 PHYSICAL T. 53 ELECTROCAR: 54 ELECTROCAR: 55 MEDICAL SU 56 DRUGS CHAR. 57 RENAL DIAL; 59 GI LAB 59.01 MRI 59.02 CT SCAN 59.03 CARDIAC CA: 59.04 PRIMARY PR 59.05 WOMEN'S HE. 59.07 OUTPATIENT 59.08 SPECIAL SU 59.10 GENETIC SE: 59.11 CARDIOLOGY 59.11 CARDIOLOGY 59.11 CARDIOLOGY	COM & LABOR ROOM LOGY DIAGNOSTIC PHERAPEUTIC PE FING FACTORS ADMIN (ING, PROCESSING & THE FRAPY DIOLOGY EPHALOGRAPHY PPLIES CHARGED TO PA SED TO PATIENTS FINETERIZATION EVENTION PROGRAM ALTH ADVANTAGE DETOX RGICAL SERVICES RVICES	3	6140998 471315 2156 1347793 6764454 4929442 1159450 510653 43217 1048672 5443240 37574 10324122 3489588 33089 3410715 5406397 3220054	56						37 38 39 40 41 42 43 44 46.30 47 49 50 53 54 55 56 57 59.01 59.02 59.03 59.05 59.07 59.07 59.07 59.10 59.11 59.12
60.01 PAIN CENTE: 60.02 ANTENATAL' 60.03 CHILD PSYC: 61 EMERGENCY 62 OBSERVATIO: 63.50 RHC 63.60 FQHC	R TEST CENTER HIATRIC CLINIC N BEDS (NON-DISTINC	r	3583992 103361 3352008 721830							60.01 60.02 60.03 61 62 63.50 63.60
65 AMBULANCE 65.01 AMBULANCE 65.02 AMBULANCE	SERVICES (2ND PERIOI SERVICES (3RD PERIOI SERVICES (4TH PERIOI NCE ES LAB		61776284 61776284	56 56						65.01 65.02 65.03 68 101 102 103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

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

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

		OLD	NEW			OLD CAP	ITAL	NEW CAP	ITAL	
		CAPITAL	CAPITAL		INPATIENT	RATIO OF		RATIO OF		
	COST CENTER DESCRIPTION	RELATED	RELATED	TOTAL	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL	
		COST	COST	CHARGES	CHARGES	CHARGES	COSTS	CHARGES	COSTS	
		1	2	3	4	5	6	7	8	
	ANCILLARY SERVICE COST CENTERS									
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD GLOTTING FACTORS ADMIN		1718059	70325234	1943			024430	47	37
38	RECOVERY ROOM		86706	6927642	560			.012516		38
39	DELIVERY ROOM & LABOR ROOM		429643	9786798	300			.043900	,	39
40	ANEGULESTOLOGY		142035	11342259	557			.012523	7	40
41	PADIOLOGY_DIAGNOSTIC		1453567	40176906	5149			.036179	186	
42	PADIOLOGI DIAGNOSIIC		348334	6716077	3147			.051866	100	42
43	RADIOLOGI INEKAFECTIC		69063	5127156				.013470		43
44	I.ABORATORY		1011600	52115859	116142			.019411	2254	
46 30	LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM		1011000	32113033	110112			.017111	2231	46.30
47	BLOOD STORING PROCESSING & T		70706	11230384				.006296		47
49	RESDIRATORY THERADY		540040	28778895	9066			.018765	170	
50	DHYSTCAL THERADY		86485	3909788	692			.022120	15	
53	ELECTROCARDIOLOGY		214687	21738763	3857			.009876	38	
54	ELECTROENCEPHALOGRAPHY		31459	1185948	802			.026526	21	
55	MEDICAL SUPPLIES CHARGED TO D		1374852	83886165	2935			.016389	48	
56	DRIGS CHARGED TO DATTENTS		1253454	59719360	156259			.020989	3280	
57	RENAL DIALYSIS		55015	1804739	2520			.030484	77	
59	GT LAB		278891	7817365	2020			.035676		59
59 01	MRT		370687	16800065	2215			022065	49	
59 02	CT SCAN		281194	33364222	9612			.008428	81	
59 03	CARDIAC CATHETERIZATION		656164	26292941	,012			.024956	01	59.03
59 04	PRIMARY PREVENTION PROGRAM		050101	20272711				.021930		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	CARDIAC CAHEIBRIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY									59.11
	OUTPATIENT PSYCH SERVICES									59.12
	OUTPATIENT SERVICE COST CENTERS									
60.01	DATM CEMPED		185626	10930084				.016983		60.01
60.02	ANTENATAL TEST CENTER		156077	4894673				.031887		60.02
60.03	ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC PHC		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	AMBIILANCE SERVICES									65
68	AIR AMBULANCE TOTAL									68
101	TOTAL		11908433	559190629	379279				7614	101

AMBULANCE SERVICES

AIR AMBULANCE

TOTAL.

101

1569209

VERSION: 2008.05 05/23/2009 10:27

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

65

1569209 101

[] TITLE V [] HOSPITAL [] SUB IV
[XX] TITLE XVIII-PT A [XX] SUB I (14-S239) [] SNF
[] TITLE XIX [] SUB II [] NF
[] SUB III [] ICF/MR CHECK PPS APPLICABLE TEFRA OUTPATIENT ALL OTHER NURSING SCHOOL COST NONPHYSICIAN NONPHYSICIAN ALLIED MEDICAL ADMINISTERING HEALTH EDUCATION BLOOD CLOTTING
COSTS COSTS FACTORS COST COST CENTER DESCRIPTION ANESTHETIST ANESTHETIST TOTAL COST COST COSTS 2.03 1.01 2.02 ANCILLARY SERVICE COST CENTERS OPERATING ROOM 145540 145540 38 RECOVERY ROOM 39 40 DELIVERY ROOM & LABOR ROOM 27800 27800 39 ANESTHESIOLOGY 40 41 RADIOLOGY-DIAGNOSTIC 600475 600475 41 42 RADIOLOGY-THERAPEUTIC 42 43 44 RADIOISOTOPE 43 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN 46.30 47 49 BLOOD STORING, PROCESSING & TRESPIRATORY THERAPY 47 21259 21259 49 PHYSICAL THERAPY 50 50 ELECTROCARDIOLOGY 53 54 55 ELECTROENCEPHALOGRAPHY
MEDICAL SUPPLIES CHARGED TO P 54 55 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 59.04 PRIMARY PREVENTION PROGRAM 59.05 WOMEN'S HEALTH ADVANTAGE 59.03 59.04 59.05 59.07 OUTPATIENT DETOX 59.07 59.08 SPECIAL SURGICAL SERVICES 59.10 GENETIC SERVICES 59.08 59.10 59.11 CARDIOLOGY 59.11 59.11 CARDIOLOGI 59.12 OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS 59.12 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 OBSERVATION BEDS (NON-DISTINC 62 5555 5555 62 63.50 RHC 63.50 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

[] PPS [] TEFRA CHECK APPLICABLE BOXES

							INPATIENT		
		OUTPATIENT		RATIO OF	OUTPATIENT	INPATIENT	PROGRAM	OUTPATIENT	
	COST CENTER DESCRIPTION	PASS THROUGH	TOTAL	COST TO	RATIO OF COST	PROGRAM		PROGRAM	
		COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	COSTS	CHARGES	
		3.01	4	5	5.01	6	7	8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	145540	70325234	.002070	.002070	1943	3 4		37
38	RECOVERY ROOM	143340	6927642	.002070	.002070	560			38
39	DELIVERY ROOM & LABOR ROOM	27800	9786798	.002841	.002841	300	,		39
40	ANESTHESIOLOGY	27000	11342259	.002041	.002041	557	7		40
41	RADIOLOGY-DIAGNOSTIC	600475	40176906	.014946	.014946	5149			41
42	RADIOLOGY-THERAPEUTIC	000475	6716077	.014940	.014940	3143	, , , , , , , , , , , , , , , , , , , ,		42
43	RADIOISOTOPE		5127156						43
44	LABORATORY		52115859			116142)		44
	BLOOD CLOTTING FACTORS ADMIN		32113033			110142	3		46.30
47	BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T		11230384						40.30
49	RESPIRATORY THERAPY	21259	28778895	.000739	.000739	9066	5 7		49
50	PHYSICAL THERAPY	21259	3909788	.000739	.000739	692			50
53	ELECTROCARDIOLOGY		21738763			3857			53
54	ELECTROCARDIOLOGI ELECTROENCEPHALOGRAPHY		1185948			802			54
									5 4 55
55 56	MEDICAL SUPPLIES CHARGED TO P		83886165			2935			55 56
56 57	DRUGS CHARGED TO PATIENTS		59719360 1804739			156259 2520			50 57
5 <i>1</i> 59	RENAL DIALYSIS					2520	J		57 59
	GI LAB		7817365			0015	-		
59.01			16800065			2215			59.01
	CT SCAN		33364222			9612	3		59.02
	CARDIAC CATHETERIZATION		26292941						59.03
	PRIMARY PREVENTION PROGRAM		00005						59.04
	WOMEN'S HEALTH ADVANTAGE		22805						59.05
	OUTPATIENT DETOX		1010640						59.07
	SPECIAL SURGICAL SERVICES		1719643						59.08
	GENETIC SERVICES		850549						59.10 59.11
	CARDIOLOGY								
59.12	OUTPATIENT PSYCH SERVICES								59.12
60 01	OUTPATIENT SERVICE COST CENTERS PAIN CENTER		10930084						60.01
			4894673						60.01
	ANTENATAL TEST CENTER								
	CHILD PSYCHIATRIC CLINIC	EC0500	403960	010000	010000	6600	1220		60.03
61	EMERGENCY	768580	38450460	.019989		66970	1339		61
62	OBSERVATION BEDS (NON-DISTINC	5555	2871889	.001934	.001934				62
63.50									63.50
63.60	~								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
68	AIR AMBULANCE	1560000	FF0100663			2000	1405		68
101	TOTAL	1569209	559190629			379279	1427		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT [] TITLE XIX	[] HOSI A [XX] SUB [] SUB [] SUB	I (14-S239) II	[] SUB IV [] SNF [] NF [] ICF/MR]]] PPS] TEFRA	
COST CENTE	R 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	
37 OPERATING ROO 38 RECOVERY ROOM 39 DELIVERY ROOM 40 ANESTHESIOLOG 41 RADIOLOGY-DIA 42 RADIOLOGY-THE 43 RADIOLOSTOPE 44 LABORATORY 46.30 BLOOD CLOTTIN 47 BLOOD STORING 49 RESPIRATORY T 50 PHYSICAL THER 53 ELECTROCARDIO 54 ELECTROCARDIO 55 MEDICAL SUPPL 56 DRUGS CHARGED 57 RENAL DIALYSI 59 GI LAB 59.01 MRI 59.02 CT SCAN 59.03 CARDIAC CATHE 59.04 PRIMARY PREVE 59.05 WOMEN'S HEALT 59.07 OUTPATIENT DE 59.08 SPECIAL SURGI 59.10 GENETIC SERVI 59.11 CARDIOLOGY 59.11 CARDIOLOGY	& LABOR ROOM Y SNOSTIC RAPEUTIC G FACTORS ADMIN PROCESSING & T HERAPY APY LOGY ALOGRAPHY IES CHARGED TO P TO PATIENTS S FERIZATION NITION PROGRAM H ADVANTAGE TOX CAL SERVICES CES YCH SERVICES RVICE COST CENTERS F CENTER						37 38 39 40 41 42 43 44 46.30 47 49 50 53 54 55 56 57 59.01 59.02 59.03 59.04 59.05 59.07 59.07 59.07 59.01 59.11 59.12
61 EMERGENCY 62 OBSERVATION B 63.50 RHC 63.60 FQHC	EDS (NON-DISTINC						60.03 61 62 63.50 63.60
OTHER REIMBUR 65 AMBULANCE SER 68 AIR AMBULANCE 101 TOTAL	SABLE COST CENTERS VICES						65 68 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

CHECK [] TITLE V
APPLICABLE [] TITLE XVIII-PT A

BOXES	[XX] TITLE XIX							
			OLD CAPITAL			NEW CAPITAL		
				REDUCED			REDUCED	
		CAPITAL	SWING-BED	CAPITAL	CAPITAL	SWING-BED	CAPITAL	
	COST CENTER DESCRIPTION	RELATED	ADJUSTMENT	RELATED	RELATED	ADJUSTMENT	RELATED	
		COST		COST	COST		COST	
		1	2	3	4	5	6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				2890303		2890303	25
26	INTENSIVE CARE UNIT				458172		458172	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
29.01	NEONATAL INTENSIVE CARE				554024		554024	29.01
29.02	PEDIATRIC INTENSIVE CARE				117484		117484	29.02
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				170539		170539	31
33	NURSERY				102328		102328	33
101	TOTAL				4292850		4292850	101
					APITAL INPATIENT	NEW CA	INPATIENT	
		TOTAL	INPATIENT	PER	PROGRAM	PER	PROGRAM	
	COST CENTER DESCRIPTION	PATIENT	PROGRAM	DIEM	CAPITAL	DIEM	CAPITAL	
		DAYS	DAYS		COST		COST	
		7	8	9	10	11	12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	55150	11042			52.41	578711	25
26	INTENSIVE CARE UNIT	5794	384			79.08	30367	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
	NEONATAL INTENSIVE CARE	12208	5916			45.38	268468	29.01
	PEDIATRIC INTENSIVE CARE	908	464			129.39	60037	29.02
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	2958	842			57.65	48541	31
33		3863	3776			26.49	100026	33
	NURSERY					20.49		
101	NURSERY TOTAL	80881	22424			20.49	1086150	101

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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

		OLD	NEW			OLD CAP		NEW CAP	ITAL	
		CAPITAL	CAPITAL	1	INPATIENT	RATIO OF		RATIO OF		
	COST CENTER DESCRIPTION	RELATED	RELATED	TOTAL	PROGRAM		CAPITAL	COST TO	CAPITAL	
		COST	COST	CHARGES	CHARGES	CHARGES				
		1			4	5		7	8	
	ANCILLARY SERVICE COST CENTERS									
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM		1718059	70325234				.024430		37
38	RECOVERY ROOM		86706	6927642				.012516		38
39	DELIVERY ROOM & LABOR ROOM		429643	9786798				.043900		39
40	ANESTHESTOLOGY		142035	11342259				.012523		40
41	RADIOLOGY-DIAGNOSTIC		1453567	40176906				.036179		41
42	RADIOLOGY-THERADEUTIC		348334	6716077				.051866		42
43	RADIOISOTOPE		69063	5127156				.013470		43
44	I.ABODATODV		1011600	52115850				.019411		44
46 30	OPERATING ROOM RECOVERY ROOM LABOR ROOM LABOR ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM		1011000	32113037				.017411		46.30
40.50	DIOOD CHOITING PACTORS ADMIN		70706	11121201				.006296		47
47	BLOOD STORING, PROCESSING & I		70700	11230304				.018765		49
49	RESPIRATORY THERAPY		540040	28//8895				.018765		50
50	PHISICAL THERAPI		80485	3909788				.022120		53
53	ELECTROCARDIOLOGY		214687	21/38/63				.009876		
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 WOMEN'S HEALTH ADVANTAGE									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	OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY									59.11
										59.12
	OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS PAIN CENTER ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC									
60.01	PATN CENTER		185626	10930084				.016983		60.01
60.02	ANTENATAL TEST CENTER		156077	4894673				.031887		60.02
60.02	CHILD PSYCHIATRIC CLINIC		34416	403960				.085197		60.03
61	FMFDGFNCV		766020	38450460				.019922		61
62	OBSEDIATION BEDS (NON-DISTING		157118	2871889				.054709		62
63.50	DUC DEDS (NON DISTINC		13/110	2071007				.034703		63.50
63.60										63.60
03.00	OTHER REIMBURSABLE COST CENTERS									03.00
65	AMBULANCE SERVICES									65
68										65 68
101	AIR AMBULANCE TOTAL		11000422	FF0100C00						101
TUI	AIR AMBULANCE TOTAL		11700433	222120023						101

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 PERIOD FROM 01/01/2008 TO 12/31/2008 IN LIEU OF FORM CMS-2552-96 (11/98) 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

					ALL OTHER			
		NONPHYSICIAN	NURSING	ALLIED	MEDICAL	SWING-BED		
	COST CENTER DESCRIPTION	ANESTHETIST	SCHOOL	HEALTH		ADJUSTMENT	TOTAL	
		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 KPMG LLP COMPU-MAX MICRO SYSTEM PERIOD FROM 01/01/2008 TO 12/31/2008 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] TITL					HOSPITAL	(14-0239)	-]	SUB IV			[]	PPS		
APPLIC	•	TITL [II-P'I' A]]				[]			
BOXES	[X	X] TITL	E XIX		-]	SUB II]				[]	OTHER		
					[]	SUB III		[]	ICF/MR						
						0.77											
				MOMBILL	7.7.7.7.7.7		TPATIENT	NUIDATNA			3.T.T.T.D.D.	ALL OTHER		TATE OFF	DING		
	GOOM CENTERS DEC	OD TOWITON					PHYSICIAN	NURSING	j		ALLIED	MEDICAL				moma r	
	COST CENTER DES	CRIPTION		COS		AIN	ESTHETIST COST	SCHOOL COST			COSTS	EDUCATION COSTS		ORS (TOTAL	
				1			1.01	2			2.01	2.02	FAC.	2.03		3	
				1			1.01	2			2.01	2.02		2.03	5	3	
	ANCILLARY SERVICE	COST CEN	TERS														
37	OPERATING ROOM	0001 021	1210								145540					145540	37
38	RECOVERY ROOM										110010					113310	38
39	DELIVERY ROOM & LA	BOR ROOM									27800					27800	39
40	ANESTHESIOLOGY										27000					27000	40
41	RADIOLOGY-DIAGNOST	TC.									600475					600475	41
42	RADIOLOGY-THERAPEU																42
43	RADIOISOTOPE																43
44	LABORATORY																44
46.30	BLOOD CLOTTING FAC	TORS ADM	IN														46.30
47	BLOOD STORING, PRO	CESSING	& Т														47
49	RESPIRATORY THERAP										21259					21259	49
50	PHYSICAL THERAPY																50
53	ELECTROCARDIOLOGY																53
54	ELECTROENCEPHALOGR	APHY															54
55	MEDICAL SUPPLIES C	HARGED T	O P														55
56	DRUGS CHARGED TO P	ATIENTS															56
57	RENAL DIALYSIS																57
59	GI LAB																59
59.01	MRI																59.01
	CT SCAN																59.02
	CARDIAC CATHETERIZ																59.03
	PRIMARY PREVENTION																59.04
	WOMEN'S HEALTH ADV	ANTAGE															59.05
	OUTPATIENT DETOX																59.07
	SPECIAL SURGICAL S	ERVICES															59.08
	GENETIC SERVICES																59.10
	CARDIOLOGY																59.11
59.12	OUTPATIENT PSYCH S																59.12
	OUTPATIENT SERVICE	COST CE	NTERS														
	PAIN CENTER																60.01
	ANTENATAL TEST CEN																60.02
	CHILD PSYCHIATRIC	CLINIC									760500					760500	60.03
61 62	EMERGENCY	MOM DIG	TNO								768580					768580	61 62
62 63.50	OBSERVATION BEDS (MOM-DIST.	TINC														62 63.50
	FOHC																63.60
03.00	-	- COCT CT	י מיזייוא														03.00
65	OTHER REIMBURSABLE AMBULANCE SERVICES		NIEKS														65
68	AMBULANCE SERVICES																68
101	TOTAL									1	563654					1563654	
101	1011111									-						T303034	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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5		PROGRAM	PASS THROUGH	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM RECOVERY ROOM	145540		.002070	.002070				37
38 39		27800	6927642 9786798	.002841	.002841				38 39
40	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY		11342259	.002841	.002841				40
41	RADIOLOGY-DIAGNOSTIC	600475	40176906	014946	.014946				41
42	RADIOLOGY-THERAPEUTIC	0001/3	6716077	.011710	.011710				42
43	RADIOISOTOPE		5127156						43
44	LABORATORY		52115859						44
	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T	21259	11230384						47
49	RESPIRATORY THERAPY	21259	28778895	.000739	.000739				49
50	PHYSICAL THERAPY		3909788						50
53 54	ELECTROCARDIOLOGY		21738763						53 54
54	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P		1185948 83886165						54 55
56	DRUGS CHARGED TO DATTENTS		59719360						56
57	RENAL DIALYSIS		1804739						57
59	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES		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		1710642						59.07
59.08	GENETIC SERVICES		1719643 850549						59.08 59.10
	CARDIOLOGY		030349						59.11
	OUTPATIENT PSYCH SERVICES								59.12
	OUTPATIENT SERVICE COST CENTERS								22.12
60.01	PAIN CENTER ANTENATAL TEST 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	768580	2871889						62
63.50	RHC								63.50
63.60	~ -								63.60
65	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES								65
68	ATR AMBULANCE								68
101	TOTAL	1563654	559190629						101

63.60 FQHC

65

101

OTHER REIMBURSABLE COST CENTERS

AMBULANCE SERVICES

AIR AMBULANCE

TOTAL.

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

63.60

65

68

101

[XX] HOSPITAL (14-0239) [] SUB IV [] SUB I [] SNF [] NF CHECK [] TITLE V [] TITLE XV PPS TITLE XVIII-PT A APPLICABLE TEFRA [] ICF/MR [] SUB III OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT PROGRAM PROGRAM
PASS THROUGH PROGRAM PASS THROUGH PROGRAM COST CENTER DESCRIPTION PROGRAM CHARGES CHARGES COSTS COSTS COSTS 8.01 8.02 9.01 ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM 39 40 DELIVERY ROOM & LABOR ROOM 39 ANESTHESIOLOGY 40 41 RADIOLOGY-DIAGNOSTIC 41 42 RADIOLOGY-THERAPEUTIC 42 43 44 43 44 RADIOISOTOPE LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN 46.30 47 49 BLOOD STORING, PROCESSING & TRESPIRATORY THERAPY 47 49 50 PHYSICAL THERAPY 50 ELECTROCARDIOLOGY 53 ELECTROENCEPHALOGRAPHY
MEDICAL SUPPLIES CHARGED TO P
DRUGS CHARGED TO PATIENTS 54 55 54 55 56 57 RENAL DIALYSIS 57 59 59 GI LAB 59.01 MRI 59.01 59.02 CT SCAN 59.02 59.03 CARDIAC CATHETERIZATION 59.04 PRIMARY PREVENTION PROGRAM 59.05 WOMEN'S HEALTH ADVANTAGE 59.03 59.04 59.05 59.07 OUTPATIENT DETOX 59.07 59.08 SPECIAL SURGICAL SERVICES 59.10 GENETIC SERVICES 59.08 59.10 59.11 CARDIOLOGY 59.11 59.11 CARDIOLOGI 59.12 OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS 59.12 60.01 PAIN CENTER 60.01 60.02 ANTENATAL TEST CENTER 60.02 60.03 CHILD PSYCHIATRIC CLINIC 60.03 61 EMERGENCY 61 OBSERVATION BEDS (NON-DISTINC 62 62 63.50

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

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

		OLD	NEW	_		OLD CAP	ITAL	NEW CAP	ITAL	
	COST CENTER DESCRIPTION	CAPITAL	CAPITAL	L D TPOTENT	INPATIENT	RATIO OF COST TO	CADITAL	COST TO	CAPITAL	
	COSI CENTER DESCRIPTION	COST	COST	CHARGES	CHARGES	CHARGES	CAPITAL	CHARGES	CAPITAL	
		1	2	3	4	CHARGES 5	6	7	8	
		_	_	-					-	
	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN RICOD STORING PROCESSING & T									
37	OPERATING ROOM		1718059	70325234				.024430		37
38	RECOVERY ROOM		86706	6927642				.012516 .043900		38
39	DELIVERY ROOM & LABOR ROOM		429643	9786798				.043900		39
40	ANESTHESIOLOGY		142035	11342259				.012523 .036179		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	LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM									46.30
47	BLOOD STORING, PROCESSING & T		70706	11230384				.006296		47
49	RESPIRATORY THERAPY		540040	28778895				.018765 .022120		49
50	PHYSICAL THERAPY		86485	3909788				.022120		50
53	ELECTROCARDIOLOGY		214687	21738763				.009876 .026526		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 WOMEN'S HEALTH ADVANTAGE									59.04
59.05	WOMEN'S HEALTH ADVANTAGE		13475	22805				.590879		59.05
59.07	OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY									59.07
59.08	SPECIAL SURGICAL SERVICES		19931	1719643				.011590		59.08
59.10	GENETIC SERVICES		103129	850549				.121250		59.10
59.11	CARDIOLOGY									59.11
59.12	OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS PAIN CENTER ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC									59.12
	OUTPATIENT SERVICE COST CENTERS									
60.01	PAIN CENTER		185626	10930084				.016983		60.01
60.02	ANTENATAL TEST CENTER		156077	4894673				.031887 .085197		60.02
60.03	CHILD PSYCHIATRIC CLINIC		34416	403960						60.03
61	EMERGENCY		766020	38450460				.019922		61
62	OBSERVATION BEDS (NON-DISTINC		157118	2871889				.054709		62
63.50										63.50
63.60										63.60
C F	OTHER REIMBURSABLE COST CENTERS									65
65 68	AMBULANCE SERVICES AIR AMBULANCE									65 68
101	AIR AMBULANCE TOTAL		11000/22	EE0100620						101
101	TOTAL		11900433	339190029						101

AMBULANCE SERVICES AIR AMBULANCE

TOTAL.

101

1563654

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

68

1563654 101

[] TITLE V [] HOSPITAL [] SUB IV [] TITLE XVIII-PT A [XX] SUB I (14-S239) [] SNF [XX] TITLE XIX [] SUB II [] NF [] SUB III [] ICF/MR CHECK PPS APPLICABLE TEFRA OUTPATIENT ALL OTHER NONPHYSICIAN NONPHYSICIAN NURSING ALLIED MEDICAL ADMINISTERING ANESTHETIST ANESTHETIST SCHOOL HEALTH EDUCATION BLOOD CLOTTING COST COST COST COST COST COST SCOSTS COSTS FACTORS COST COST CENTER DESCRIPTION TOTAL COSTS 2.03 1.01 2.02 ANCILLARY SERVICE COST CENTERS OPERATING ROOM 145540 145540 RECOVERY ROOM 39 40 DELIVERY ROOM & LABOR ROOM 27800 27800 39 ANESTHESIOLOGY 40 41 RADIOLOGY-DIAGNOSTIC 600475 600475 41 42 RADIOLOGY-THERAPEUTIC 42 43 44 RADIOISOTOPE 43 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN 46.30 47 49 BLOOD STORING, PROCESSING & TRESPIRATORY THERAPY 47 21259 21259 49 PHYSICAL THERAPY 50 50 ELECTROCARDIOLOGY 53 54 55 ELECTROENCEPHALOGRAPHY
MEDICAL SUPPLIES CHARGED TO P 54 55 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 59.04 PRIMARY PREVENTION PROGRAM 59.05 WOMEN'S HEALTH ADVANTAGE 59.03 59.04 59.05 59.07 OUTPATIENT DETOX 59.07 59.08 SPECIAL SURGICAL SERVICES 59.10 GENETIC SERVICES 59.08 59.10 59.11 CARDIOLOGY 59.11 59.11 CARDIOLOGI 59.12 OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENTERS 59.12 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 OBSERVATION BEDS (NON-DISTINC 62 62 63.50 RHC 63.50 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

[] PPS [] TEFRA [] OTHER CHECK APPLICABLE BOXES

							INPATIENT		
		OUTPATIENT			OUTPATIENT			OUTPATIENT	
	COST CENTER DESCRIPTION	PASS THROUGH	TOTAL		RATIO OF COST			PROGRAM	
		COSTS 3.01	CHARGES 4	CHARGES 5	TO CHARGES 5.01	CHARGES 6	COSTS 7	CHARGES 8	
		3.01	4	5	5.01	0	/	0	
	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
	BLOOD CLOTTING FACTORS ADMIN		11020204						46.30 47
47 49	BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY	21259	11230384 28778895	.000739	.000739				47
50	PHYSICAL THERAPY	21259	3909788	.000739	.000739				50
53			21738763						53
54	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY		1185948						54
55	MEDICAL SUPPLIES CHARGED TO P		83886165						55
56	DRIGS CHARGED TO PATIENTS		59719360						56
57	RENAL DIALYSIS		1804739						57
59	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION		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	CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES		22805						59.05
59.07	OUTPATIENT DETOX								59.07
			1719643						59.08
	GENETIC SERVICES		850549						59.10
	CARDIOLOGY								59.11
59.12	OUTPATIENT PSYCH SERVICES								59.12
CO 01	OUTPATIENT SERVICE COST CENTERS PAIN CENTER	i	10930084						60.01
	ANTENATAL TEST CENTER		4894673						60.01
	CHILD PSYCHIATRIC CLINIC		403960						60.02
61		768580	38450460	.019989	.019989				61
62	OBSERVATION BEDS (NON-DISTINC	700300	2871889	.019909	.019909				62
63.50			20/1009						63.50
	FOHC								63.60
05.00	OTHER REIMBURSABLE COST CENTERS								23.00
65	AMBULANCE SERVICES	•							65
68	AIR AMBULANCE								68
101	TOTAL	1563654	559190629						101

68 101

AIR AMBULANCE

TOTAL

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

68 101

CHECK APPLICA BOXES	[] TITLE V ABLE [] TITLE XVIII- [XX] TITLE XIX	PT A [XX] SU: [] SU:	SPITAL B I (14-S239) B II B III	[] SUB IV [] SNF [] NF [] ICF/MR]]]] PPS] TEFRA] OTHER	
	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	
47 49 50 53 54 55 56 57 59 59.01 59.02 59.03 59.04 59.05 59.07 59.08 59.10 59.11	CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY OUTPATIENT PSYCH SERVICES						37 38 39 40 41 42 43 44 46.30 47 49 50 53 54 55 56 57 59 01 59.01 59.03 59.04 59.05 59.07 59.08 59.01 59.11
60.02							60.01 60.02 60.03 61 62 63.50 63.60
65	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES						65

COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1

00.12011112011 01 2.1211112012 01021										
[] TITLE V-INPT	[XX] TITLE	XVIII-PAR	T A	[] TI		PART I				
PART I - ALL PROVIDER COMPONENTS										
		HOSPITAL (PPS) (14-0239)((PPS)	SUB II	SUB III	SUB IV	SNF			
INPATIENT DAYS		1	1	1	1	1	1			
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING EXCLUDING NEWBORN)	G-BED DAYS	55150	2958					1		
<pre>2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDIN BED AND NEWBORN DAYS)</pre>	NG SWING	55150	2958					2		
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM I		41757						3		
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE F 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING P ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING	RIVATE	13393	2958					4 5		
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PERSON DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERSON DAYS)	RIVATE							6		
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING								7		
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PI								8		
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		23893	711					9		
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER:								10		
COST REPORTING PERIOD										
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 COST REPORTING PERIOD								11		
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 3								12		
COST REPORTING PERIOD 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31								13		
COST REPORTING PERIOD 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO TO THE PROPERTY OF THE PROPERTY	THE							14		
PROGRAM (EXCLUDING SWING-BED DAYS) 15 TOTAL NURSERY DAYS								15		
16 TITLE V OR XIX NURSERY DAYS								16		

WORKSHEET D-1

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL PERIOD FROM 01/01/2008 TO 12/31/2008 VERSION: 2008.05 05/23/2009 10:27 COMPUTATION OF INPATIENT OPERATING COST

COMPONITION OF INTITIAN CONTINUE COOR									
[] TITLE V-INPT	LE XVIII-PAF	VIII-PART A [] TIT			TITLE XIX-INPT				
PART I - ALL PROVIDER COMPONENTS		HOSPITAL (PPS) (14-0239)((PPS)		SUB III	SUB IV	SNF		
SWING-BED ADJUSTMENT		1			1	1	1		
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPL SERVICES THROUGH DECEMBER 31 OF THE COST REPORT								17	
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPL: SERVICES AFTER DECEMBER 31 OF THE COST REPORT:	ING PERIOD	613.53						18	
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLIC SERVICES THROUGH DECEMBER 31 OF THE COST REPORT								19	
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICATED SERVICES AFTER DECEMBER 31 OF THE COST REPORT:		215.15						20	
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICE:		51482606	2731519					21 22	
DECEMBER 31 OF THE COST REPORTING PERIOD 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICE: DECEMBER 31 OF THE COST REPORTING PERIOD	S AFTER							23	
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES DECEMBER 31 OF THE COST REPORTING PERIOD	THROUGH							24	
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES DECEMBER 31 OF THE COST REPORTING PERIOD	AFTER							25	
26 TOTAL SWING-BED COST 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF	SWING-BED COST	51482606	2731519					26 27	
PRIVATE ROOM DIFFERENTIAL AD									
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		55676659	3055947					28	
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHAI		55676659	3055947					29 30	
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BE) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	RATIO	.924671	.893837					31 32	
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENT: 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTI: 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	ΓΙΑL	4157.15	1033.11					33 34 35 36	
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF AND PRIVATE ROOM COST DIFFERENTIAL	SWING-BED COST	51482606	2731519					37	

WORKSHEET D-1

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

COMPONION OF INFINITIAL CONTINUE COOP								
	[] TITLE V-INPT [XX] TITLE X	/III-PART A]] TITL	E XIX-INPT		PART II	
PART		HOSPITAL (PPS) (14-0239)(1	(PPS) 4-S239)					
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1		
38 39 40	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	22304116 4	656559				38 39 40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	22304116	656559				41	
		I/P	COST	I/P DAYS	AVERAGE PER DIEM 3	DAYS	COST	
43 44 45 46 46.01	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE	130256	501	12208	1870.57		44 45 46 46.01	
	PEDIATRIC INTENSIVE CARE OTHER SPECIAL CARE (SPECIFY)	18401	.70	908	2026.62		46.02 47	
		HOSPITAL (PPS) (14-0239)	(PPS)		II SUB II	I SUB IV		
		1	1	1	1	1		
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	41253416 69627532					48 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 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						52 53	

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL PERIOD FROM 01/01/2008 TO 12/31/2008 VERSION: 2008.05 05/23/2009 10:27 COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1

									PART II	(CONT)
	[] TITLE V-INPT	[XX]	TITLE X	VIII-PART A	. [] TITLE	XIX-INPT			
PART	II - HOSPITAL AND SUBPROVIDERS ONLY									
				HOSPITAL (PPS) (14-0239)((PPS)	SUB II	SUB III	SUB IV		
	TARGET AMOUNT AND LIMITATION COMPUTATION			1	1	1	1	1		
54	PROGRAM DISCHARGES									54
55 56	TARGET AMOUNT PER DISCHARGE TARGET AMOUNT									55 56
50 57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING CO	או יייטר	D							50 57
37	TARGET AMOUNT	JOI AIV.	D							37
58	BONUS PAYMENT									58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST									58.01
	PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MA									
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YE	EAR CO	ST							58.02
58 03	REPORT UPDATED BY THE MARKET BASKET IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES	2 55	5.8 N.1							58.03
30.03	OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH									30.03
	COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE T			,						
58.04	RELIEF PAYMENT									58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT									59
	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY))								59.01
	PROGRAM DISCHARGES PRIOR TO JULY 1 PROGRAM DISCHARGES AFTER JULY 1									59.02 59.03
	PROGRAM DISCHARGES AFTER JULY 1 PROGRAM DISCHARGES (SEE INSTRUCTIONS)									59.03
	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR	T. OT	III.Y 1							59.05
	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AF									59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTC	CH ONL	Y)							59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE	INST	R.)							59.08
	PROGRAM INPATIENT ROUTINE SW	VING B	ED COST	•						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THE	ROUGH								60
	DECEMBER 31 OF THE COST REPORTING PERIOD									
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFT	rer								61
60	DECEMBER 31 OF THE COST REPORTING PERIOD	ame.								62
62 63	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COST		OUGH							62 63
03	DECEMBER 31 OF THE COST REPORTING PERIOD	11110	00011							0.5
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COST	S AFT	ER							64
	DECEMBER 31 OF THE COST REPORTING PERIOD									
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTIN	IE COS	TS							65

 PROVIDER NO. 14-0239
 ROCKFORD MEMORIAL HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 PERIOD FROM 01/01/2008 TO 12/31/2008
 IN LIEU OF FORM CMS-2552-96 (11/98)
 05/23/2009 10:27

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 REVIEWPHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

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 ROCKFORD MEMORIAL HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
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WORKSHEET D-1 PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

[] 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 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 OBSE	RVATION BED	PASS THROUGH COST	- HOSPITAL		TOTAL		
				ROUTINE	COLUMN 1	OBSERVATION	OBSERVATION BED	
				COST	DIVIDED BY	BED COST	PASS-THROUGH COST	
			COST	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4	
			1	2	3	4	5	
86	OLD CAPITAL-RELATED COST	Т		51482606		2798633		86
87	NEW CAPITAL-RELATED COST	Г	2890303	51482606	.056141	2798633	157118	87
88	NON PHYSICIAN ANESTHETIS	ST		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

WORKSHEET D-1 COMPUTATION OF INPATIENT OPERATING COST

COMPUTATION OF INPATIENT OPERATING COST									
[] TITLE V-INPT [] TITL	E XVIII-PAF	III-PART A [XX] TITLE XIX-INPT					PART I		
PART I - ALL PROVIDER COMPONENTS									
	HOSPITAL (OTHER) (14-0239)	(OTHER)	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) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE	41757 13393	2958					3 4 5		
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE							6		
ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE							7		
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE							8		
ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 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							10		
COST REPORTING PERIOD 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							12		
COST REPORTING PERIOD 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 16 TITLE V OR XIX NURSERY DAYS	3863 3776						15 16		

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[] TITLE V-INPT [] TIT	LE XVIII-PAR	T A	[XX] TI	TLE XIX-IN	IPT		PART I (CONT)
PART I - ALL PROVIDER COMPONENTS	HOSPITAL	(OTHER)		SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	(14-0239)(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
	51482606	2731519					21 22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER							23
DECEMBER 31 OF THE COST REPORTING PERIOD 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH							24
DECEMBER 31 OF THE COST REPORTING PERIOD 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER							25
DECEMBER 31 OF THE COST REPORTING PERIOD 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) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							29 30 31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	4157.15						32 33 34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							35 36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	51482606	2731519					37

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	COMPUTATION OF INPATIENT	OPERATING CO	OST				WORKSHEET D-1
	[] TITLE V-INPT [] TITLE XV	'III-PART A	[X	X] TITLI	E XIX-INPT		PARI II
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL SU (OTHER) (O (14-0239)(14-	OTHER)		SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 39 40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	10307707 7 I	777528				38 39 40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10307707 7	777528				41
		TOTAL I/P CO 1	DST I		AVERAGE PER DIEM 3	PROGRAM DAYS 4	
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT	2742231	L	3863	709.87	3776	2680469 42
43 44 45 46	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE OTHER SPECIAL CARE (SPECIFY)	10822483	3	5794	1867.88	384	717266 43 44 45 46
		13009881 1840170	L D	12208 908	1065.68 2026.62		6304563 46.01 940352 46.02 47
		HOSPITAL (OTHER) ((14-0239)(1	(OTHER)		II SUB III	SUB IV	
		1	1	1	1	1	
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	20950357 7	777528				48 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 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	1077491	49652				52 53

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COMPUTATION OF INPATIENT OPERATING COST

	***************************************						PART II (CONT)
	[] TITLE V-INPT [] TITLE X	VIII-PART A	. [3	XX] TITLE	XIX-INPT		
	TO WARDEN AND CURRENCY FREE CALL						
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL	CIID T	CIID TT	SUB III	CIID TV	
		(OTHER)			SOB III	SUB IV	
		(14-0239)(
	TARGET AMOUNT AND LIMITATION COMPUTATION	1		1	1	1	
54	PROGRAM DISCHARGES	-	182		-	_	54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND						57
	TARGET AMOUNT						
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING						58.01
	PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST						58.02
	REPORT UPDATED BY THE MARKET BASKET						
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01						58.03
	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						
	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
	PROGRAM DISCHARGES AFTER JULY 1						59.03
	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.07 59.08
39.00	REDUCED INPALLENT COST PLUS INCENTIVE PAIMENT (SEE INSIR.)						59.06
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH						60
	DECEMBER 31 OF THE COST REPORTING PERIOD						
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER						61
	DECEMBER 31 OF THE COST REPORTING PERIOD						
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH						63
<i>c</i> 1	DECEMBER 31 OF THE COST REPORTING PERIOD						6.4
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER						64
65	DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65
00	TOTAL TITLE V OR ALA SWING-BED NE INPATTENT ROUTINE COSTS						65

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

PARTS III & IV

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 COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1

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

[] TITLE V-INPT

	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 REVIEWPHYSICIAN COMPENSATION	81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	82

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

2798633 85

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INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[] T [XX] T [] T	ITLE V ITLE XVIII-PT A ITLE XIX	[XX] HOSPITAL [] SUB I [] SUB II [] SUB III [] SUB IV	(14-0239)	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER	
	COST CENTER DESCRIPTION			INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
29.02	INPATIENT ROUTINE SERVICE COS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE SUBPROVIDER I			20436730 7962457		25 26 29.01 29.02 31
37 38 39 40 41 42 43	ANCILLARY SERVICE COST CENTER OPERATING ROOM RECOVERY ROOM BELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLSOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN	.5	.337325 .329571 .593539 .342489 .235234 .421646 .272528	21953956 1836170 56766 2148506 8185004 94388 1350507	605148 33693 735840 1925391 39798 368051	37 38 39 40 41 42 43
44 46.30 47 49 50 53	RADIOLOGI-HERAPEUTIC RADIOLOGI-HERAPEUTIC RADIOLOGY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & T RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO F DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY OUTPATIENT PSYCH SERVICES	CO PRA	.287360 .249847 .242916 .601329 .127772 .216784	16058846 4461810 9283100 1556528 4156585 360979	4614670 1114770 2255014 935985 531095 78254	44 46.30 47 49 50 53
55 56 57 59 59.01 59.02 59.03	MEDICAL SUPPLIES CHARGED TO F DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION	AT	.277293 .326378 .489825 .267005 .120486 .063090 .288017	29681360 20481032 1343372 758596 2335149 5931038 6319188	8230433 6684558 658017 202549 281353 374189 1820034	55 56 57 59 59.01 59.02 59.03
59.04 59.05 59.07 59.08 59.10 59.11			4.271081 .360918 1.246533	3376 5967	1218 7438	59.04 59.05 59.07 59.08 59.10 59.11
60.01 60.02 60.03 61 62	OUTPATIENT SERVICE COST CENTE PAIN CENTER ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTING	T	.230472 .246167 2.379864 .363754 .974492		1780	60.01 60.02 60.03 61 62
63.50 63.60 65 68 101	THER REIMBURSABLE COST CENTER RHC FQHC AMBULANCE SERVICES AIR AMBULANCE TOTAL	.KS		144844033	41253416	63.50 63.60 65 68 101
102 103	LESS PBP CLINIC LAB SVCS-PGM NET CHARGES	ONLY CHARGES		144844033		102 103

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INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[] T [XX] T [] T	ITLE V ITLE XVIII-PT A ITLE XIX	[] HOSPITAL [XX] SUB I (14- [] SUB II [] SUB III [] SUB IV	-S239)	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER	
	COST CENTER DESCRIPTION		TO CHARGES	INPATIENT PROGRAM CHARGES 2	PROGRAM COSTS	
29.02	INPATIENT ROUTINE SERVICE CO ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE SUBPROVIDER I			837747		25 26 29.01 29.02 31
37	SUBPROVIDER I ANCILLARY SERVICE COST CENTE OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY	RS	.337325	1943	655	37
38 39	RECOVERY ROOM		.329571	560	185	38 39
40	ANESTHESIOLOGY		.593539 .342489	557 5149	191	40
41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY OUTPATIENT PSYCH SERVICES OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENT PAIN CENTER ANTENATAL TEST CENTER		.235234	5149	1211	41
42	RADIOLOGY-THERAPEUTIC		.421646			42
43	RADIOISOTOPE		.272528	116142	33375	43 44
46.30	BLOOD CLOTTING FACTORS ADMIN	r CO	.207300	110142	33373	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 802	493 174	53 54
54	MEDICAL CURRETES CHARGED TO	חאיד	.210/84	2935	814	54 55
56	DRUGS CHARGED TO PATTENTS	PAI	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
59.04	WOMEN'S HEALTH ADVANTAGE		4 271081			59.04
59.07	OUTPATIENT DETOX		1.2/1001			59.07
59.08	SPECIAL SURGICAL SERVICES		.360918			59.08
59.10	GENETIC SERVICES		1.246533			59.10
59.11	CARDIOLOGY					59.11
59.12	OUTPATIENT PSYCH SERVICES	EDC				59.12
60 01	DAIN CENTER	EKS	.230472			60.01
60.02	ANTENATAL TEST CENTER		.246167			60.02
60.03	CHILD PSYCHIATRIC CLINIC		2.379864			60.03
61	PAIN CENTER ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTIN		.363754 .974492	66970	24361	61
62	OBSERVATION BEDS (NON-DISTIN	CT	.974492			62
63.50	OTHER REIMBURSABLE COST CENT	ERS				63.50
63.60						63.60
	AMBULANCE SERVICES					65
	AIR AMBULANCE					68
101	TOTAL			379279	117183	101
	LESS PBP CLINIC LAB SVCS-PGM	ONLY CHARGES		252252		102
103	NET CHARGES			379279		103

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

	INPATIENT ANCILLARY COST					WORKSHEET D-4
T [] T [] T [XX]	TITLE V TITLE XVIII-PT A TITLE XIX	[XX] HOSPITAL [] SUB I [] SUB II [] SUB III [] SUB IV	(14-0239)	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[] PPS [] TEFRA [XX] OTHER	
	COST CENTER DESCRIPTION		TO CHARGES	INPATIENT PROGRAM CHARGES 2	PROGRAM COSTS	
29.01 29.02	INPATIENT ROUTINE SERVICE CO ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE SUBPROVIDER I ANCILLARY SERVICE COST CENTE					25 26 29.01 29.02 31
	OPERATING ROOM		.336421 .329571 .593539 .342489			37 38 39 40
41 42 43 44	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-T	GO	.235234 .417281 .272528			41 42 43 44 46.30
47 49 50 53	LABORATORY BLOOD CLOTTING FACTORS ADMIN BLOOD STORING, PROCESSING & RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SEPECIAL SUBGICAL SERVICES	TRA	.249847 .242771 .601329 .127772			46.30 47 49 50 53
54 55 56 57	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	PAT	.216784 .277293 .326378 .489825			54 55 56 57
59 59.01 59.02 59.03	GI LAB . MRI ! CT SCAN ! CATHETERIZATION ! PRIMARY PREVENTION PROGRAM		.267005 .120486 .063090 .288017			59 59.01 59.02 59.03 59.04
59.10	GENETIC SERVICES		4.271081 .360918 1.246533			59.05 59.07 59.08 59.10
59.11	OUTPATIENT PSYCH SERVICES OUTPATIENT SERVICE COST CENT	PRS	.230472			59.11 59.12 60.01
60.02 60.03 61 62	PAIN CENTER PAIN CENTER ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTIN	CT	.240490 2.379864 .360108 .974492			60.02 60.03 61 62
63.50 63.60 65 68 101 102	OTHER REIMBURSABLE COST CENT	ERS				63.50 63.60 65 68 101 102 103

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INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[] T [] T [XX] T	ITLE V ITLE XVIII-PT A ITLE XIX	[] HOSPITAL [XX] SUB I (14-S239) [] SUB II [] SUB III [] SUB IV		[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR] [x]] PPS] TEFRA [X] OTHER	
	COST CENTER DESCRIPTION	RATIO (O OF COST CHARGES	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS		
29.02	NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE						25 26 29.01 29.02 31
37 38 39	ANCILLARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	5	.336421 .329571 .593539				37 38 39
40 41 42 43	SUBPROVIDER I ANCILLARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLSOTOPE LABORATORY		.342489 .235234 .417281				40 41 42 43
44 46.30 47 49 50	RADIOLSOUPE LABORATORY BLOOD CLOTTING FACTORS ADMIN (BLOOD STORING, PROCESSING & TI RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCHOLOGY ELECTROCHOLOGY MEDICAL SUPPLIES CHARGED TO PA DRUGS CHARGED TO PATIENTS RENAL DIALYSIS GI LAB MRI CT SCAN CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES GENETIC SERVICES CARDIOLOGY OUTPATIENT PSYCH SERVICES	CO RA	.249847 .242771 .601329				44 46.30 47 49 50
53 54 55 56	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PARTIENTS	AT	.127772 .216784 .277293 .326378				53 54 55 56
57 59 59.01 59.02	RENAL DIALYSIS GI LAB MRI CT SCAN CAPPLIAC CAPPLICATION		.489825 .267005 .120486 .063090				57 59 59.01 59.02 59.03
59.04 59.05 59.07 59.08	PRIMARY PREVENTION PROGRAM WOMEN'S HEALTH ADVANTAGE OUTPATIENT DETOX SPECIAL SURGICAL SERVICES	4	.271081				59.04 59.05 59.07 59.08
	OUTDATTENT SERVICE COST CENTER	29					59.10 59.11 59.12
60.01 60.02 60.03	PAIN CENTER ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT	2	.230472 .240490 .379864 .360108 .974492				60.01 60.02 60.03 61
63.50 63.60	OTHER REIMBURSABLE COST CENTER RHC FQHC	r RS	.9/4492				62 63.50 63.60 65
68 101	AMBULANCE SERVICES AIR AMBULANCE TOTAL LESS PBP CLINIC LAB SVCS-PGM (NET CHARGES	ONLY CHARGES					68 101 102 103

3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

						PART A
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						
	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
DDG INOTHE	(14-0239)					
DRG AMOUNT	20002061					1
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER						1 1.01
OCTOBER 1 AND BEFORE JANUARY 1	9002310					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1						1.02
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						1.07
THROUGH SEPTEMBER 30, 2001						
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER						1.08
APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
	4156974					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT 3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	276 77					3
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD 3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I	276.77					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.01
3.03 INDIRECT MEDICAL EDUCATION PERCENTAGE 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.02
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE						3.04
MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.01
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH						3.05
MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW						
PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS						3.06
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]						
3.07 SUM OF LINES 3.04-3.06 0.00 0.00						3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN						3.08
THE CURRENT YEAR FROM YOUR RECORDS						2 00
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						3.10
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						3.15
BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE						
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF						3.16
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 YR						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE 0.00						3.17
NUMBER OF THOSE LINES IN EXCESS OF ZERO						5.17

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CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E PART A (CONT)

	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						(CONT)
		HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
3.19	CURRENT YEAR RESIDENT TO BED RATIO PRIOR YEAR RESIDENT TO BED RATIO FOR COST REPORTING PERIODS BEGINNING ON OR AFTER						3.18 3.19 3.20
	OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]						3.22 3.23
3.24	SUM OF LINES 3.21-3.23 0 DISPROPORTIONATE SHARE ADJUSTMENT						3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0381					4
4 01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3110					4.01
	SUM OF 4 AND 4.01	0.3491					4.02
	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1802					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT	7162279					4.04
4.04	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	7102279					1.01
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5 02	DIVIDE LINE 5.01 BY LINE 5						5.02
	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.02
E 04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	51065532					6
7	HOSPITAL SPECIFIC PAYMENTS						7
	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	51065532					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3797330					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	79475					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	303224					15
16	TOTAL	55245561					16
17	PRIMARY PAYER PAYMENTS	67498					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	55178063					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3472512					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	191744					20
21	REIMBURSABLE BAD DEBTS	979896					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	685927					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	719081					21.02
22	SUBTOTAL	52199734					22

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL PERIOD FROM 01/01/2008 TO 12/31/2008
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	CALCULATION OF REIMBURSEMENT SETTLEMENT						WORKSHEET E PART A
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						(CONT)
		HOSPITAL (14-0239)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	MEDI/MEDI BAD DEBT RETROACTIVE ADJ						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	52199734					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	51966059					28
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	233675					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	858518					30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52 53
53 54	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS) THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						53 54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56
50	CHITTE TIME VIEWS OF MONEY (DEE INSTRUCTIONS)						30

WORKSHEET E PART B

		HOSPITAL (14-0239) 1	HOSPITAL (14-0239) 1.01	HOSPITAL (14-0239) 1.02	
1	MEDICAL AND OTHER SERVICES	777			1
	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	14483228			1.02
	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
		13936100			1.04
	LINE 1.02 DIVIDED BY LINE 1.04				1.05 1.06
1.00	TRANSITIONAL CORRIDOR PAYMENT AMOUNT FROM WORKSHEET D, PART IV,	182004			1.06
1.07	COLUMN 9, LINE 101	102554			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	777			5
	MPUTATION OF LESSER OF COST OR CHARGES ASONABLE 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				9
	TEACHING PHYSICIANS				
10	TOTAL REASONABLE CHARGES	2377			10
CI	STOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM				11
	PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				12
	PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A				
	CHARGE BASIS HAD SUCH PAYMENT BEEN MADE				
	IN ACCORDANCE WITH 42 CFR 413.13(E)				
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES	2377			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE	1600			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY				16
10	CHARGES				10
17	LESSER OF COST OR CHARGES	777			17
17.01	TOTAL PPS PAYMENTS	14666222			17.01

WORKSHEET E PART B

	HOSPITAL (14-0239)	HOSPITAL (14-0239) 1.01	HOSPITAL (14-0239) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE	2500016			18 18.01
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 25 SUBTOTAL	12561 11061522			24 25
25 SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR	11061522			25
PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 DAD DUDWIG	544743			27
27.01 REDUCED REIMBURSABLE BAD DEBTS	381320			27.01
27.01 REDUCED REIMBURSABLE BAD DEBTS 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	405898			27.02
BENEFICIARIES (SEE INSTRUCTIONS)				
	11442842			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING				29
FROM PROVIDER TERMINATION OR A DECREASE IN				
PROGRAM UTILIZATION 30 FORMULA DRIVEN OVERPAYMENT EST				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION				30.99
AMOUNT)				30.22
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING				31
PERIODS RESULTING FROM DISPOSITION OF				
DEPRECIABLE ASSETS				
32 SUBTOTAL	11442842			32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS	11580309			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)	105465			34.01
35 BALANCE DUE PROVIDER/PROGRAM 36 PROTESTED AMOUNTS (NONALLOWABLE COST	-137467			35 36
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB				30
15-II, SECTION 115.2				
IJ II, DECITON IIJ.2				

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART B

		SUB I (14-S239) 1	SUB I (14-S239) 1.01	SUB I (14-S239) 1.02	
1 1.01	MEDICAL AND OTHER SERVICES MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1 1.01
	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.02 1.03
1.05 1.06	LINE 1.01 TIMES LINE 1.03 LINE 1.02 DIVIDED BY LINE 1.04 TRANSITIONAL CORRIDOR PAYMENT AMOUNT FROM WORKSHEET D, PART IV,				1.04 1.05 1.06 1.07
2 3 4 5	COLUMN 9, LINE 101 INTERNS AND RESIDENTS ORGAN ACQUISITIONS COST OF TEACHING PHYSICIANS TOTAL COST				2 3 4 5
RE 6 7 8 9	MPUTATION OF LESSER OF COST OR CHARGES ASONABLE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				6 7 8 9
10 CU 11	TOTAL REASONABLE CHARGES STOMARY CHARGES AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON				10
12	A CHARGE BASIS AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 14 15	TA ACCORDANCE WITH 12 CTA 113.13(E) RATIO OF LINE 11 TO LINE 12 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				13 14 15
16 17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES LESSER OF COST OR CHARGES				16 17
	TOTAL PPS PAYMENTS				17.01

WORKSHEET E PART B

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

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

	±	1.01
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		8
ON A CHARGE BASIS		
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES		9
ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		
lO RATIO OF LINE 8 TO LINE 9		10
ll 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
l9 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

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

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			8
	ON A CHARGE BASIS			
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE			9
	ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			
10	RATIO OF LINE 8 TO LINE 9			10
11				11
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13				13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
	DEDUCTIBLES AND COINSURANCE			15
	TOTAL			16
	COST PROPORTION			17
18				18
				19
	PART B DEDUCTIBLES AND COINSURANCE			20
$^{\prime}$	DIAGNOSTIC PAYMENT AMOUNT			21

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2008.05 05/23/2009 10:27

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

WORKSHEET E-1

HOSPITAL (14-0239)							
			INPATIEN				
			PART	A	PART	В	
DESCRIPTION			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
			1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				51882659		11580309	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EI				NONE		NONE	2
SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIAR							
SERVICES RENDERED IN THE COST REPORTING PERIOD.	IF						
NONE, WRITE 'NONE', OR ENTER A ZERO.							
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM		.01	07/24/2008	83400			3.01
	PROGRAM						3.02
	TO	.03				NONE	3.03
	PROVIDER						3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.05					3.05
		.50					3.50
	PROVIDER						3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM						3.53
		.54					3.54
SUBTOTAL		.99		83400			3.99
SUBTUTAL		. , ,		03400			3.77
4 TOTAL INTERIM PAYMENTS				51966059		11580309	4
	TO DE GO.						
	TO BE COM	APPELED	BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-	PROGRAM	0.1					5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	TO	.02		NONE		NONE	5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER	.03					5.03
	PROVIDER						5.50
	TO	.51		NONE		NONE	5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
	OGRAM TO						
	ROVIDER	.01		233675			6.01
		.02				-137467	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY	ROGRAM			52199734		11442842	7
/ IOIAU MEDICARE PROGRAM DIABILITI				JZ177/34		11447047	/
NAME OF INTERMEDIARY:				INTERMED	IARY NUMBER:		
				D	(D311/11D)		
SIGNATURE OF AUTHORIZED PERSON:				DATE (MO	/DAY/YR):		

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2008.05 05/23/2009 10:27

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

WORKSHEET E-1

SUDPROVIDER 1 (14 S2S)			INPATIE PART		PART	ר ם	
DESCRIPTION		1	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
			1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EI SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIAR SERVICES RENDERED IN THE COST REPORTING PERIOD. NONE, WRITE 'NONE', OR ENTER A ZERO.	Y FOR			416945 NONE		NONE	1 2
REVISION OF THE INTERIM RATE FOR THE COST	PROVIDER	.03 .04 .05		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50
	PROVIDER TO PROGRAM	.52		NONE		NONE	3.51 3.52 3.53 3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				416945			4
	TO BE COM	MPLETED B	Y INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO PROVIDER PROVIDER TO	.02 .03 .50		NONE NONE		NONE NONE	5.01 5.02 5.03 5.50 5.51
	PROGRAM	.52					5.52
SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT PR	OGRAM TO	.99					5.99
REPORT. PRO		.01		2366			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				419311			7
NAME OF INTERMEDIARY:				INTERMED	IARY NUMBER:		
SIGNATURE OF AUTHORIZED PERSON:				DATE (MC	/DAY/YR):		

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART I

							PA
	MEDICARE PART A SERVICES - TEFRA	HOSPITAL	SUB I (14-S239)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)						1.02
	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)						1.03
	OUTLIER PAYMENTS						1.05
	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,		504057				1.08
	STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						
	NET IPF PPS OUTLIER PAYMENTS NET IPF PPS ECT PAYMENTS		6488				1.09 1.10
	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR						1.11
	LATEST COST REPORT FILED PRIOR TO NOVEMBER 15,						
	2004. (SEE INSTRUCTIONS)						
	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						1.13
	TEACHING PROGRAM'. (SEE INSTR.)						
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR						1.14
	RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW						
1 15	TEACHING PROGRAM'. (SEE INSTR.)						1.15
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
	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
	MEDICAL EDUCATION ADJUSTMENT		540545				1.18
	ADJUSTED NET IPF PPS PAYMENTS STOP LESS PAYMENT FLOOR		510545				1.19 1.20
	ADJUSTED NET PAYMENT FLOOR						1.21
	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						1.35
	COST REPORT PERIODS ENDING ON/OR PRIOR TO						
1 26	NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.36
	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER						1.37
1.57	THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING						1.57
	PROGRAM". (SEE INSTRUCTIONS)						
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR						1.38
	RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL						1.39
	EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						
	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)						1.40
	MEDICAL EDUCATION ADJUSTMENT FACTOR MEDICAL EDUCATION ADJUSTMENT						1.41 1.42
							2.10
2	ORGAN ACQUISITION						2
3 4	COST OF TEACHING PHYSICIANS		510545				3 4
5	SUBTOTAL PRIMARY PAYER PAYMENTS		510545				5
6	SUBTOTAL		510545				6
7	DEDUCTIBLES		85984				7
8	SUBTOTAL		424561				8
9 10	COINSURANCE SUBTOTAL		7616 416945				9 10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS		410945				10
	FOR PROFESSIONAL SERVICES)						
	REDUCED REIMBURSABLE BAD DEBTS						11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						11.02
12	BENEFICIARIES (SEE INSTRUCTIONS) SUBTOTAL		416945				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		410743				13

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (5/2007)
 05/23/2009 10:27
 PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL PERIOD FROM 01/01/2008 TO 12/31/2008 CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3

						PART I
MEDICARE PART A SERVICES - TEFRA	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
	HUSPITAL	(14-S239)	SUB II	SUB III	SOB IV	
		(11 020)				
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		2366				13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						14
PROVIDER TERMINATION OR A DECREASE IN PROGRAM						
UTILIZATION						
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING						16
PERIODS RESULTING FROM DISPOSITION OF						
DEPRECIABLE ASSETS 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		419311				17
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER 18 SEQUESTRATION ADJUSTMENT		419311				18
19 INTERIM PAYMENTS		416945				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		410743				19.01
20 BALANCE DUE PROVIDER/PROGRAM		2366				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT		2500				21
ITEMS) IN ACCORDANCE WITH CMS PUB 15-II,						
SECTION 115.2						
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						52
MONEY						
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY PART III

	[] TITLE V	[] TI	TLE XVIII	[XX] TITLE XIX				
			SUB I (14-S239) (OTHER)	SUB II	SUB III	SUB IV	NF I	
1 2 3 4 5	COMPUTATION OF NET COST OF COVERED SERVICES INPATIENT HOSPITAL/SNF/NF SERVICES MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O COST OF TEACHING PHYSICIANS	_	1 777528	1	1	1	1	1 2 3 4 5
6 7 8	SUBTOTAL INPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENTS SUBTOTAL	20950357	777528 777528					5 6 7 8 9
		20930337	777320					
10 11 12 13 14 15 16	COMPUTATION OF LESSER OF COST OR CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES, NET OF REVENUE TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT COMPUTATION TOTAL REASONABLE CHARGES							10 11 12 13 14 15
17 18	CUSTOMARY CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN							17 18
19 20 21 22 23	ACCORDANCE WITH 42 CFR 413.13(E) RATIO OF LINE 17 TO LINE 18 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES COST OF COVERED SERVICES	20950357 20950357	777528 777528					19 20 21 22 23
24 25 26 27 28 29 30 31	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS PROGRAM CAPITAL PAYMENTS CAPITAL EXCEPTION PAYMENTS ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS SUBTOTAL CUSTOMARY CHARGES (TITLE XIX PPS COVERED	20950357	777528					24 25 26 27 28 29 30 31
32 33	LESSER OF LINES 30 OR 31 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	20950357	777528					32 33

CALCULATION OF REIMBURSEMENT SETTLEMENT PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY WORKSHEET E-3 PART III

		THE TIE THE VOICETIES HER SERVED OF THE		0111 110 01101	-				
		[] TITLE V	[] TI	TLE XVIII		[XX] TI	TLE XIX		
			(OTHER)		SUB II	SUB III	SUB IV	NF I	
			1	1	1	1	1	1	
3 3 3 3	34 35 36 37 38 38.01	COMPUTATION OF REIMBURSEMENT SETTLEMENT EXCESS OF REASONABLE COST SUBTOTAL COINSURANCE SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS REDUCED REIMBURSABLE BAD DEBTS	20950357	777528					34 35 36 37 38 38.01
3		REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE							38.02
4 4 4	39 10 11 12 13	BENEFICIARIES (SEE INSTRUCTIONS) UTILIZATION REVIEW SUBTOTAL INPATIENT ROUTINE SERVICE COST MEDICARE INPATIENT ROUTINE CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							39 40 41 42 43 44
4		RATIO OF LINE 43 TO LINE 44							45
4		TOTAL CUSTOMARY CHARGES							46
		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
	19	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							48 49
5		OTHER ADJUSTMENTS							50
5		AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
5 5 5 5 5 5	52 53 54 55 56 57 57.01 58	SUBTOTAL INDIRECT MEDICAL EDUCATION ADJUSTMENT DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS TOTAL AMOUNT PAYABLE TO THE PROVIDER SEQUESTRATION ADJUSTMENT INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FI USE ONLY) BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							52 53 54 55 56 57 57.01 58

BALANCE SHEET WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
1 2	CURRENT ASSETS CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS	16695084				1 2
3 4 5	NOTES RECEIVABLE ACCOUNTS RECEIVABLE OTHER RECEIVABLES	107367086 10503711				3 4 5
6	ALLOWANCE FOR UNCOLLECTIBLE	10303711				3
7	NOTES & ACCOUNTS RECEIVABLE INVENTORY	-68157877 5164115				6 7
8	PREPAID EXPENSES	3507993				8
9 10	OTHER CURRENT ASSETS DUE FROM OTHER FUNDS	11678228				9 10
11	TOTAL CURRENT ASSETS	86758340				11
1.0	FIXED ASSETS	0500420				1.0
12 12.01	LAND ACCUMULATED DEPRECIATION	2580438				12 12.01
13		6473198				13
13.01 14	ACCUMULATED DEPRECIATION BUILDINGS	-4656560 55268350				13.01 14
	ACCUMULATED DEPRECIATION	-34486749				14.01
	LEASEHOLD IMPROVEMENTS ACCUMULATED AMORTIZATION					15 15.01
	FIXED EQUIPMENT	95110215				16
	ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS	-61188813				16.01 17
	ACCUMULATED DEPRECIATION					17.01
	MAJOR MOVABLE EQUIPMENT	110419047				18
	ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE	-77662966				18.01 19
19.01	ACCUMULATED DEPRECIATION					19.01
20 21	MINOR EQUIPMENT-NONDEPRECIABLE TOTAL FIXED ASSETS	91856160				20 21
21	TOTAL FIXED ASSETS	91030100				ZI
22	OTHER ASSETS INVESTMENTS	119560701				22
23	DEPOSITS ON LEASES	119300701				23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	19527006				25
26	TOTAL OTHER ASSETS	139087707				26
26 27	TOTAL OTHER ASSETS TOTAL ASSETS	139087707 317702207				26 27
			SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	TOTAL ASSETS LIABILITIES AND FUND BALANCES	317702207 GENERAL	PURPOSE			
27	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES	317702207 GENERAL FUND	PURPOSE FUND	FUND	FUND	27
27 28 29	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE	317702207 GENERAL FUND	PURPOSE FUND	FUND	FUND	27 28 29
28 29 30	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE	317702207 GENERAL FUND 1 8452958 35669787	PURPOSE FUND	FUND	FUND	27 28 29 30
27 28 29	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE	317702207 GENERAL FUND 1 8452958	PURPOSE FUND	FUND	FUND	27 28 29
28 29 30 31 32 33	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS	317702207 GENERAL FUND 1 8452958 35669787	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33
28 29 30 31 32 33 34	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS	317702207 GENERAL FUND 1 8452958 35669787 2899648	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34
28 29 30 31 32 33	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS	317702207 GENERAL FUND 1 8452958 35669787	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33
28 29 30 31 32 33 34 35	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES	317702207 GENERAL FUND 1 8452958 35669787 2899648	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35
28 29 30 31 32 33 34 35	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIBS, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	317702207 GENERAL FUND 1 8452958 35669787 2899648	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE	317702207 GENERAL FUND 1 8452958 35669787 2899648	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE NOTES & LOANS PAYABLE NOTES TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834 206895171	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834 206895171	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834 206895171	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834 206895171	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834 206895171	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834 206895171	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	317702207 GENERAL FUND 1 8452958 35669787 2899648 10835944 57858337 74108920 74927914 149036834 206895171 110807036	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

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

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (9/96)
 05/23/2009 10:27

STATEMENT OF CHANGES IN FUND BALANCES WORKSHEET G-1

	STATEMENT OF CHANGES IN FUND BALL	AICES			WORKSHEET G-I
		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND	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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIE 1	NT OU	UTPATIENT 2	TOTAL	
	GENERAL INPATIENT ROUTINE CARE SERVICES	±		2	3	
1	HOSPITAL	55676	659		55676659	1
2	SUBPROVIDER I	3490			3490586	2
4	SWING BED - SNF					4
5	SWING BED - NF					5
6	SKILLED NURSING FACILITY					6
7	NURSING FACILITY					7
8	OTHER LONG TERM CARE					8
9	TOTAL GENERAL INPATIENT CARE SERVICES	59167	245		59167245	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES					
10	INTENSIVE CARE UNIT	16746	075		16746075	10
11	CORONARY CARE UNIT					11
12	BURN INTENSIVE CARE UNIT					12
13	SURGICAL INTENSIVE CARE UNIT					13
13.01	NEONATAL INTENSIVE CARE	40396	834		40396834	13.01
13.02	PEDIATRIC INTENSIVE CARE	2892	106		2892106	13.02
14	OTHER SPECIAL CARE (SPECIFY)					14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SE	ERVICE 60035	015		60035015	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	119202	260		119202260	16
17	ANCILLARY SERVICES	339706		226660046	566366863	17
18	OUTPATIENT SERVICES					18
18.50	RHC					18.50
18.60	FOHC					18.60
19	HOME HEALTH AGENCY					19
20	AMBULANCE			5960449	5960449	20
21	CORF					21
22	ASC					22
23	HOSPICE					23
24						24
25	TOTAL PATIENT REVENUES	458909	077	232620495	691529572	25
	PA	ART II - OPERATING EXPENSES				
			1		2	0.5
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 37						36 37
38	MOMAL DEDUCATIONS		601104			38
39 40	TOTAL DEDUCTIONS		-621124		289145071	39 40
40	TOTAL OPERATING EXPENSES				Z09145U/1	40

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (9/96)
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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

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 PERIOD FROM 01/01/2008 TO 12/31/2008 IN LIEU OF FORM CMS-2552-96 (9/97) 05/23/2009 10:27

	CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY	PROSPECTIVE METHOD			WORKSHEET L
		HOSPITAL SUB I (14-0239)	SUB II	SUB III	SUB IV
	PART I - FULLY PROSPECTIVE METHOD	(11 0233) (11 0233)			
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
2	CAPITAL FEDERAL AMOUNT CAPITAL DRG OTHER THAN OUTLIER	3363659			2
	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	187115			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT				4
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]				4
4.01	[E,PT A,LN.3.17][x E-3,PT VI,LN.1] NO. OF INTERNS & RESIDENTS 0.00 0.00				4.01
	INDIRECT MEDICAL EDUCATION PERCENTAGE INDIRECT MEDICAL EDUCATON ADJUSTMENT				4.02 4.03
	DISPROPORTIONATE SHARE ADJUSTMENT	0. 0201			
5.01	<pre>% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I</pre>	0.0381 0.3110			5 5.01
	SUM OF LINES 5 AND 5.01 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.3491 0.0733			5.02 5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT TOTAL PROSPECTIVE CAPITAL PAYMENTS	246556 3797330			5.04
0		3797330			O
	PART II - HOLD HARMLESS METHOD				
1 2	NEW CAPITAL OLD CAPITAL				1 2
3	TOTAL CAPITAL				3
4 5	RATIO OF NEW CAPITAL TO TOTAL CAPITAL TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				4 5
6 7	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT REDUCED OLD CAPITAL AMOUNT				6
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9 10	SUBTOTAL				9 10
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
	PART III - PAYMENT UNDER REASONABLE COST				
1 2	PROGRAM INPATIENT ROUTINE CAPITAL COST PROGRAM INPATIENT ANCILLARY CAPITAL COST				1 2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4 5	CAPITAL COST PAYMENT FACTOR TOTAL INPATIENT PROGRAM CAPITAL COST				4 5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS				
1					1
1 2	PROGRAM INPATIENT CAPITAL COSTS PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3 4	NET PROGRAM INPATIENT CAPITAL COSTS APPLICABLE EXCEPTION PERCENTAGE				3
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6 7	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR				6
,	EXTRAORDINARY CIRCUMSTANCES				,
8 9	CAPITAL MINIMUM PAYMENT LEVEL CURRENT YEAR CAPITAL PAYMENTS				8
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL				10
11	TO CAPITAL PAYMENTS CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL				11
12	OVER CAPITAL PAYMENT NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS 26	TOTAL	
	annan annua	U	TA.	25	20	<u>.</u> 1	
1 2 3 4 5 6 7 8 9	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MYBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MYBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING						1 2 3 4 5 6 7 8 9
11 12	DIETARY CAFETERIA						11 12
13 14	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION						13 14
15	CENTRAL SERVICES & SUPPLY						15
16 17	PHARMACY MEDICAL RECORDS & LIBRARY						16 17
18 20	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS						18 20
21	NURSING SCHOOL						21
22 23	I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A						22 23
24 24 01	PARAMDICAL ED PROGRAM XRAY PASTORAL EDUCATION PROGRAM						24 24.01
	PARAMED EDUC EMT PROGRAM						24.02
25	INPATIENT ROUTINE SERV COST CENT ADULTS & PEDIATRICS	ERS					25
26	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE						26 29.01
29.02	PEDIATRIC INTENSIVE CARE						29.02
31 33	SUBPROVIDER I NURSERY						31 33
	ANCILLARY SERVICE COST CENTERS						37
37 38	OPERATING ROOM RECOVERY ROOM						38
39 40	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY						39 40
41	RADIOLOGY-DIAGNOSTIC						41
42 43	RADIOLOGY-THERAPEUTIC RADIOISOTOPE						42 43
44 46 30	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO						44 46.30
47	BLOOD STORING, PROCESSING & TRA						47
49 50	RESPIRATORY THERAPY PHYSICAL THERAPY						49 50
53 54	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY						53 54
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56 57	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS						56 57
59 59.01	GI LAB						59 59.01
	CT SCAN						59.02
	CARDIAC CATHETERIZATION PRIMARY PREVENTION PROGRAM						59.03 59.04
59.05	WOMEN'S HEALTH ADVANTAGE						59.05
59.08	OUTPATIENT DETOX SPECIAL SURGICAL SERVICES						59.07 59.08
	GENETIC SERVICES CARDIOLOGY						59.10 59.11
	OUTPATIENT PSYCH SERVICES						59.12
60.01	OUTPATIENT SERVICE COST CENTERS PAIN CENTER						60.01
	ANTENATAL TEST CENTER CHILD PSYCHIATRIC CLINIC						60.02 60.03
61	EMERGENCY						61
62 63.50							62 63.50
	FQHC OTHER REIMBURSABLE COST CENTERS						63.60
65	AMBULANCE SERVICES						65
	AIR AMBULANCE CMHC						68 69.10
	OUTPATIENT PHYSICAL THERAPY						69.20

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WORKSHEET L-1 PART I

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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

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

HOSPITAL

COST CENTERS				E XIX OUTPATIENT 4	TIT INPATIENT 5	LE V OUTPATIENT 6	TOTAL TH PARTY UT 7	IIRD PIL
UTILIZATION PERCENTAGES BASED ON DAYS 25 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT 29.01 NEONATAL INTENSIVE CARE 29.02 PEDIATRIC INTENSIVE CARE 33 NURSERY UTILIZATION PERCENTAGES BASED ON CHARG 37 OPERATING ROOM 38 RECOVERY ROOM 39 DELIVERY ROOM & LABOR ROOM	43.32 56.01		20.02 6.63 48.46 51.10 97.75				63.34 62.64 48.46 51.10 97.75	25 26 29.01 29.02 33
UTILIZATION PERCENTAGES BASED ON CHARGE 37 OPERATING ROOM 38 RECOVERY ROOM 39 DELIVERY ROOM & LABOR ROOM 40 ANESTHESIOLOGY 41 RADIOLOGY-DIAGNOSTIC 42 RADIOLOGY-THERAPEUTIC 43 RADIOISOTOPE 44 LABORATORY 47 BLOOD STORING, PROCESSING & TRA 49 RESPIRATORY THERAPY 50 PHYSICAL THERAPY 51 ELECTROCARDIOLOGY 54 ELECTROCARDIOLOGY 55 MEDICAL SUPPLIES CHARGED TO PAT 56 DRUGS CHARGED TO PATIENTS 57 RENAL DIALYSIS 59 GI LAB 59.01 MRI 59.02 CT SCAN 59.03 CARDIAC CATHETERIZATION 59.08 SPECIAL SURGICAL SERVICES 59.10 GENETIC SERVICES 60.01 PAIN CENTER 60.02 ANTENATAL TEST CENTER 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT	31.22 26.50 0.58 18.94 20.37 1.41 26.34 30.81 39.73 32.26 39.81 19.12 30.44 35.38 34.30 74.44 9.70 13.90 17.78 24.03 0.20 0.70 0.46 0.15	8.73 6.80 0.02 11.88 16.84 73.40 22.61 0.98 0.38 3.64 25.04 3.17 12.31 5.84 1.83 20.30 16.20 12.25 12.98 1.04 32.79 2.11 8.72 25.13					39.95 33.30 0.60 30.82 37.21 74.81 48.95 31.79 40.11 35.90 39.81 44.16 33.61 47.69 40.14 76.27 9.70 34.20 33.98 36.28 13.18 1.74 33.25 2.26 25.43 25.13	37 38 39 40 41 42 43 44 47 49 50 53 54 55 56 57 59 59.01 59.02 59.03 59.08 59.10 60.01 60.02 61
101 TOTAL CHARGES	20.95	8.93					29.88	101

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

SUBPROVIDER I

	COST CENTERS	TITLE X PART A 1	VIII PART B 2	TITL INPATIENT 3	E XIX OUTPATIENT 4	TIT INPATIENT 5	LE V OUTPATIENT 6	TOTAL TI PARTY UT	
UTILI	ZATION PERCENTAGES BASED ON DAYS								
31	SUBPROVIDER I	24.04		28.47				52.51	31
UTILI	ZATION PERCENTAGES BASED ON CHARG	ES							
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
59.0	1 MRI	0.01						0.01	59.01
59.0	2 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 AMOUNT	COSTS %	ALLOCATED AMOUNT	OVERHEAD %	TOTAL CO	OSTS %	
	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PROM COSTS A PARAMDICAL ED PROGRAM XRAY PASTORAL EDUCATION PROGRAM PARAMED EDUC EMT PROGRAM INPATIENT ROUTINE SERV COST CENTER ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE							
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 EOUIP	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
	PARAMED EDUC EMI PROGRAM INPATIENT ROUTINE SERV COST CENTER ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE SUBPROVIDER I NURSERY MULILIARY SERVICE COST CENTERS	RS						
25	ADULTS & PEDIATRICS	30088046	12.09	21394560	22.11	51482606	20.68	25
26	INTENSIVE CARE UNIT	7047539	2.83	3774944	3.90	10822483	4.35	26
29.01	NEONATAL INTENSIVE CARE	8655822	3.48	4354059	4.50	13009881	5.23	29.01
29.02	PEDIATRIC INTENSIVE CARE	1137808	.46	702362	.73	1840170	.74	
31	SUBPROVIDER I	1414180	.57	1317339	1.36	2731519	1.10	31
33	NURSERY	164/604	.00	1094627	1.13	2/42231	1.10	33
27	ANCILLARY SERVICE COST CENTERS	15050104	6 05	0.606707	0.00	22650001	9.51	37
3/	DECOVERY ROOM	15052184	6.05	774011	8.89	23058891	.92	38
38	RECOVERY ROOM C LABOR ROOM	1508242	1 20	7/4911	.80	2283153 E0000E1	2.33	38
40	ANECDIECTOLOGY	2046015	1.30	43/3/90	2.45	2004EUE	1.56	40
41	DADIOI OCY DIACNOCTIC	4041001	1 00	4E00001	1 66	3004330	3.80	41
42	PADIOLOGY_THEPADEITTC	1552287	62	1249106	1 20	2802403	1.13	42
42	PADIOLOGI-INERAPEULIC	989617	40	407678	42	1307295	.56	43
11	TADODATODV	000011	2 00	1001110	. 12 E 06	14702002	5.94	44
46 20	BIOUD GIOLLING EYGLODS YDWIM GO	2021244	3.30	4074140	5.00	17/2022	5.54	46.30
47	BLOOD CHOILING PACIOUS ADMIN CO	2142158	86	663719	69	2805877	1.13	47
49	RESPIRATORY THERAPY	4740315	1 90	2246354	2 32	6986669	2.81	49
50	PHYSICAL THERAPY	1627392	1.90	723677	75	6986669 2351069	94	50
53	ELECTROCARDIOLOGY	1637239	66	1140360	1 18	2777599	1.12	53
55	NURSERY ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM AMESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC BADORATORY BLOOD CLOTTING FACTORS ADMIN CO BLOOD STORING, PROCESSING & TRA RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY	103,237	. 30	1110000	1.10	2111322	1.12	33

	COST CENTER	DIRECT		ALLOCATED		TOTAL		
		AMOUNT	왕	AMOUNT	8	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		1078880	.43	945290	.98	2024170	.81	59.01
	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
	PRIMARY PREVENTION PROGRAM							59.04
	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
	GENETIC SERVICES	548641	.22	511596	.53	1060237	.43	59.10
59.11	CARDIOLOGY							59.11
59.12	OUTPATIENT PSYCH SERVICES							59.12
	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
	OTHER NONREIMBURSEABLE COST CEN							100.01
	COMMUNITY SERVICES	1460240	.59	569146	.59	2029386	.82	100.02
	AUXILIARY	549331	.22	621807	.64	1171138	.47	100.04
	ROCKFORD HEALTH SYSTEM							100.07
	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

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM PERIOD FROM 01/01/2008 TO 12/31/2008 VERSION: 2008.05 05/23/2009

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

CO	ST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
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
	CT SCAN	281194	33364222	.008428	5931038	49987	59.02
	CARDIAC CATHETERIZATION	656164	26292941	.024956	6319188	157702	59.03
	PRIMARY PREVENTION PROGRAM						59.04
	WOMEN'S HEALTH ADVANTAGE	13475	22805	.590879			59.05
	OUTPATIENT DETOX						59.07
	SPECIAL SURGICAL SERVICES	19931	1719643	.011590	3376	39	59.08
	GENETIC SERVICES	103129	850549	.121250	5967	723	59.10
	CARDIOLOGY						59.11
59.12	OUTPATIENT PSYCH SERVICES						59.12
	OUTPATIENT SERVICE COST CENTERS						
	PAIN CENTER	185626	10930084	.016983	49775	845	60.01
	ANTENATAL TEST CENTER	156077	4894673	.031887	7232	231	60.02
	CHILD PSYCHIATRIC CLINIC	34416	403960	.085197			60.03
61	EMERGENCY	766020	38450460	.019922	6424803	127995	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	157118	2871889	.054709			62
63.50	RHC						63.50
63.60	FOHC						63.60
65	AMBULANCE SERVICES						65
68	AIR AMBULANCE						68
101	TOTAL	11908433	559190629		144844033	2880375	101

1508847

2880375

4389222

PROVIDER NO. 14-0239 ROCKFORD MEMORIAL HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM PERIOD FROM 01/01/2008 TO 12/31/2008 VERSION: 2008.05 05/23/2009

APPORTIONMENT	OF	INPATIENT	MEDICARE	ROUTINE	SERVICE	PPS	CAPITAL	COSTS	

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CE	NTERS						
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

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS

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

VERSION: 2008.05 05/23/2009

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.	64855611
	(WORKSHEET D-1 PART II LINE 53)	

2. HOSPITAL PART A TITLE XVIII CHARGES 173243220 (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)

3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) .374

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS 771376 (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))

2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) 1217026 (SEE CR 5619)

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 4389222 (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)

2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) .025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST 16114939 EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, A, 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))

61743195 2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS.

(WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04

LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)

3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) .261